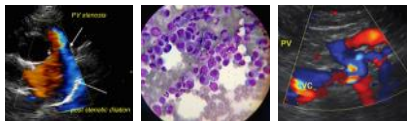
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
08/05/2022

PATIENT
Frenchie Calabrese

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
2009

WEIGHT
13.1lb

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Cat Sense Feline Hospital

REFERRING VET
Dr. Sinclair

INVOICE
11291ag

PRESENTING CLINICAL SIGNS

Frenchie presented 8/4 for being uncomfortable, "groaning" when he was sitting in the chair and walking all hunched up. I am concerned that on x-rays there might be a cavitated mass in the abdomen (seen on L caudal abd on v/d - x-ray mislabeled with R marker on the L side) and on the lateral ventral to the colon at L4. Also wondering if he could have a ureteral stones that could be causing the discomfort. He is an adult-onset primary hypothyroidism cat.
Current Medications: Levothyroxine 0.05mg in am and 0.1ml in pm gabapentin 25mg bid had cerenia 12mg yesterday afternoon.
Lab Results: See attached.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 moderate 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. Bilateral mineralization was noted.

The left kidney measured 4.04 cm in length. The right kidney measured 3.68 cm in length.

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 0.44 cm.

Spleen

The spleen presented volume contracted with 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

Examination of the gastrointestinal tract revealed a intestinal thickening and a fluid distended bowel. 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 (1:1). 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.

Pancreas

A hypoechoic nodule measuring 0.64 cm x 0.43 cm was present in the left cranial abdomen that is suspected to be pancreatic in origin. Areas of coarse architecture and undulating capsule contour were present. The pancreatic duct was dilated.

Free Abdomen

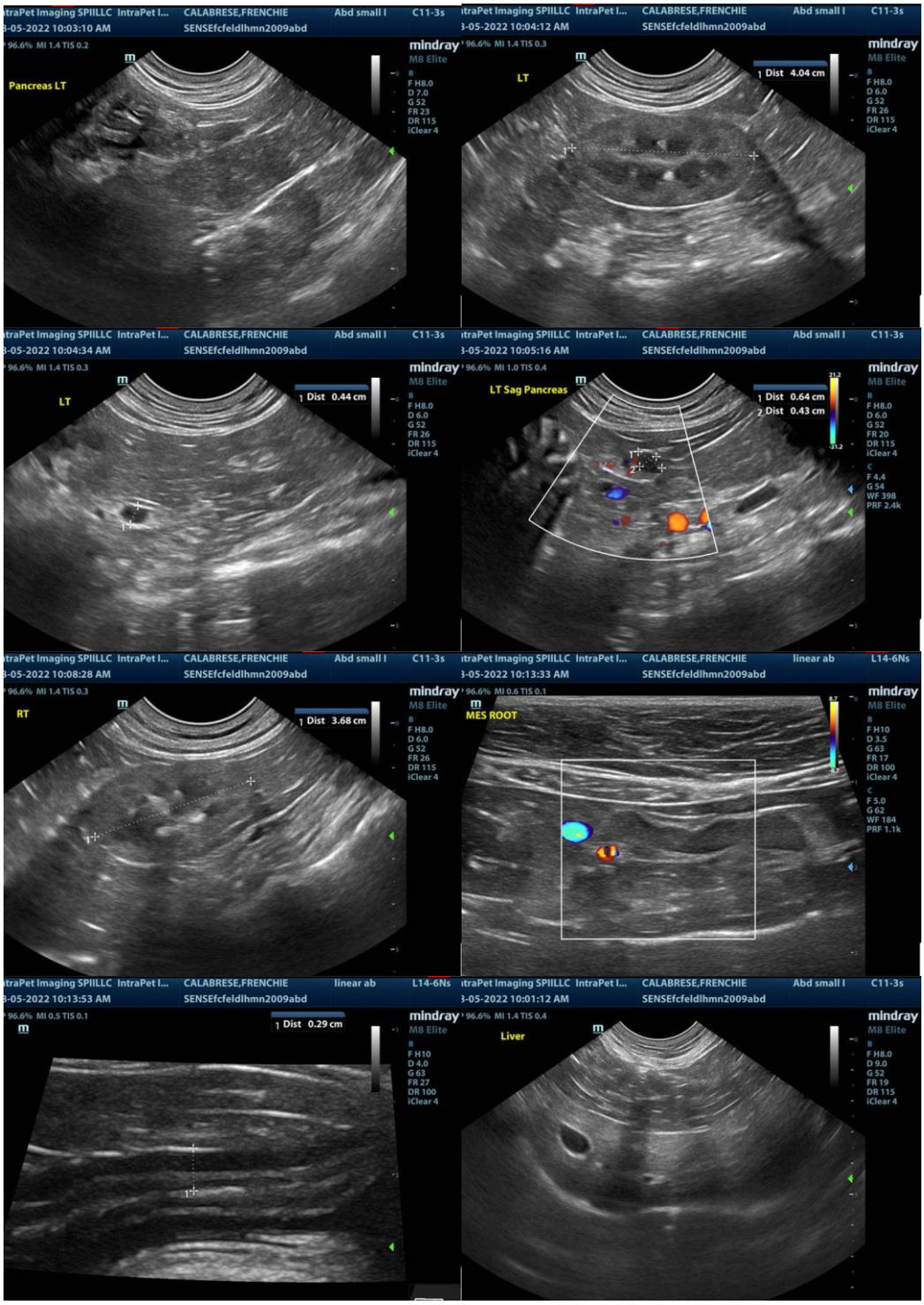
The mesenteric lymph nodes presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis-neoplastic criteria not met
- Empty stomach with minor wall thickening
- Irregular pancreas-suspect pancreatitis/gastroenteritis/inflammatory bowel given patient history
- Moderate age related renal changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An FNA of the nodular changes in the left pancreatic limb could be considered for further definition however subjectively the changes appear benign. Subxiphoid palpation to assess for discomfort related to possible pancreatitis is recommended. No evidence of neoplasia or foreign body was observed on this study.



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
Eric.Lindquist@SonoPath.com