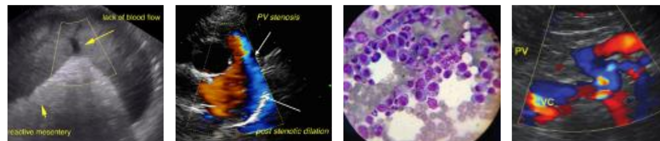
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Eli Poirier

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

7.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk, RDMS, RDCS

HOSPITAL NAME

Chris Belan VS

REFERRING VET

Alpine 24/7 Dr. Sasa Karagic

INVOICE

13655

DATE

10/9/21

PRESENTING CLINICAL SIGNS

History: N / V. Anorexia.

Abnormal PE/Chem/CBC/UA Results:

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.2 cm. The left kidney measured 3.95 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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.4 cm.

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. The spleen measured 7.0 mm in width.

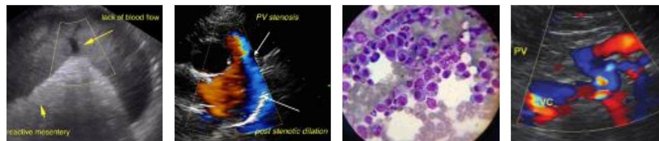
Liver

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 **stomach** was empty and unremarkable. Colonic wall thickening noted in this patient with hypertrophied muscularis and reactive surrounding mesentery occupying the descending colon. This is likely the source of the minor free fluid. The ileocecal junction was unremarkable.

Pancreas



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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

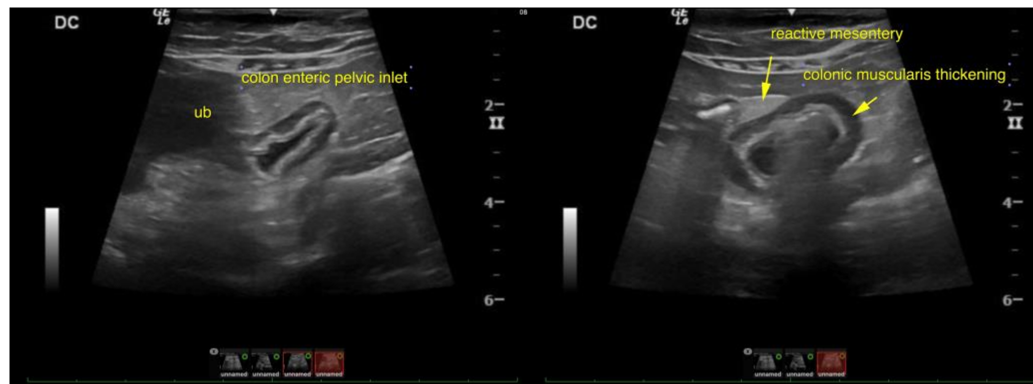
Slight free fluid noted in the cranial **abdomen**. Slight mesenteric **lymph nodes** enlarged, measuring 5.0 mm each.

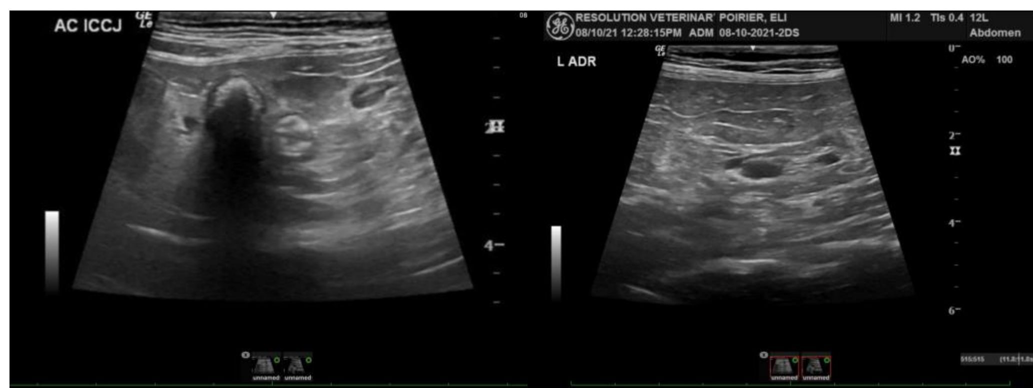
ULTRASONOGRAPHIC FINDINGS

- Slight mesenteric lymphadenopathy
- Colonic wall thickening with hypertrophied muscularis and reactive surrounding mesentery occupying the descending colon, likely the source of the minor free fluid. Differentials include colonic neoplasia, dry form FIP, colonic neoplasia, feline infectious peritonitis (given the patients' age) and colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the colonic wall would be ideal, however, may be difficult to recover adequate diagnostic cellularity. The colonic thickening appears to enter into the pelvis and therefore, not likely fully resectable. Colonoscopy could be considered; however, the majority of the pathology appears to be in the colonic wall. Full thickness colonic biopsy may be necessary for a definitive diagnosis. A clinical trial of enrofloxacin/metronidazole warranted. I recommend a fresh fecal smear and fecal floatation analysis. FNA of the mesenteric lymph nodes could also be considered.





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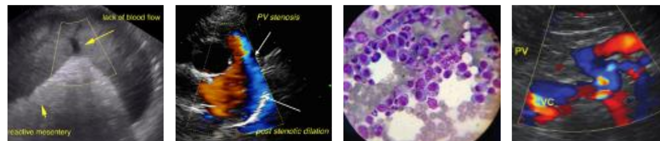

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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