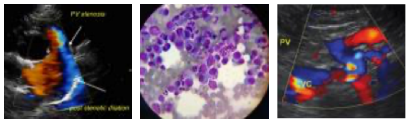
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4.28.2023

PATIENT

Hershey Hess

SPECIES

Feline

BREED

Havana

SEX

Female Spayed

AGE

4/8/2007

WEIGHT

4.7 lbs

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. McNesby

INVOICE

12899

PRESENTING CLINICAL SIGNS

Patient diagnosed with hyperT4 several years ago - treated with Methimazole. Recheck exam and lab-work today - weight loss (0.7 lb) and patient has poor appetite, not eating well, will eat grilled/rotisserie chicken or hamburgers only. T4 on lab-work today <0.5 ug/dL. Abdominal palpation - intestines feel thickened and ropy. Owner reports melena as well.

Current Medications: Methimazole 2.5 mg transdermal BID (discontinued)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

Suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size (3.60 cm) shape and architecture with smooth, but very slightly undulating peripheral margins. There is decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.75 cm) shape and architecture with smooth peripheral margins. There is decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.44 cm) with a normal shape and is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal 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 mildly thick (0.14 cm) with a very mildly irregular mucosa. Luminal contents are anechoic. The cystic and common bile ducts are dilated and tortuous. The common bile duct measures at the upper limit of normal (0.35 cm / normal is up to 0.40 cm) and can be

followed to the duodenal papilla, which is hyperechoic. Just proximal to the duodenal papilla, there is a focal hyperechoic thickened or inspissated biliary sludge.

Gastrointestinal Tract

The gastric lumen contains a small volume of ingesta. The stomach wall is mildly thick (0.37 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The small intestines are diffusely abnormal and measure diffusely thick (up to 0.27 cm in the jejunum). The duodenum measures thick (0.33 cm). Within the duodenum, at the duodenal papilla, very close in proximity to the common bile duct, the parenchyma of the duodenal wall bulges into the lumen and is hyperechoic. There is both mucosal and muscularis thickening diffusely throughout the small intestinal. The intestines are diffusely dilated with ingesta, consistent with ileus. Wall layering is preserved throughout, although many loops of bowel (though not all) have a hyperechoic and speckled mucosa. There is no evidence of masses or foreign bodies.

The sections of colon are visualized with incompletely-formed to fully-formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left pancreas is diffusely mildly hypoechoic and thick (1.12 cm). The parenchyma is mottled and the pd is dilated (0.25 cm).

Peritoneum

The mesenteric lymph nodes are hypoechoic and diffusely enlarged (the largest measuring 2.20 long x 0.47 cm thick) and is surrounded by hyperechoic fat. The ileocecocolic lymph node are also hypoechoic and significantly enlarged (2.77 cm in length x 1.17 cm in width). There is a mild amount of effusion throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe enteropathy with ileus, effusion, and significant lymphadenopathy
- Chronic pancreatitis

Secondary Findings

- Dilated and tortuous common bile duct with a suspected inspissated sludge ball proximal to the duodenal papilla, and inflammation at the duodenal papilla
- Chronic degenerative renal changes

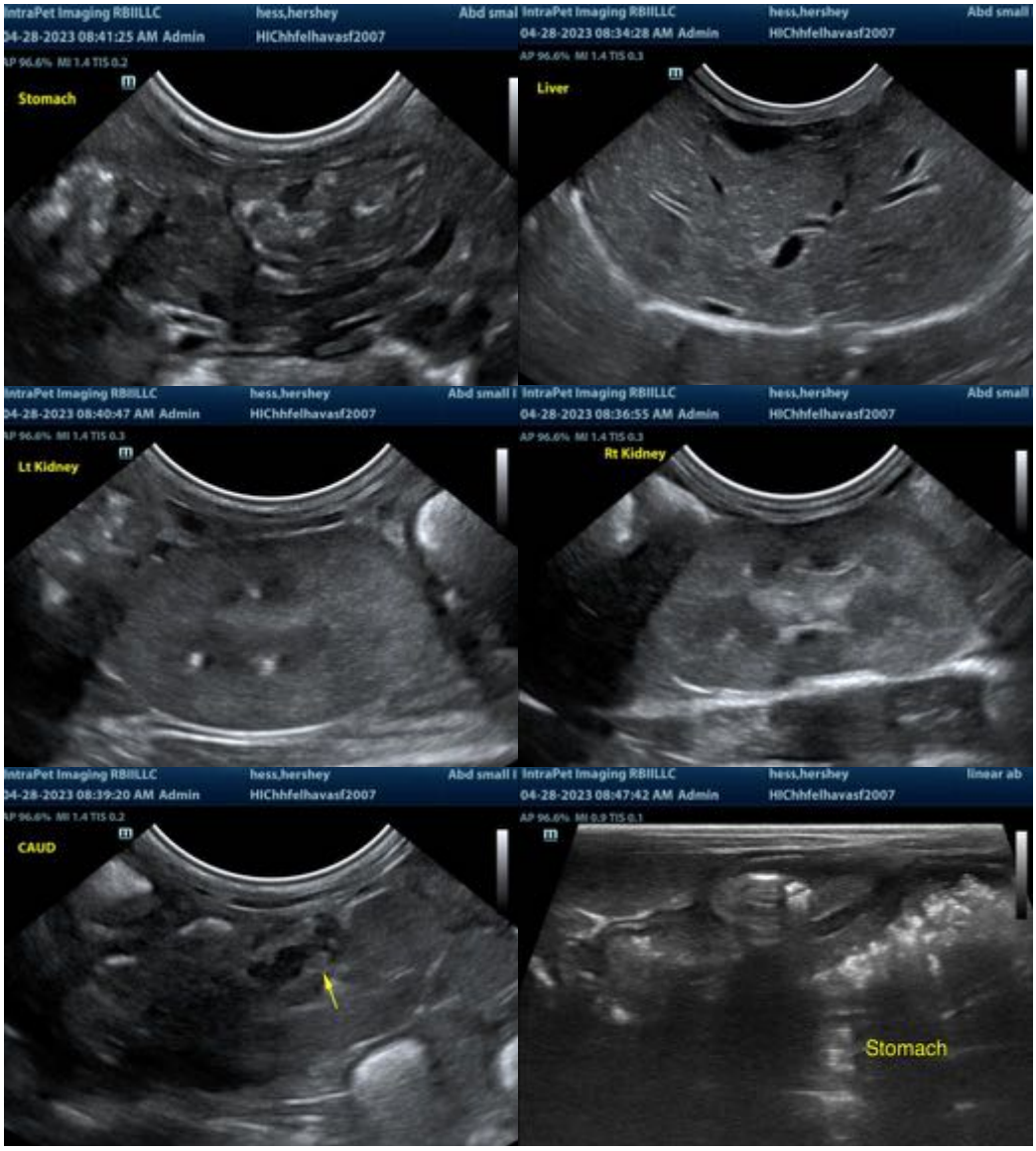
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the intestines are significant and may represent a severe inflammatory enteritis. But given the lymphadenopathy and neoplastic process, such as small, intermediate or even an emerging large cell lymphoma is a concern. Fine-needle aspirates could be considered, but biopsy of the intestines may be necessary for definitive diagnosis. Consider a GI panel and a diet trial (if not contraindicated in this patient).

The changes to the pancreas and biliary tree/common bile duct are consistent with chronic pancreatitis and possible chronic cholangitis, or intermittent partial biliary duct obstruction.

The duodenal papilla is inflamed, suggesting active disease. Correlate with lab-work changes. If there are liver enzyme elevations, consider cholecystocentesis for bile cytology and culture and anti-microbial therapy.

There are chronic degenerative renal changes. Consider routine monitoring of renal values.




CAUD
Effusion
Mesenteric LN
CBD
Ileocolic LN
RT CR
Area of Duodenal Papilla
Small Intestines
Spleen
Pancreas

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