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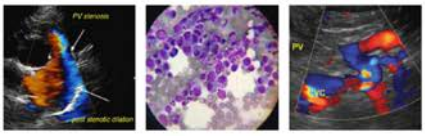

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rascal Airasolo

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Unleashed Pet Care

INVOICE

42483

DATE

10/28/22

PRESENTING CLINICAL SIGNS

Weight loss;16lbs on 1/27/2021 and 11.2lbs today. No change in feedings. No other clinical signs.

Abnormal PE/Chem/CBC/UA Results: PE and labs unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The right kidney measures 3.75 cm. The left kidney measures 3.75 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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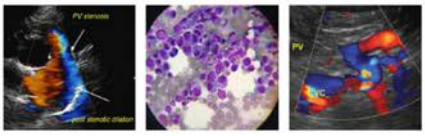

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

In the caudal abdomen, just cranial/adjacent to the urinary bladder, there is a 1.0+ cm, irregularly shaped, almost round, hypoechoic structure surrounded by a scant amount of anechoic free fluid and enhanced hyperechoic mesenteric fat, presumably an enlarged lymph node. The colon adjacent to this area maintains normal layering but is very mildly thick, measuring 0.27 cm.

ULTRASONOGRAPHIC FINDINGS

- **Hypoechoic caudal abdominal structure surrounded by changes consistent with focal inflammation** – most consistent with an enlarged lymph node. Differentials include reactive lymphadenopathy as well as potentially infiltrative neoplasia.
- Chronic active pancreatitis
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported weight loss despite maintaining a normal appetite, if not recently evaluated, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A T4 +/- free T4 is recommended.

A fine needle aspirate of the caudal abdominal mass/enlarged lymph node is recommended if patient's coagulation status is appropriate. Ultimately, especially in the face of the reported diarrhea, colonoscopy +/- upper GI endoscopy may be helpful to obtain biopsies and more definitively evaluate the area.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviable in addition to a transition to a new diet based on trial and error response, beginning with a hydrolyzed protein diet such as Royal Canin hydrolyzed or Purina HA, versus potentially a fiber response colitis diet.

Additionally, if not already evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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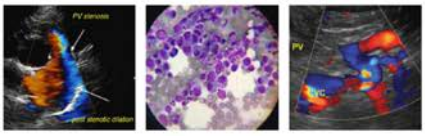

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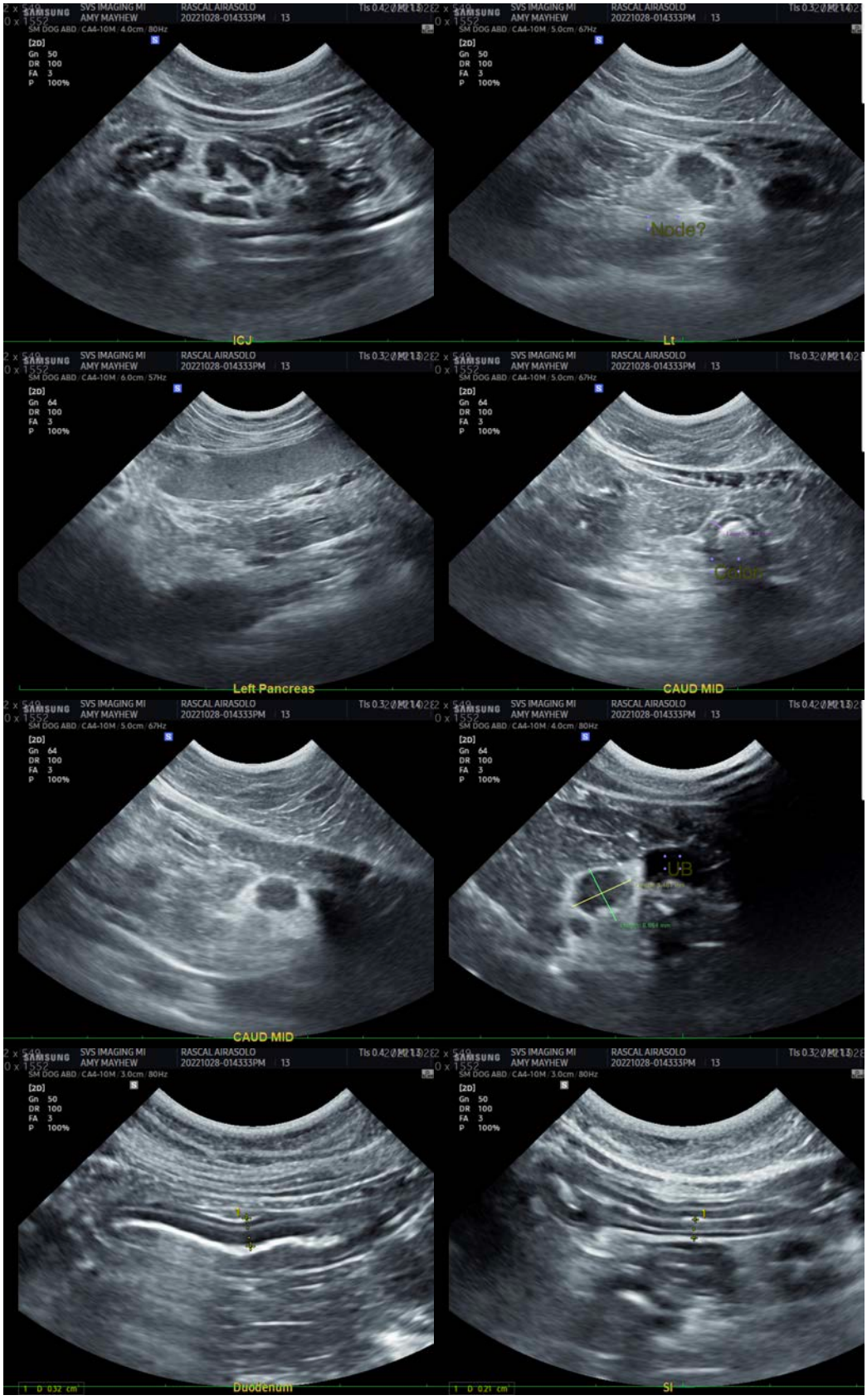

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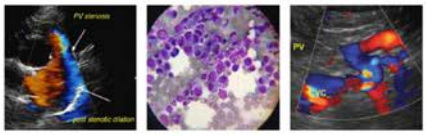

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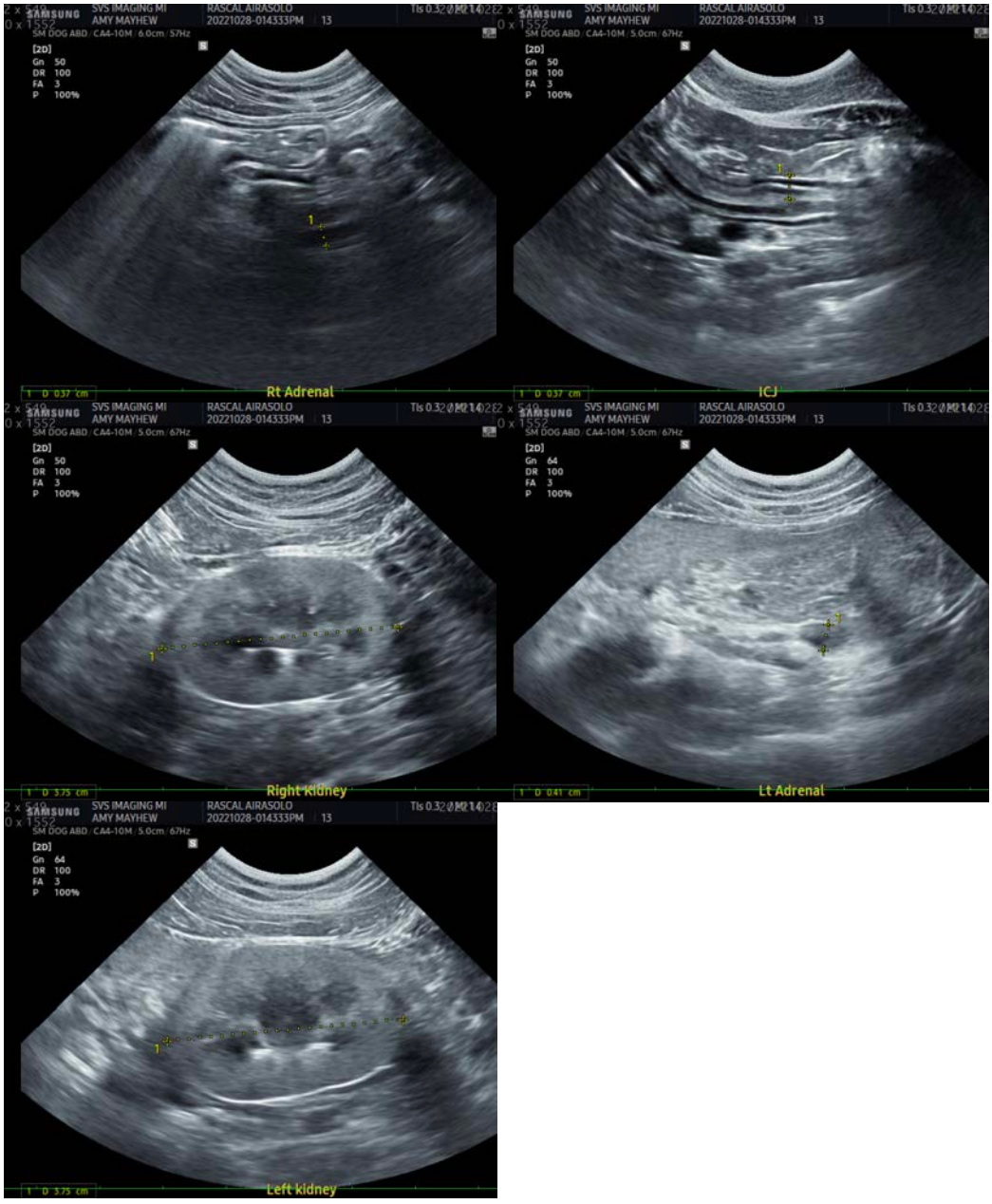

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com