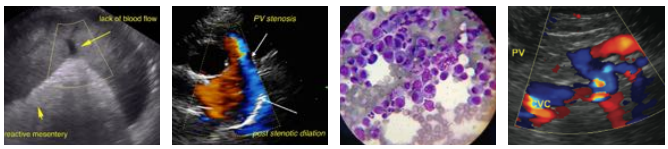
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tiger Pettersen

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
10 years

WEIGHT
7.5 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Roche

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Roche

INVOICE
42018

DATE
1/10/23

PRESENTING CLINICAL SIGNS

History: decreased appetite, 5 lb weight loss since last u/s in june '22. has been treated for IBD since then- still on prednisolone and B12
Abnormal PE/Chem/CBC/UA Results: bcs 4/9, wasted diffusely, mild jaundice hct 27wbc, 17, creat 0.7, bun 7, alt 203, alkphos 576, ggt 63, tbili 2.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 4.46 cm. The left kidney measured 4.15 cm.

Adrenal Glands

The adrenal glands are not visualized, but no abnormalities are noted in the area of adrenal glands

Spleen

The spleen was enlarged measuring >1cm in thickness with mottled parenchyma, slightly irregular capsule and somewhat poorly defined slightly hyperechoic nodules throughout parenchyma. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively enlarged with rounded boarders and mottled parenchyma with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gall bladder has minimal luminal volume and thickened walls – likely pseudohypertrophy

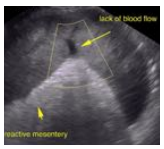
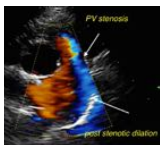
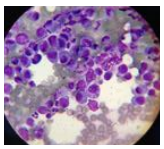
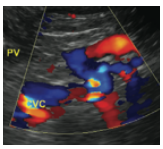
Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Small intestinal loops are significantly thickened (greater than 0.3cm) with markedly thickened muscularis. Focal area of severe thickening ileal thickening just orad to the ICJ with loss of distinct wall layering. Marjority of bowel loops follow a curvilinear path with distinct wall layering.. Visualized peristalsis appears appropriate.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Tiger Pettersen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

7.5 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

42018

DATE

1/10/23

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Ileocolic lymph node is enlarged, hypoechoic and rounded measuring 1 x 1.2cm.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Thickened SI loops with prominent muscularis
2. Loss of wall layering in ileum
3. Ileocolic lymphadenopathy
4. Splenomegaly with mottled parenchyma
5. Hepatomegaly with mottled parenchyma
6. Urinary bladder debris

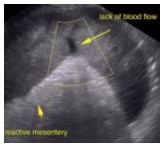
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

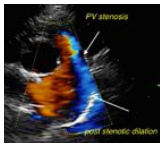
Small intestinal thickening is severe with severely thickening muscularis. This, along with focal loss of ileal wall layering and associated lymphadenopathy, GI lymphoma is strongly suspected, though inflammatory bowel disease cannot be definitively ruled out. Lymph node aspirate should be attempted. Along with intestinal changes, splenomegaly and hepatomegaly with parenchymal changes increases the concern for infiltrative disease with lymphoma being a primary concern (r/o visceral MCT, other). Fine needle aspirate of spleen and liver are recommended to further characterize parenchymal changes.

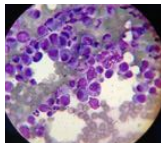
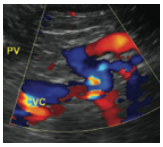
While neoplasia is strongly suspected, ultimately GI biopsies may be required for definitive diagnosis if FNA is no diagnostic. Intraoperative US-guided bx would be optimal to obtain the most representative samples in the GI tract. Endoscopic biopsy is less invasive but may miss lesions due to inability to sample more than top 1-2 layers of GI tract and inability to obtain samples from all sections of the GI tract. Surgical biopsies are more likely to be diagnostic but are more invasive.

Correlate clinical significance of urinary bladder debris with blood work/urinalysis findings and clinical signs.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Tiger Pettersen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

7.5 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

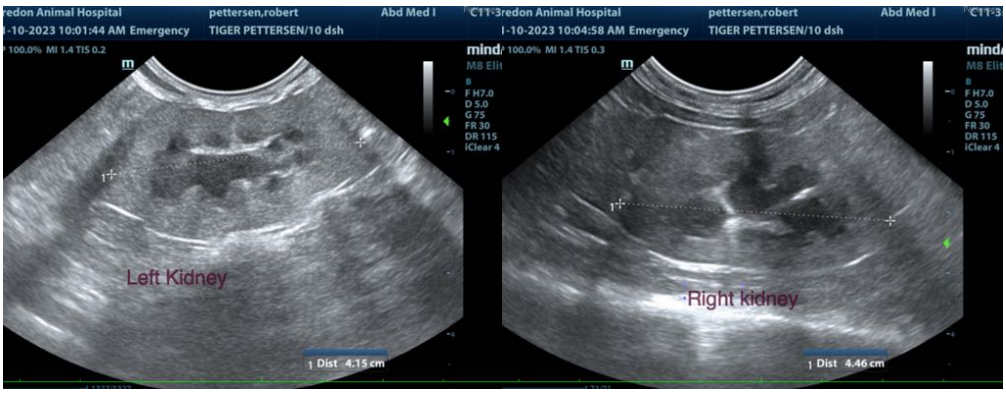
Dr. Roche

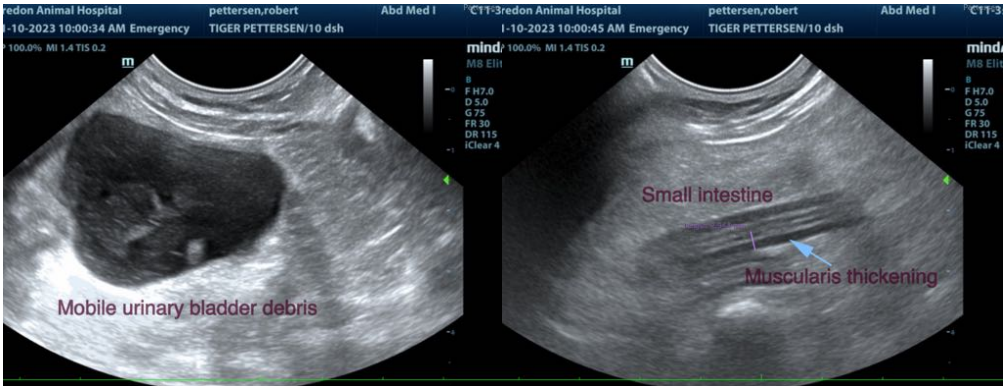
INVOICE

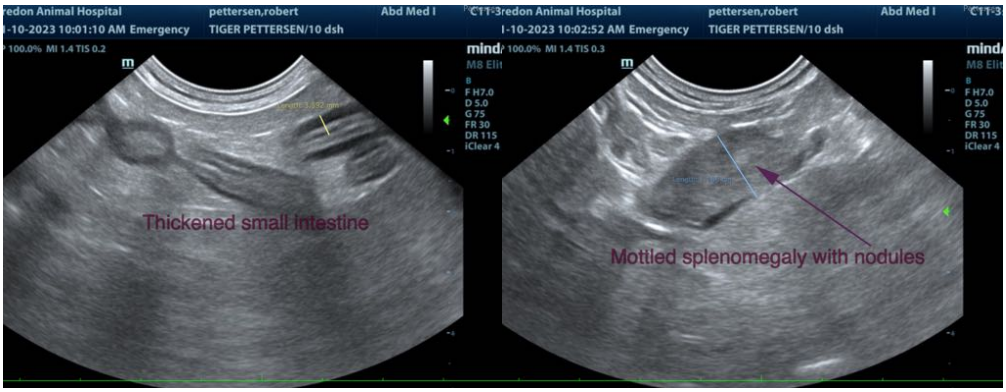
42018

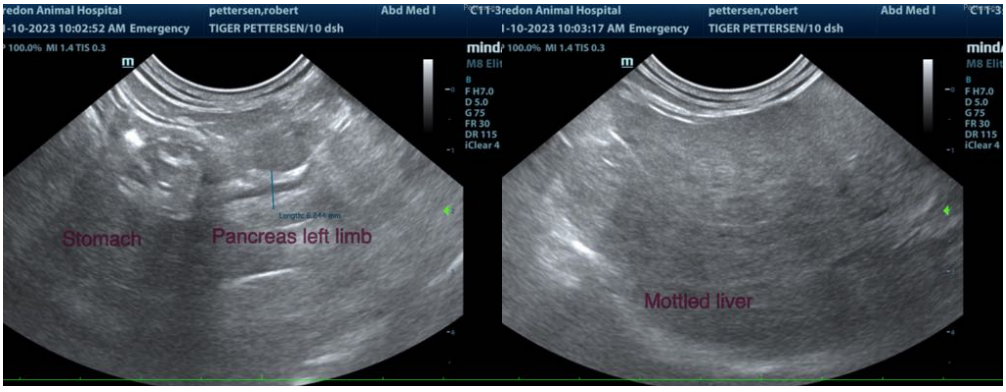
DATE

1/10/23

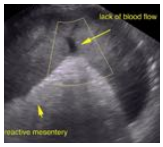
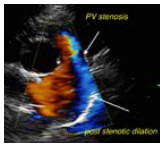
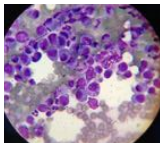
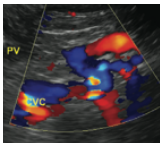








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Tiger Pettersen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

7.5 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

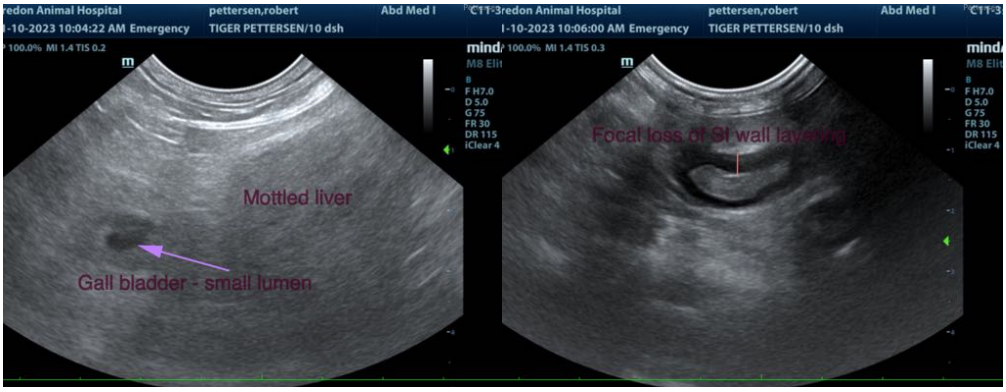
Dr. Roche

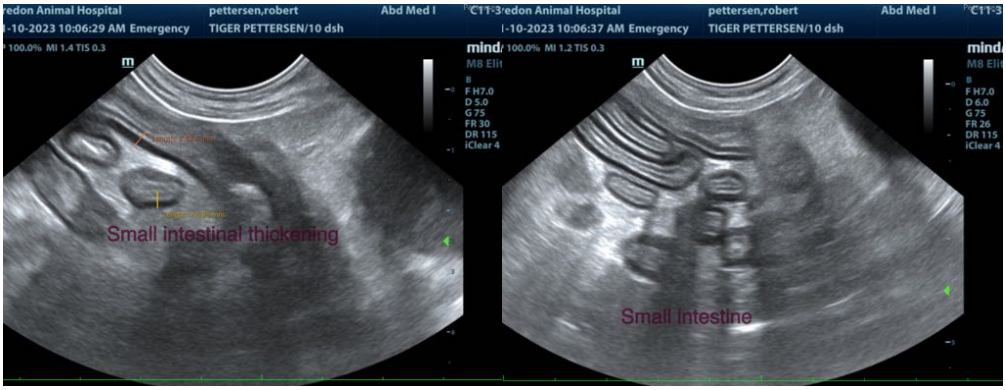
INVOICE

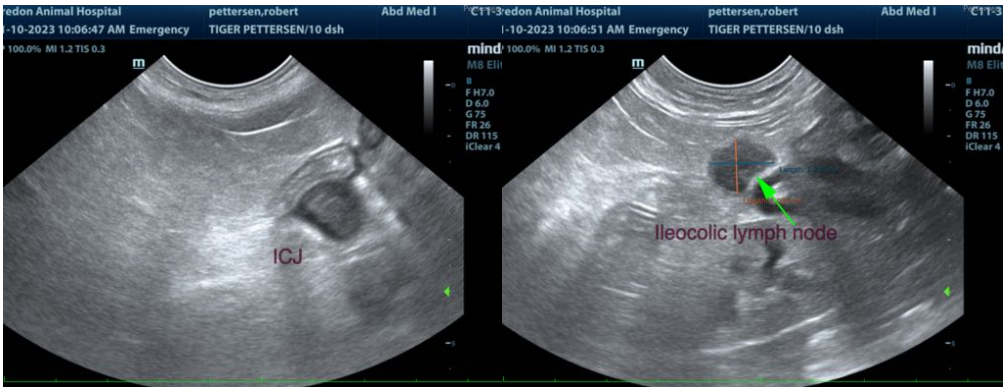
42018

DATE

1/10/23







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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com