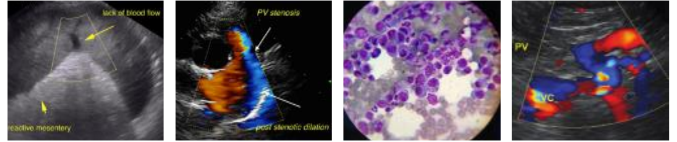
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tom Backes

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
13 Years 2 Months

WEIGHT
10 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
M. Kermendy, CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Jamie Oakes

INVOICE
16908

DATE
8/19/22

PRESENTING CLINICAL SIGNS

History: Tom had an ultrasound performed 2 years ago (not at this clinic). The ultrasound revealed inflammation of the small intestines. He was started on a hydrolyzed protein diet and his vomiting improved. Recently he has been vomiting more frequently (a few times a month) and seems more lethargic. He was diagnosed with pancreatitis with a FPL snap test one week ago.

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 left kidney measured 4.35 cm. The right kidney measured 4.77 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.4 cm.

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

Spleen

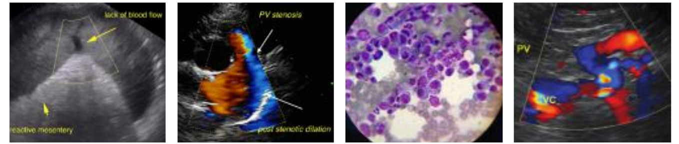
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

Mild **hepatomegaly** was noted with hyperechoic parenchyma. The liver was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Tortuous cystic duct was noted.

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



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intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured up to 0.28 cm.

Pancreas

The **pancreas** was prominent, hypoechoic and mildly irregular.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. A slight amount of free fluid was noted, adjacent to the mesenteric lymph nodes, likely owing to lymphatic congestion. This should be monitored for any progression.

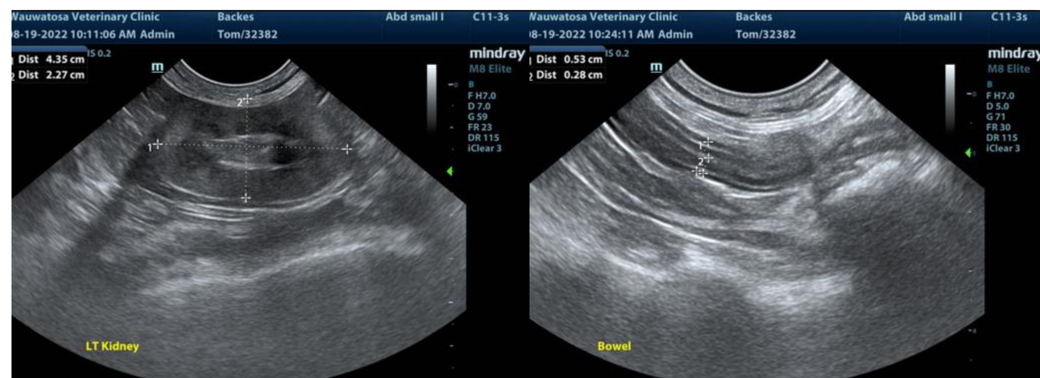
ULTRASONOGRAPHIC FINDINGS

- Mild diffuse intestinal thickening
- Hepatomegaly
- Prominent hypoechoic pancreas
- Reactive mesenteric lymph nodes
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for underlying lipidosis. If liver enzyme elevations are an issue, then FNA of the liver is indicated. Full thickness intestinal lymph node biopsies would be ideal with histopathology and culture of the mesenteric lymph nodes. The pattern would suggest chronic inflammatory bowel and lymphadenitis/reactive lymph nodes, however, an occult emerging round cell neoplasia cannot be ruled out. No obvious neoplastic criteria present. If prednisolone is being utilized, it may be suppressing a more significant presentation.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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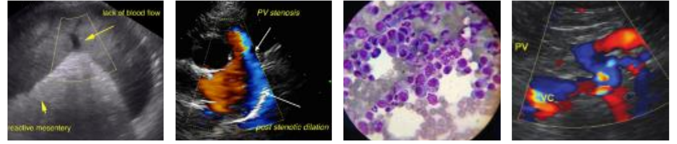

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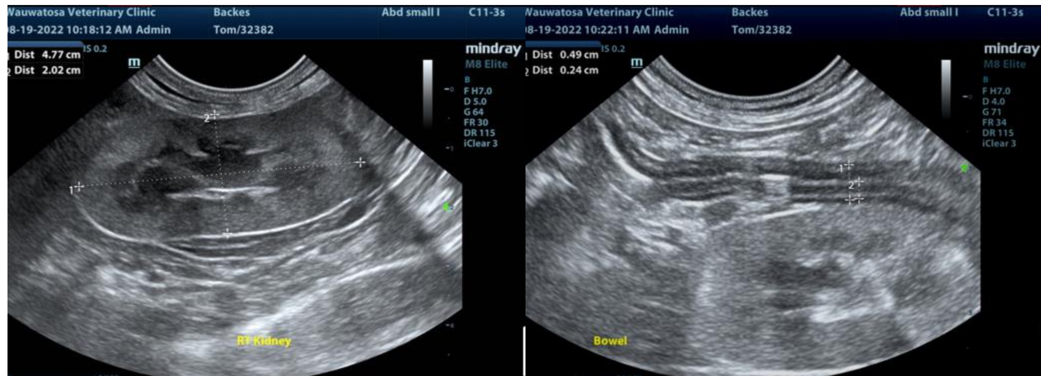

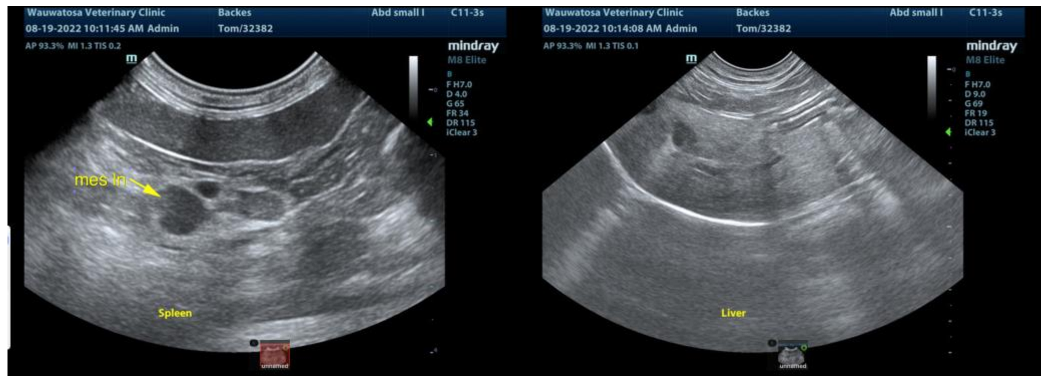

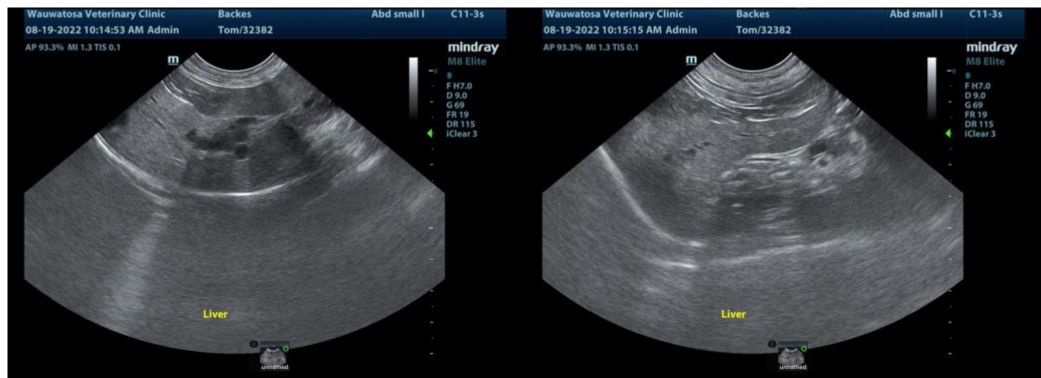

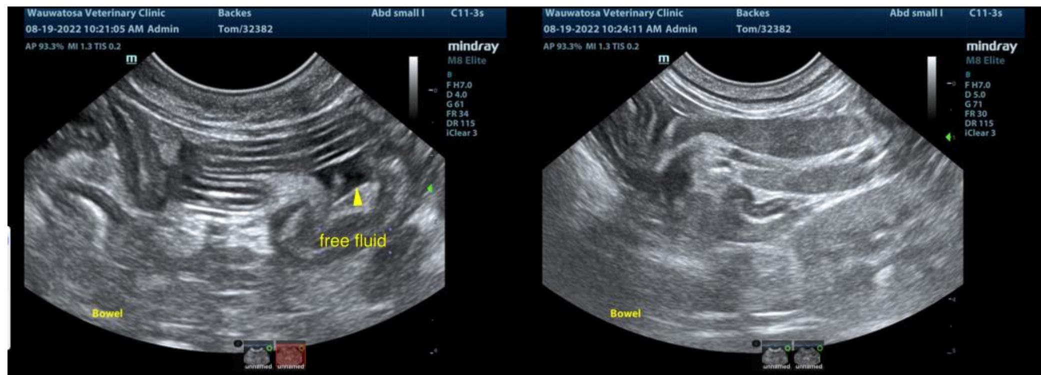

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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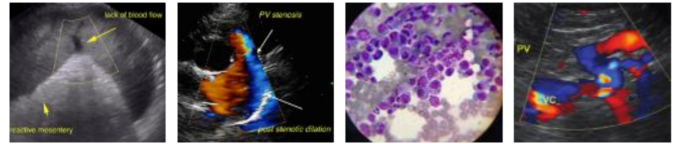

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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