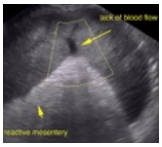
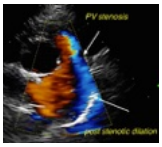
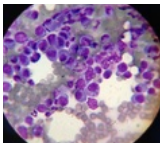
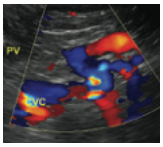
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Gracie Dyck

SPECIES
Feline

BREED
DMH

SEX
Spayed Female

AGE
15

WEIGHT
3.1 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dt. Stan Gira

HOSPITAL NAME
Sabadilla AC

REFERRING VET
Dr. Chmielinski

INVOICE
10428

DATE
8/16/2023

PRESENTING CLINICAL SIGNS

weight loss, vomiting bile, inappetence.
Abnormal PE/Chem/CBC/UA Results: BW attached.

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 overall 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Trace pyelectasia bilaterally was noted. There is no evidence of mineral or infarcts observed. The left kidney measures 3.22 cm. The right kidney measures 2.96 cm.

Adrenal Glands

The right adrenal gland is normal in size (cranial 0.24 cm, caudal 0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

In the area of the left adrenal gland there is a 0.97 cm round hypoechoic structure believed to be the left adrenal gland. However, a round hypoechoic lymph node cannot be definitively ruled out.

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.

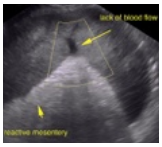
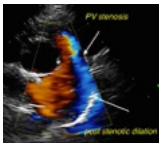
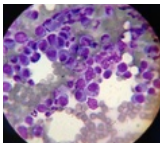
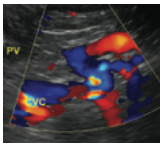
Gastrointestinal

The visible stomach wall is normal in thickness with areas of subjectively mildly thick muscularis layer relative to the mucosa. No loss of layering is noted. The lumen of the stomach is empty with no evidence of obstruction or foreign material. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of the mucosa that is mildly thick relative to the muscularis layer. Small intestinal submucosa is slightly irregular, thick, and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

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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.

Free Abdomen

Sub lumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. Some enhanced hyperechoic mesenteric fat surrounding the enlarged lymph nodes just dorsal to the trigone is noted. There is no loss of parenchymal detail.

No other free fluid or lymphadenopathy is appreciated unless the structure described above as the left adrenal gland is actually an enlarged lymph node.

ULTRASONOGRAPHIC FINDINGS

- **Inflammatory bowel disease (IBD) pattern –** Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- **Reactive sub lumbar lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The left adrenal gland, if the structure described above is in fact the left adrenal gland, is enlarged which could represent an aldosterone producing tumor “Conn’s syndrome” vs. other. This finding should be interpreted in combination with clinical signs and/or laboratory changes, hypertension, etc. that may represent adrenal disease. An enlarged lymph node cannot be definitively ruled out.

SECONDARY FINDINGS

- Age related kidney changes with trace bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated a blood pressure is recommended as is a general metabolic health screen to include CBC, Chemistry panel, electrolytes, and urinalysis to help determine if there are any laboratory changes and/or hypertension etc. to suggest adrenal disease. If present, an aldosterone level could be considered.

Alternatively, or additionally, further options for this structure described above include either ultrasound monitoring with a recheck ultrasound in 4-6 weeks or more advanced imaging in the form of an abdominal contrast CT scan.

Having said that, this patient presenting complaint of gastrointestinal signs is more likely secondary to infiltrative bowel disease. Therefore, other recommendations include 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.

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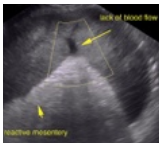
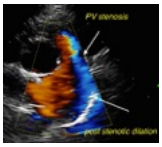
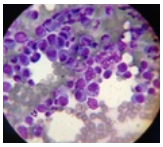
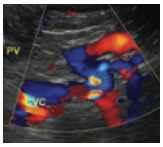

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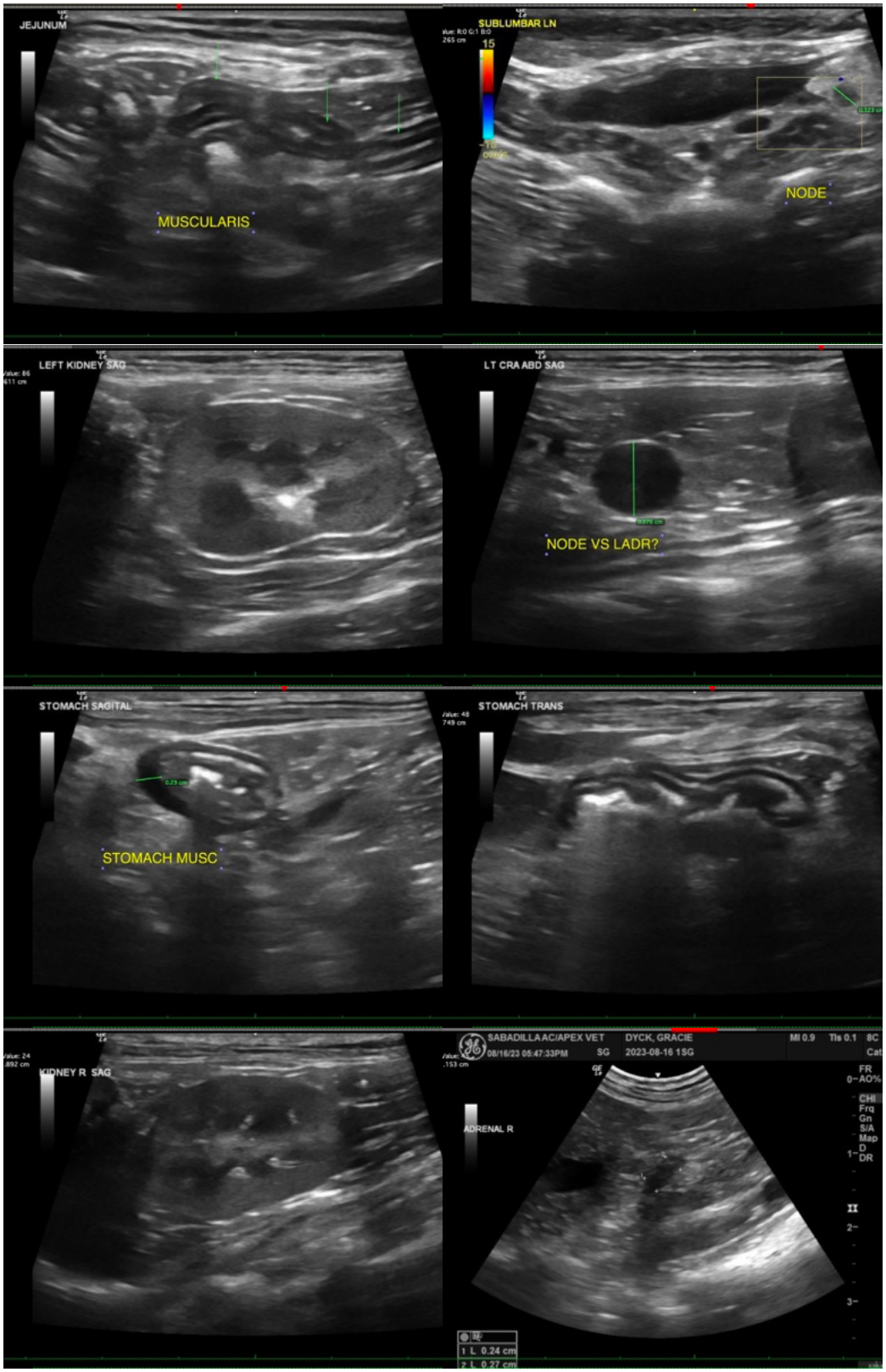

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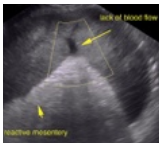
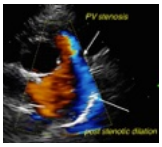
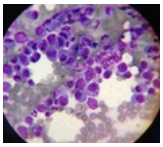
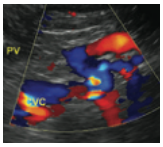

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com