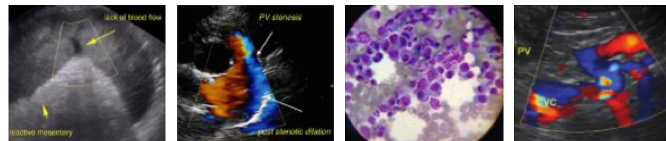


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Claws Iskierka

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
13 years
years

WEIGHT
19 lbs

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Kelly Ryan/Jess S.

HOSPITAL NAME
City Vets Uptown

REFERRING VET
Dr. Kelly Ryan

INVOICE
12499

DATE
3.23.23

PRESENTING CLINICAL SIGNS

History: presented very lethargic, chronic diarrhea but worse than previously, radiographs did not show any problems nor did the bloodwork, improving on pred but client interested in diagnosis

Abnormal PE/Chem/CBC/UA Results: glucose 160 all else wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size and is very mildly misshapen (consistent with prior minor infarct) with normal architecture and smooth peripheral margins, and measures 4.40 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, or hydroureter.

The right kidney is normal in size (but perhaps a bit small for the size of the patient), shape and architecture with smooth peripheral margins and measures 3.80 cm. There is normal architecture and a smooth peripheral margin, although it is slightly misshapen (consistent with prior renal infarcts). There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands
The left adrenal gland is normal in size at 0.39 cm. The left adrenal gland has normal shape, and it is normal in appearance and echogenicity.

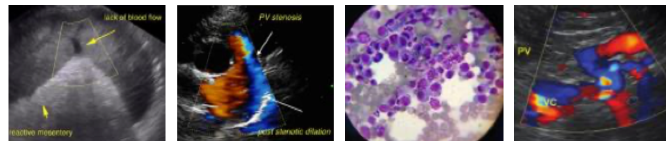
There are no significant abnormalities in the area of right adrenal gland, although it was not seen distinctly.

Spleen
The spleen is mildly enlarged (1.20 cm). The splenic echotexture is homogeneous and hypoechoic to the renal cortices and the liver (suspected to be secondary to lipid deposition). The capsule is slightly undulating, and the parenchyma does seem to almost bulge the capsule along the vascular edge of the spleen. The splenic vasculature is normal without signs of congestion or thrombosis. There are numerous hyperechoic nodules consistent with benign myelolipomas.

Liver
The liver is subjectively enlarged with normal contours, structure, with smooth peripheral margins. It is hyperechoic with decreased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. There is a small amount of echogenic depended debris within the gastric lumen. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract
The gastric lumen contains a moderate amount of ingesta consistent with kibble. The stomach wall is of normal wall thickness (2.60 cm) with some variability due to rugal folds.



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The visualized areas of duodenum and jejunum appear diffusely thick. In some areas the thickening was more mild, while in other areas the thickening was more moderate, with the jejunum measuring up to 3.60 cm (normal is up 2.50 cm). The mucosa is diffusely thick. There is distinct wall layering throughout. The lumen of the small intestine is normal. Some areas of bowel appear slightly corrugated/hyperperistaltic.

There is incompletely-formed feces in the descending colon and more liquid feces in the remainder of the colon. The wall is diffusely thick, with certain areas measuring up to 0.26 cm (normal is up to 0.17 cm). Wall layering is distinct for the majority of the colon, but more proximally, there is some blurring, and the wall is diffusely hyperechoic.

Pancreas

There were no significant findings in the area of the pancreas.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate small and large intestinal thickening with diarrhea
- Irregular splenic contour

Secondary Findings

- Chronic degenerative renal changes
- Hyperechoic hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is diffuse thickening of both the small and large intestines. Lymphadenopathy was not seen. This would be consistent with chronic or acute enteropathy of any cause, but inflammatory bowel disease, small cell lymphoma or food sensitivities are most common. Consider a GI panel and a diet trial with a novel or hypoallergenic diet (if not contraindicated in this patient). For a definitive diagnosis, biopsies could be considered via endoscopy/colonoscopy or surgical biopsies.

The spleen is mildly enlarged at 1.20 cm, with a slightly undulating/bulging margin at the vascular edge. While this could be an aging change or variation of normal, infiltrative disease cannot be ruled out from this ultrasound. Consider fine-needle aspiration to evaluate further.

The remainder of the changes in the abdomen are considered either aging changes or secondary to excessive lipid accumulation.

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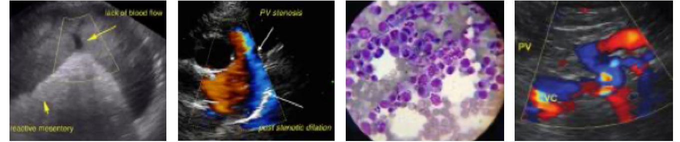

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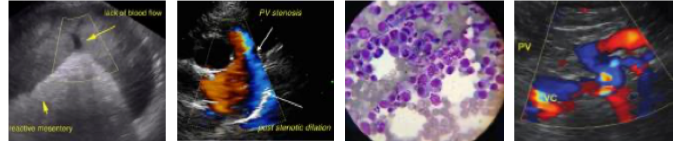

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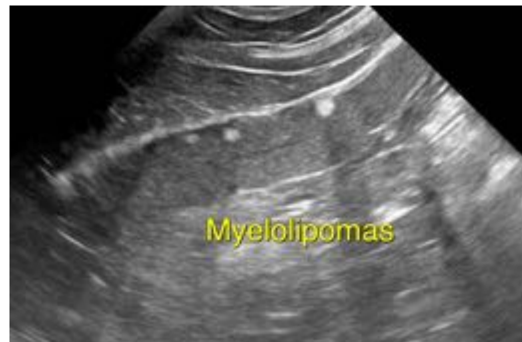

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com