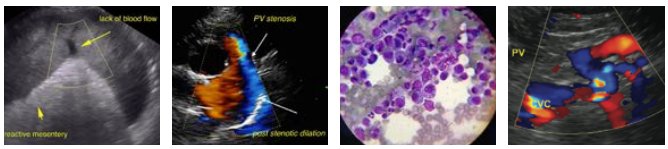
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**
Ella Rodkewitz

**SPECIES**
Feline

**BREED**
Domestic Longhair

**SEX**
Spayed female

**AGE**
6 months

**WEIGHT**
5.4 lbs

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

**IMAGING PERFORMED BY**
JK

**HOSPITAL NAME**
Hamburg VC

**REFERRING VET**
Dr. DenHeyer

**INVOICE**
43414

**DATE**
3/21/23

## PRESENTING CLINICAL SIGNS

History: Chronic Diarrhea for 2 months
Abnormal PE/Chem/CBC/UA Results: Blood pending

## 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. Urine was anechoic. 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 3.5 cm. The left kidney measured 3.4 cm.

### *Adrenal Glands*

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.56 cm in length and 0.22 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measured 0.64 cm in length and 0.34 cm at the cranial pole and 0.3 cm at the caudal pole.

### *Spleen*

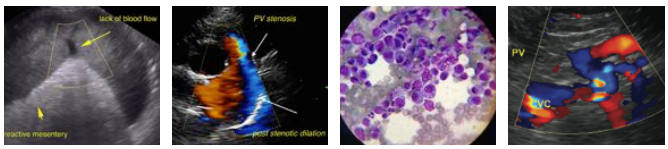
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

### *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

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there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. 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.

### *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*

Mesenteric lymph nodes are prominent with normal echogenicity and maintenance of normal width to length ratio.

### *Free Abdomen*

No masses or free fluid were noted.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

1. Normal colon
2. Prominent mesenteric lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphadenopathy with maintenance of normal structure is most suggestive of infectious lymphadenitis (bacterial, viral, protozoal or less likely fungal infection), reactive lymphadenitis (parasitism, migrating foreign body), or less likely infiltrative disease (lymphoma, MCT, other) among other things. Lymph nodes are naturally more prominent in juvenile animals and this could be a variation of normal due to the patients young age, though subjectively these appear more prominent than is typical and I suspect is due to GI inflammation. Lymph node aspirate and culture is recommended to further define this change. Serial imaging for monitoring for progression or resolution of lymphadenopathy is recommended.

Colon is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described clinical signs. Fecal material appears at least partially formed. The most common reasons for chronic diarrhea in kittens is parasitism which may escape detection in routine fecal exams. Fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. An easily digestible GI diet with consideration for addition of extra fiber could be considered. If initial treatments are unsuccessful, treatment for dietary sensitivity/allergy could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Colonoscopy may reveal pathology not visible on ultrasound.

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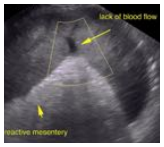
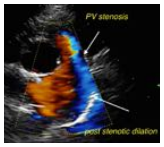
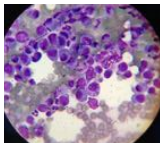
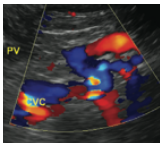

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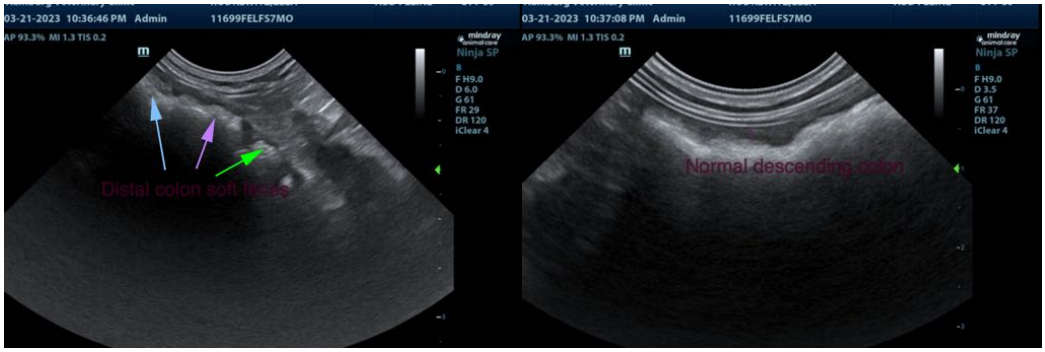


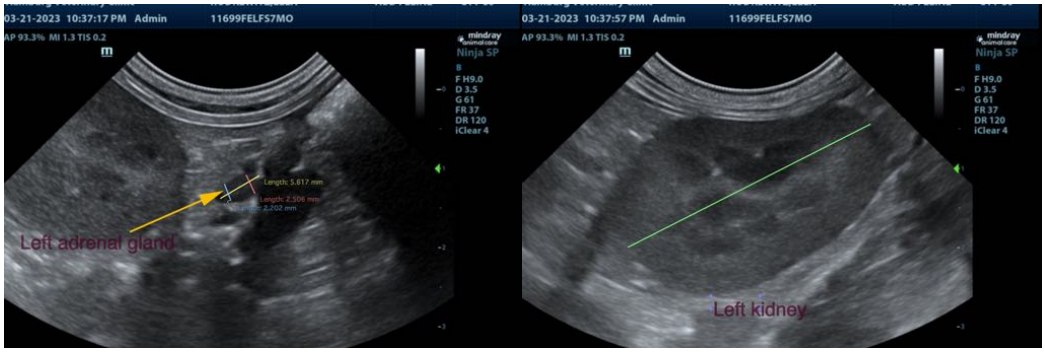


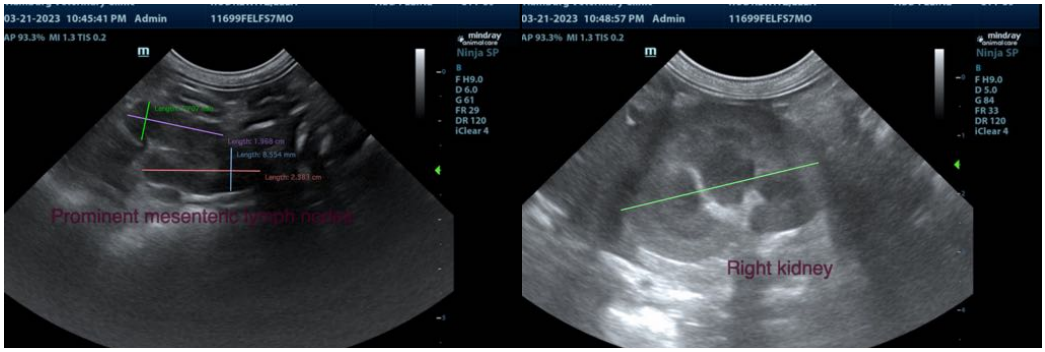


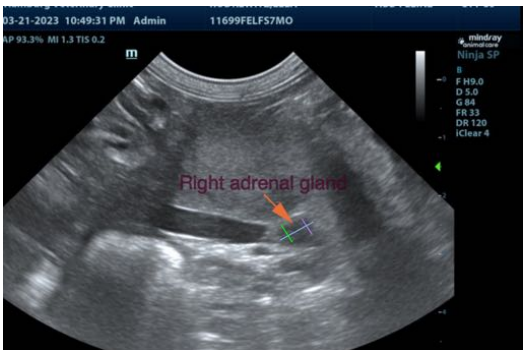

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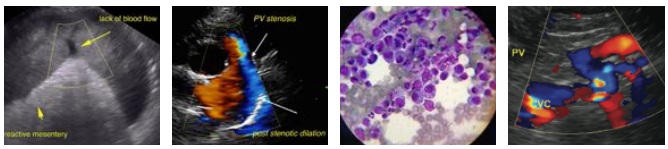


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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