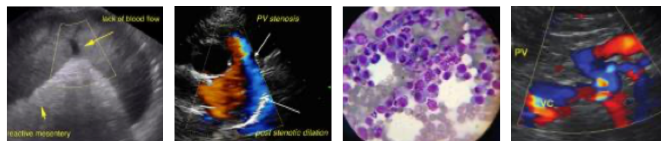
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kato Cohn

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 years

WEIGHT
10.54 lbs

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Charlie Rodriguez

HOSPITAL NAME
Bethany Family PC

REFERRING VET
Dr. Tiffany Pow

INVOICE
11211

DATE
7.7.22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for 1.5-2 months intermittently. Hyporexia with the diarrhea. Responded to supportive care of sqf and probiotics. No metronidazole given. Started methimazole due to bw results since the 10th of June. Was doing fine but, then the last several days the diarrhea returned and now we have hematochezia with decreased to no appetite. Mild weight loss of 0.34 lbs since June.

Abnormal PE/Chem/CBC/UA Results: CBC chem in June normal T4 was 4.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal in size (3.75 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is prominent in size (0.63 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is prominent in size (1.04 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. One to two small, hyperechoic nodule are visualized. Splenic vasculature is normal.

Liver

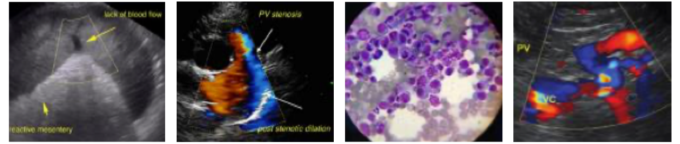
The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is moderately distended. The wall is normal in thickness. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

The **gastric lumen** is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas



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The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. One to two prominent colic **lymph nodes** are visualized, the largest measuring 0.66 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. There is no obvious evidence of infiltrative neoplasia. However, emerging lymphoma cannot be completely excluded.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- Bilateral, chronic, age-related renal changes with right nonobstructive nephrolithiasis
- The mild, left adrenomegaly may be a normal variant for this patient or could be secondary to hyperplasia, stress or an emerging tumor.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, normal variant, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia
- Consider prophylactic deworming
- Consider a fecal PCR infectious disease panel, as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- If tolerated, consider initiation of a hypoallergenic diet.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Endoscopy is the safer procedure to biopsy the colon. Thoracic radiographs should be performed prior to any anesthetic event, given the patient's age.

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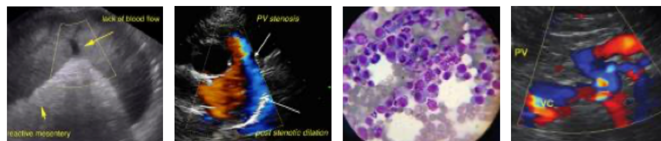

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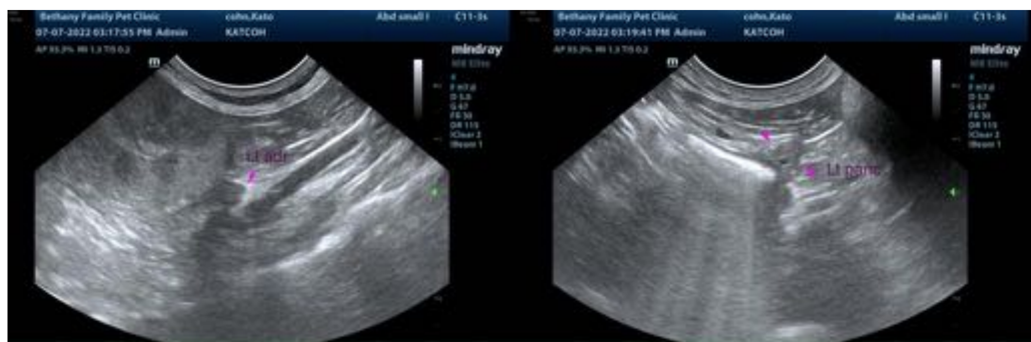

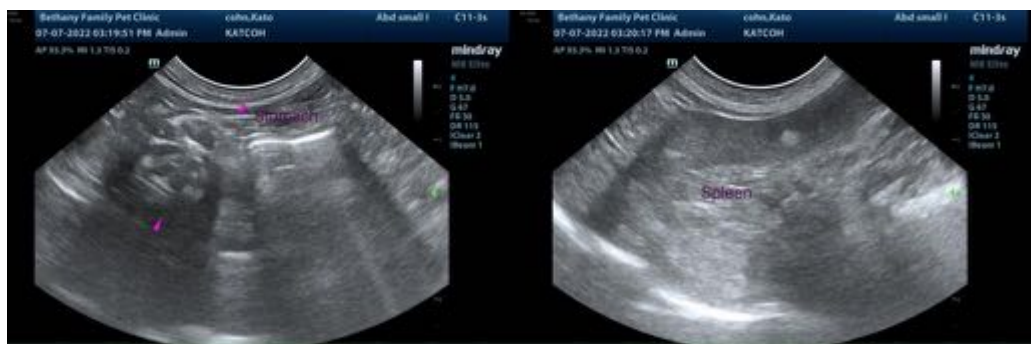

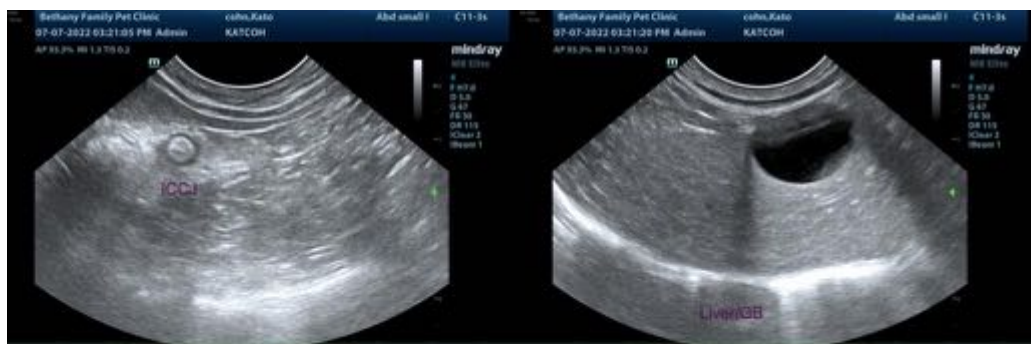

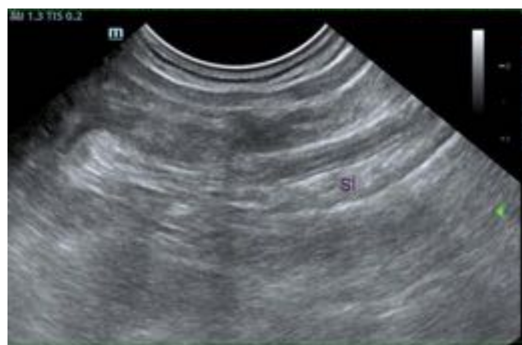

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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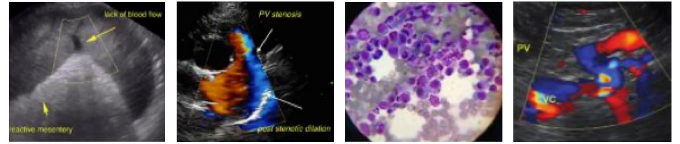

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