



PATIENT

Chan Golden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

13 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Beltran

INVOICE

40378

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea since Wednesday. Pet cannot keep any food down, stools has some mucous present. Decreased appetite. Possible mass palpated on mid abdomen. Also mass effect on radiographs on abdomen, near kidney.

Abnormal PE/Chem/CBC/UA Results: None yet

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.

The right kidney is normal in size (4.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The areas of the adrenal glands are examined without evident pathology.

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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In the area of the ileocecolic junction., there is marked inflammatory change characterized by markedly hyperechoic enhanced mesentery and fat surrounding the ileocecolic junction as well as rounded, hypoechoic lymph nodes, also surrounded by enhanced hyperechoic mesentery. Wall thickness is mildly increased. However, layering appears intact.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

DSH

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

Markedly enhanced fat and mesentery noted as well as rounded, hypoechoic lymph nodes in the area of the ileocecolic junction.

ULTRASONOGRAPHIC FINDINGS

AGE

8 Years

- Changes consistent with marked inflammation in the ileocecolic junction as well as aggressive lymphadenopathy in that area – Differentials include enteritis/colitis, typhlitis, and lymphadenitis. Emerging round cell neoplasia can't be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A fine needle aspirate of the enlarged lymph nodes is recommended if patient's coagulation status is appropriate with submission of samples for cytology as well as culture.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Given the suspicion of enteritis, colitis, typhlitis, etc., infectious disease is considered probable. Therefore, recommendations include a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.

IMAGING PERFORMED BY

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In the meantime, symptomatic supportive medical management of the gastrointestinal signs is recommended in addition to broad-spectrum antibiotics while awaiting diagnostic results.

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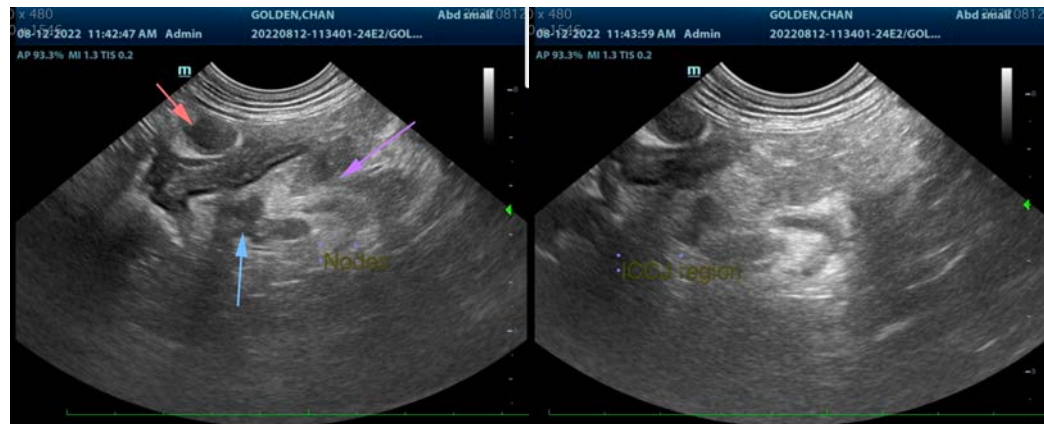
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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