IMAGING PERFORMED BY

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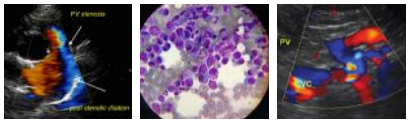

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
10/28/22

PATIENT
Allie Fanto

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
3/28/12

WEIGHT
10.6 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Burk

INVOICE
17965

PRESENTING CLINICAL SIGNS

History: Weight loss, picky appetite. Was 12 pounds 5/11/22- now 10.6lbs. Drinking more water, vomited 3 weeks ago.

Current Medications: Gabapentin 50mg night before and morning of US 2 hours prior to drop off.
Lab Results: Globulin 5.2, Alb 3.7, Glu 133, BUN 23, Creat 1.4, T4 2.6. UA- USG 1.056, pH 7, prot 2+.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.57 cm. The right kidney measured 3.9 cm. Slight nonobstructive mineralization was noted in the kidneys.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.4 cm.

The region of the **left adrenal gland** revealed no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. **See Free Abdomen section.

Pancreas

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

Free Abdomen

Mesenteric **fat** in the ileocecal region revealed hyperechoic remodeling. The mesenteric lymph nodes were enlarged, somewhat rounded, hypoechoic and irregular, the largest of which measured 1.9 cm x 1.5 cm with hyperechoic inflamed surrounding fat. Other smaller lymph nodes were mildly enlarged. The hyperechoic fat appeared associated with variable areas of intestinal thickening. However, no neoplastic criteria was noted in the small intestine.

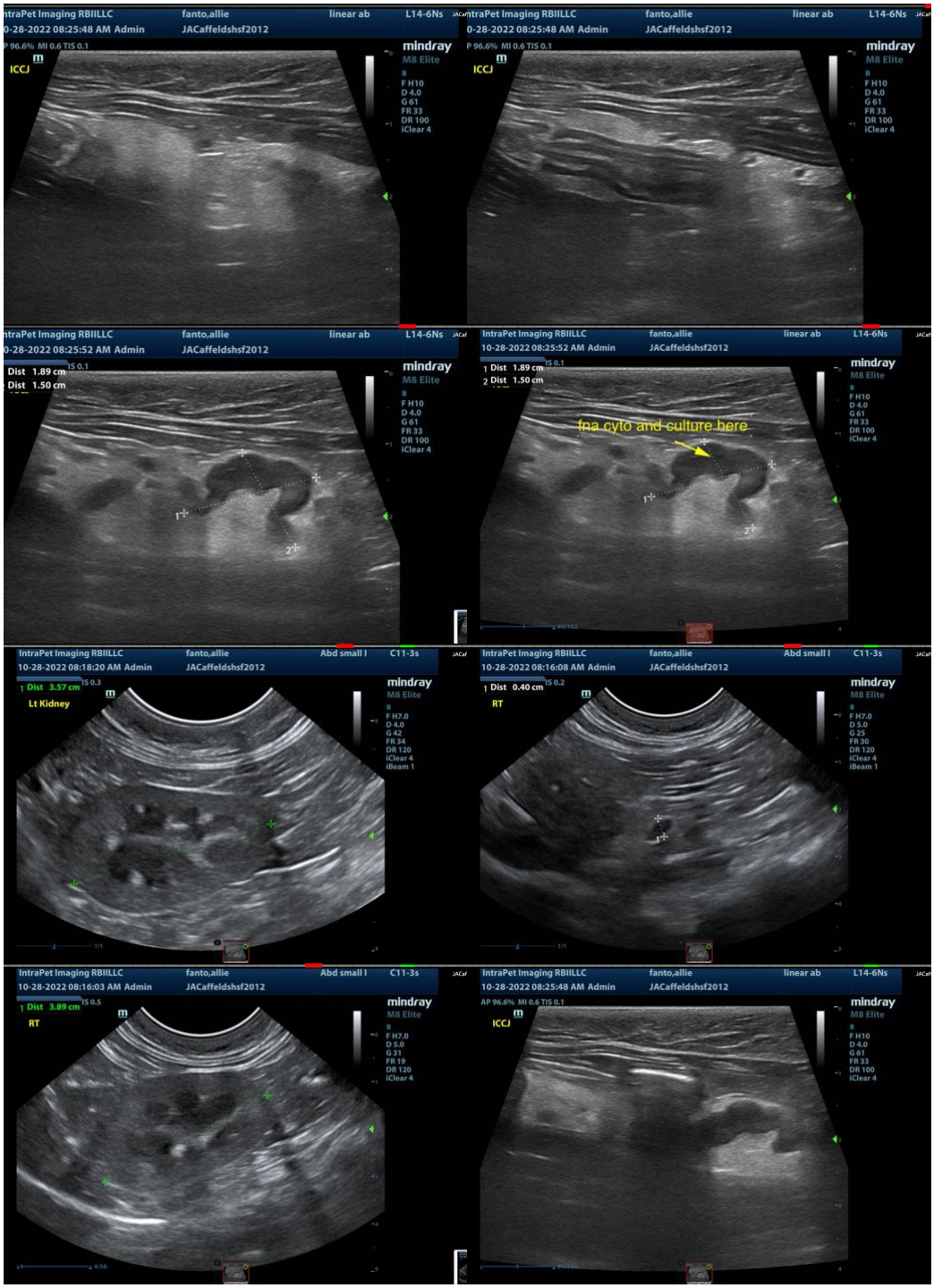
ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening with inflamed mesenteric lymph nodes/lymphadenitis pattern. Potential for emerging round cell neoplasia or even dry form FIP

- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA cytology and culture of the accessible larger mesenteric lymph nodes and inflamed surrounding fat is warranted. Empirical treatment for inflammatory bowel and lymphadenitis could also be considered. Enrofloxacin/clindamycin combination may be appropriate to cover for potential infectious agents. Diet change is likely necessary in this patient. Low dose prednisolone is possible; however, I strongly recommend sampling prior to any cortisone therapy. Recheck sonogram is recommended at 3-4 weeks or earlier if the patient is not responding or clinical decline is occurring.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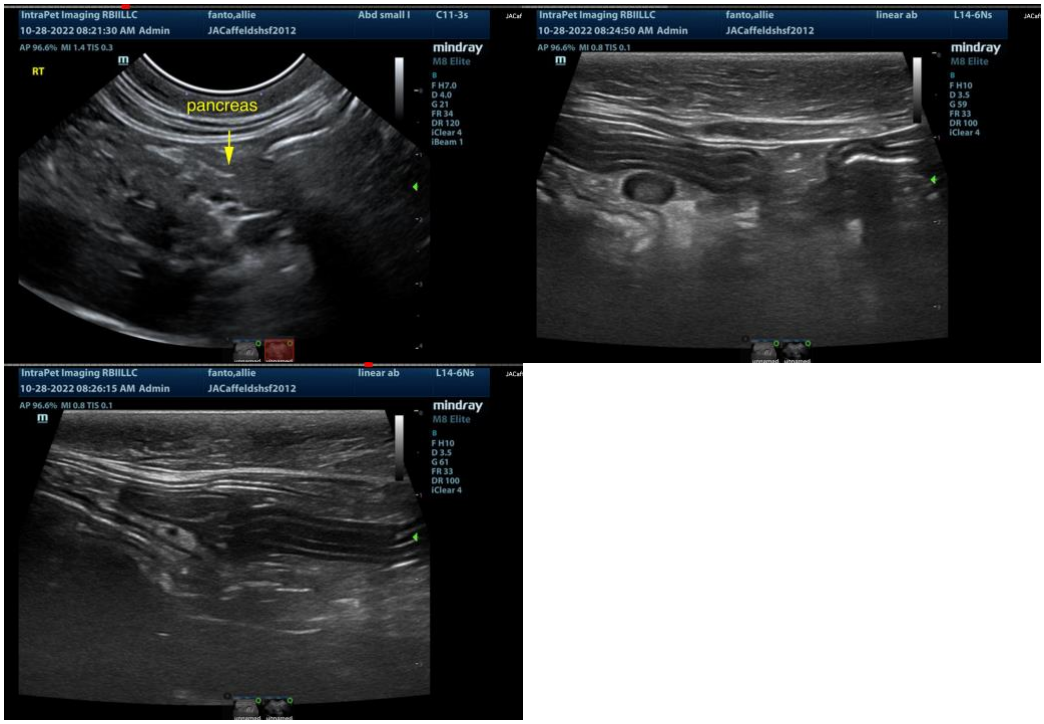

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com