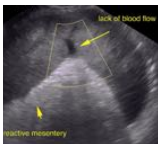
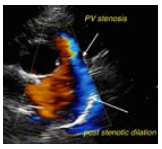
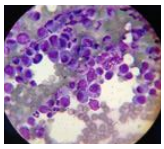
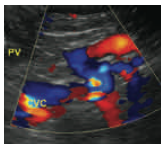
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Zoey Sciscilo

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
15 years

WEIGHT
9 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Petrone

INVOICE
30889

DATE
6/7/22

PRESENTING CLINICAL SIGNS

Weight loss
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The left kidney is normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. The left kidney measured 4.0 cm.

The right kidney is normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. The right kidney measured 3.6 cm.

Adrenal Glands

The adrenal glands are not well visualized; however, there is no evident pathology in the region of the adrenal glands.

Spleen

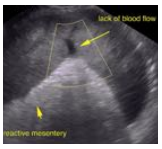
Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

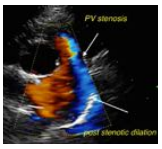
Liver

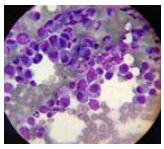
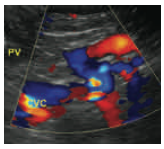
Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.





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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa.

There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Reactive mesenteric lymphadenopathy and enhanced, hyperechoic mesenteric fat is noted in the area of the ileocecocolic junction.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Reactive mesenteric lymphadenopathy. There is no loss of layering to suggest infiltrative neoplasia making inflammatory bowel disease with reactive lymphadenopathy is the top differential.

Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS:

Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

Non-obstructive nephrolithiasis.

Incidental cholecystic debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given this patient's reported weight loss if a thyroid has not been previously evaluated then a T4 and free T4 are recommended.
2. Given the bowel changes in these images infiltrative gastrointestinal disease is suspected s the primary cause of weight loss and a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended.

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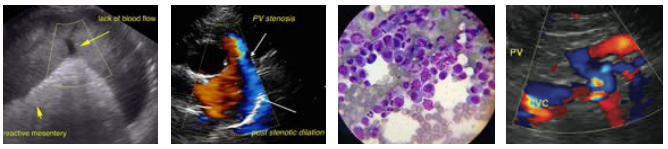

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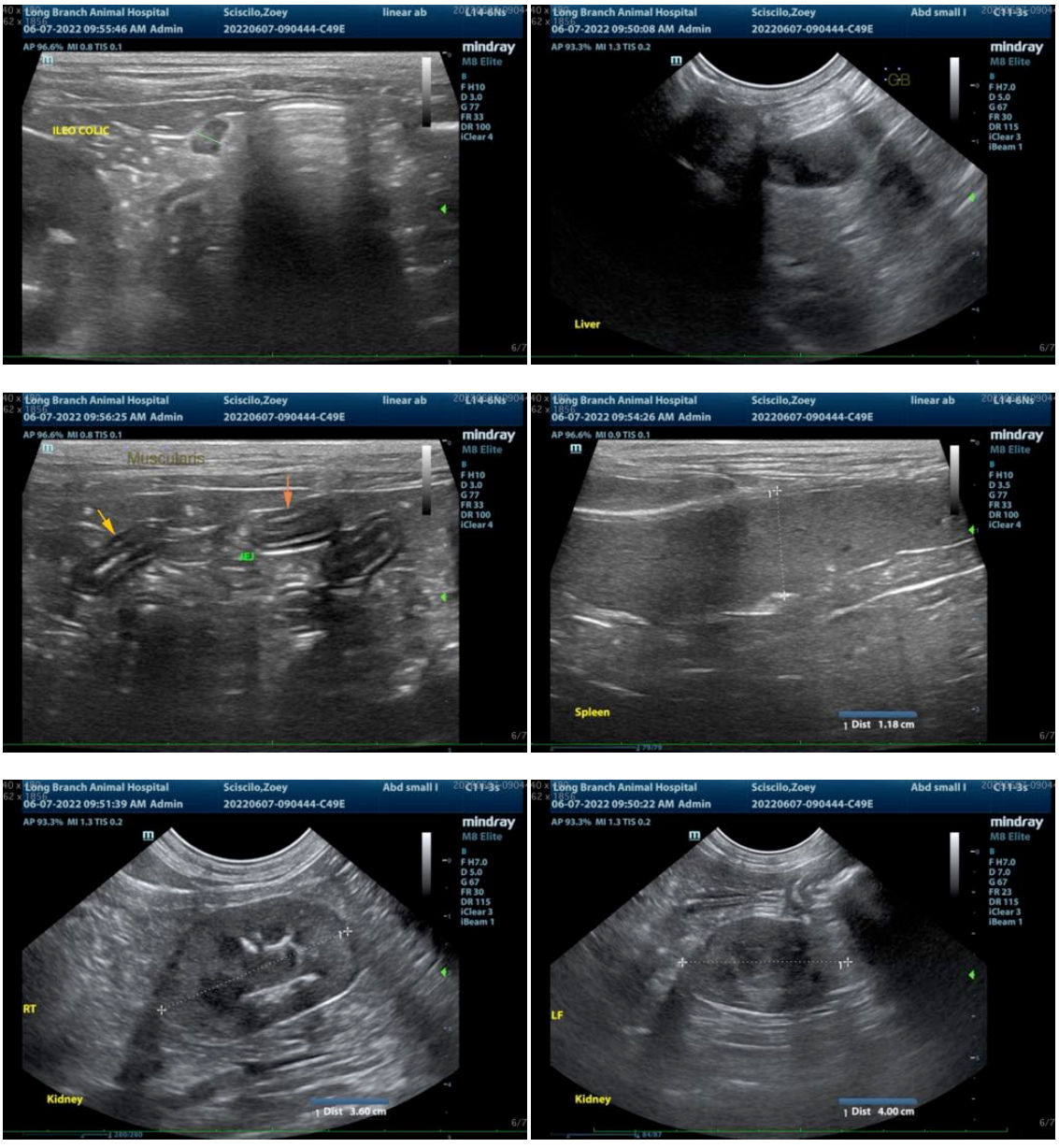
3. FNA of the spleen can be considered to rule out infiltrative disease if the patient's coagulation status is appropriate.
4. Ultimately biopsies of the gastrointestinal tract are recommended to ensure to include ileum if possible may be necessary to definitively diagnose and ultimately manage this patient's clinical signs.



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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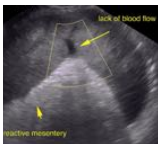

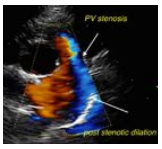

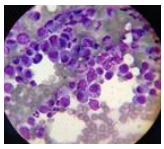
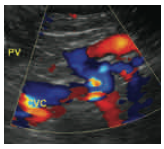

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