

**DATE**

8/2/22

PRESENTING CLINICAL SIGNS

History: Sa Stray recently brought into rescue. Marked abdominal distension noted. Enlarged liver seen on rads.

PATIENT

Wheeler Staelans

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Stat Report: Not requested.

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

Urinary System

Urinary bladder is adequately 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.

SEX

Neutered Male

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. There is no evidence of mineral or infarcts observed. Bilateral mild pyelectasia. The left kidney measures 3.37 cm. The right kidney measures 3.83 cm.

AGE

8/1/16

WEIGHT

8 Pounds

Adrenal Glands

The area of the adrenal glands is examined without evident pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

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

Liver is markedly enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes "moth-eaten" / "lacey". Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Homeward Bound

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.

REFERRING VET

Dr. Sorum

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

INVOICE

16691

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a small amount of anechoic free fluid noted in these images. No appreciable lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nodular Liver - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (biliary cystadenoma given the cystic/lacey appearance) cannot be ruled out but is considered less likely.
- 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.
- There is a small amount of anechoic free fluid noted in these images.

Secondary Findings

- Age-related kidney change with mild bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

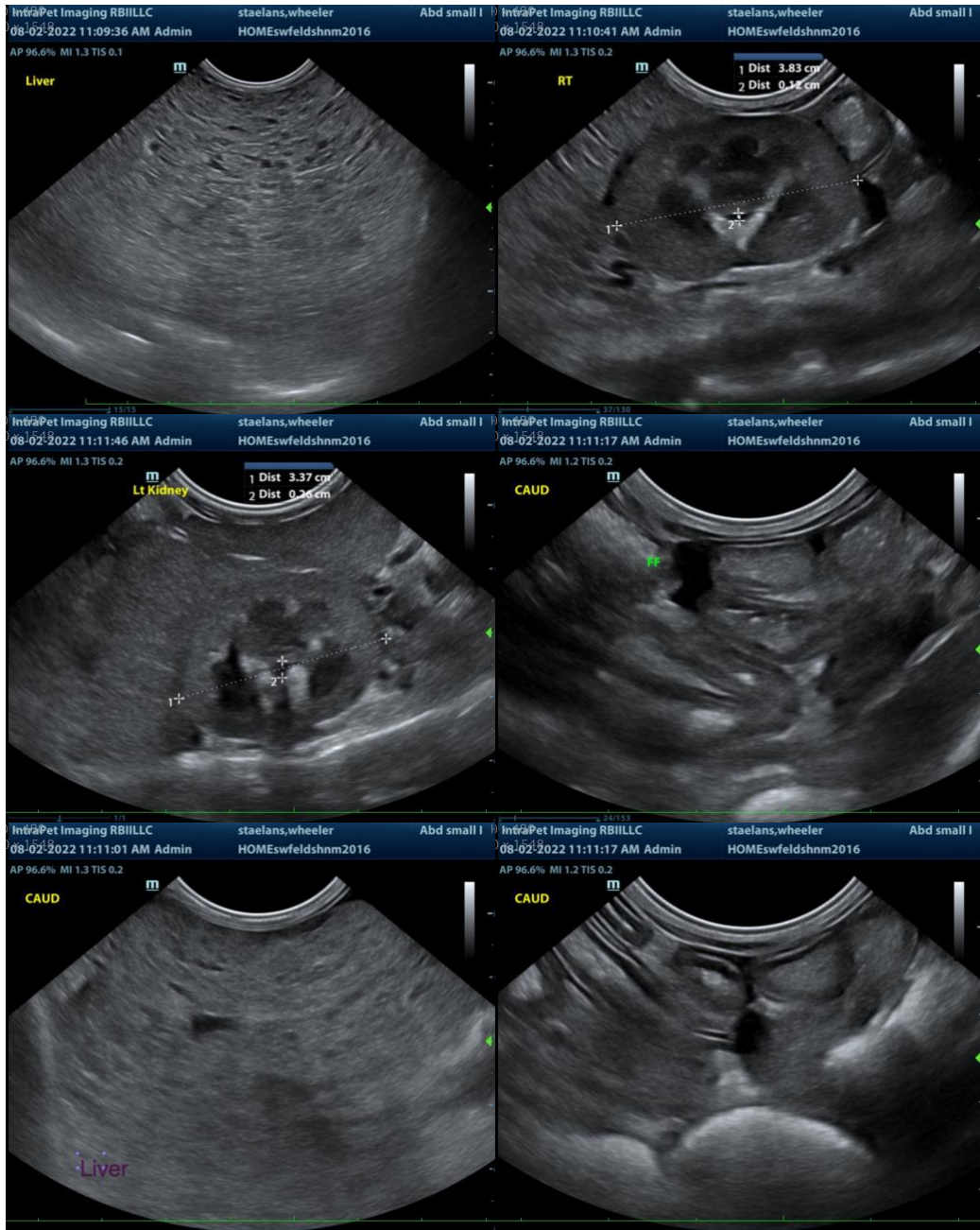
CBC/Chemistry panel, electrolytes and urinalysis is recommended, if not recently evaluated.

A fine needle aspirate of the liver is recommended, of patients coagulation status is appropriate.

If a diagnosis is not made from a liver aspirate, 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.

Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

Comprehensive infectious disease, including FIP, testing, given this patients unknown history is also recommended, if not recently evaluated.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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