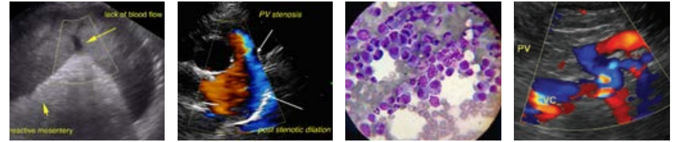
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Yak Melton

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
15 Years

WEIGHT
8.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Susan Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Susan Lincoski

INVOICE
40638

DATE
8/19/22

PRESENTING CLINICAL SIGNS

Diarrhea, foul smell, past several months on and off. Weight loss, ravenous appetite. Vomit, large volume mostly water but also foul smelling material. Treatment with metronidazole, proviable unrewarding, slight improvement only. He does go outdoors, serial fecal/giardia negative, and diarrhea pane results today all negative except low level clostridium perfinges alpha toxgen (22, and <300 deemed unlikely cause). CBC/CS/T4 were unremarkable

Abnormal PE/Chem/CBC/UA Results: Weight loss, BCS 4/9. III/V systolic murmur (not new, was referred over 1 year ago for echo, not done however). Ropey intestines. Neutrophilia/leukocytosis noted serially over last year, no change with antibiotic course previously.

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 **right kidney** was mildly enlarged (5.0 cm) with slightly thickened, irregular cortices.

The **left kidney** was mildly enlarged (4.83 cm) with mildly thickened irregular cortices.

Adrenal Glands

The **adrenal glands** were not visualized.

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. Hepatic vein dilation noted, suggestive for passive congestion. The gallbladder was unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Reactive mesenteric lymph nodes noted up to 5.0 mm in width.

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.

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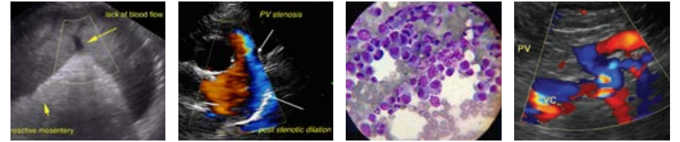

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Free Abdomen

Mild ascites noted in the abdomen.

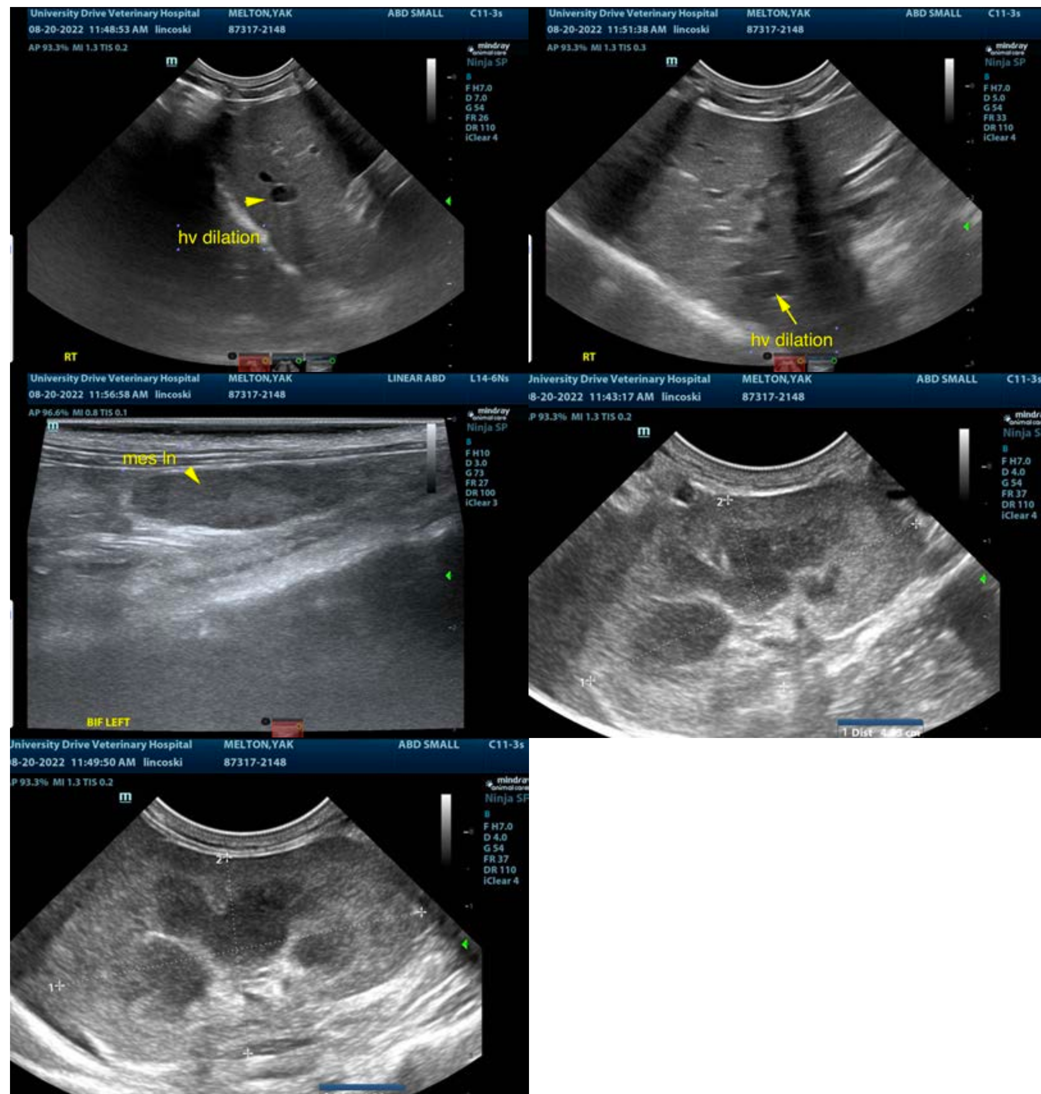
ULTRASONOGRAPHIC FINDINGS

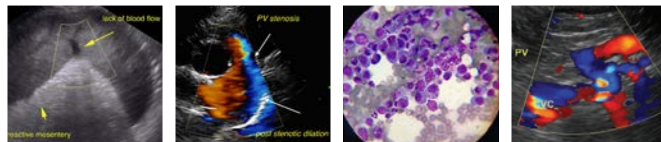
- Variable diffuse intestinal thickening with mesenteric lymphadenopathy
- Enlarged, mildly irregular kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria present in any of the images provided. Echocardiogram recommended to assess for causes of passive congestion such as right-sided heart failure. Occult neoplasia possible, especially if any cortisone has been utilized in this patient's treatment protocol, as it may be suppressing a more significant presentation. Otherwise, malassimilation of nutrients is a strong potential.

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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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.

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

info@SonoPath.com