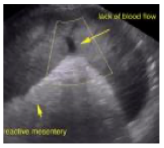
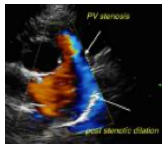
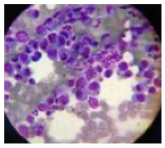
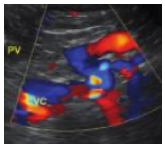
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sundew Motion

SPECIES

Feline

BREED

Balinese

SEX

Female Spayed

AGE

1 year, 8 mos

WEIGHT

4.29 kg

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fish Creek PH

REFERRING VET

Dr Johnson

INVOICE

12885

DATE

4.28.23

PRESENTING CLINICAL SIGNS

Hx of poor stool quality since adopted from breeder at 8 months old. 1 week history of diarrhea. Had 24 hours of vomiting which resolved but has been hyporexic 1 week. Fancy feast was fed and other cats in house developed diarrhea as well.

Abnormal PE/Chem/CBC/UA Results: Mild hemoconcentration. Amylase elevation 1981.

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

The left kidney is normal in size for the breed of the patient (3.50 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. Scant pyelectasia is noted. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size for the breed of the patient (3.36 cm) shape and architecture with smooth peripheral margins. There is normal 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 (0.23 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.39cm) 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

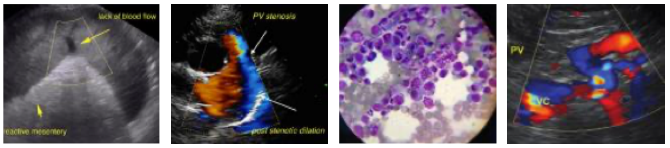
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary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

The gallbladder lumen is moderate distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness 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 visualized areas of duodenum, jejunum and ileum appear diffusely thickened. The duodenum measured thick (0.29 cm / normal is up to 0.24 cm) and is corrugated with a thick muscularis and hyperechoic and thickened submucosa. Most sections of the jejunum were thick as well (up to 0.30 cm thick) with thickening of the muscularis layer equal to or thicker than the mucosa in certain loops of bowel. Some loops of



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jejunum had a hyperechoic longitudinal mucosal stripe, consistent with mucosal fibrosis. The ileum measured normal, though there are mildly enlarged ileocecocolic lymph node that re hyperechoic (0.46 cm in thickness) and are likely reactive.

The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

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

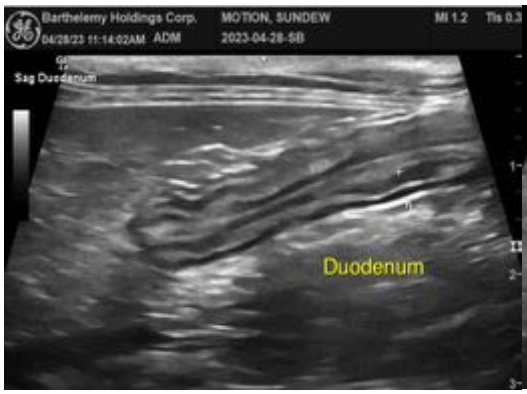
ULTRASONOGRAPHIC FINDINGS

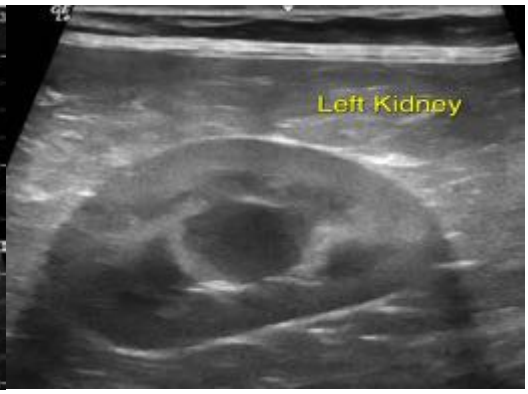
Findings

- Chronic enteropathy with reactive lymphadenopathy (suspected mid-mucosal fibrosis)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestines are diffusely thickened with corrugation, changes consistent with mid-mucosal fibrosis and thickened muscularis. The ileocecocolic lymph node are likely reactive. These changes are consistent with a chronic enteropathy, such as inflammatory bowel disease, food allergy or small cell lymphoma, though given the age of the patient, small cell lymphoma is considered very unlikely. There are no sonographic changes to suggest a more aggressive disease process, though unfortunately, sonography alone cannot distinguish between IBD and small cell lymphoma, and biopsy would be necessary to further characterize the intestinal disease (surgical vs endoscopic). Consider a GI panel, diet trial with a novel protein diet or hypoallergenic diet.





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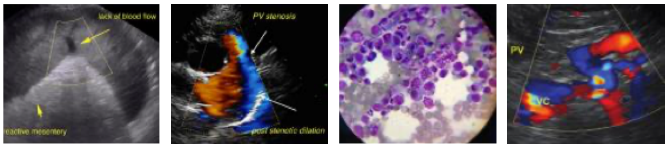

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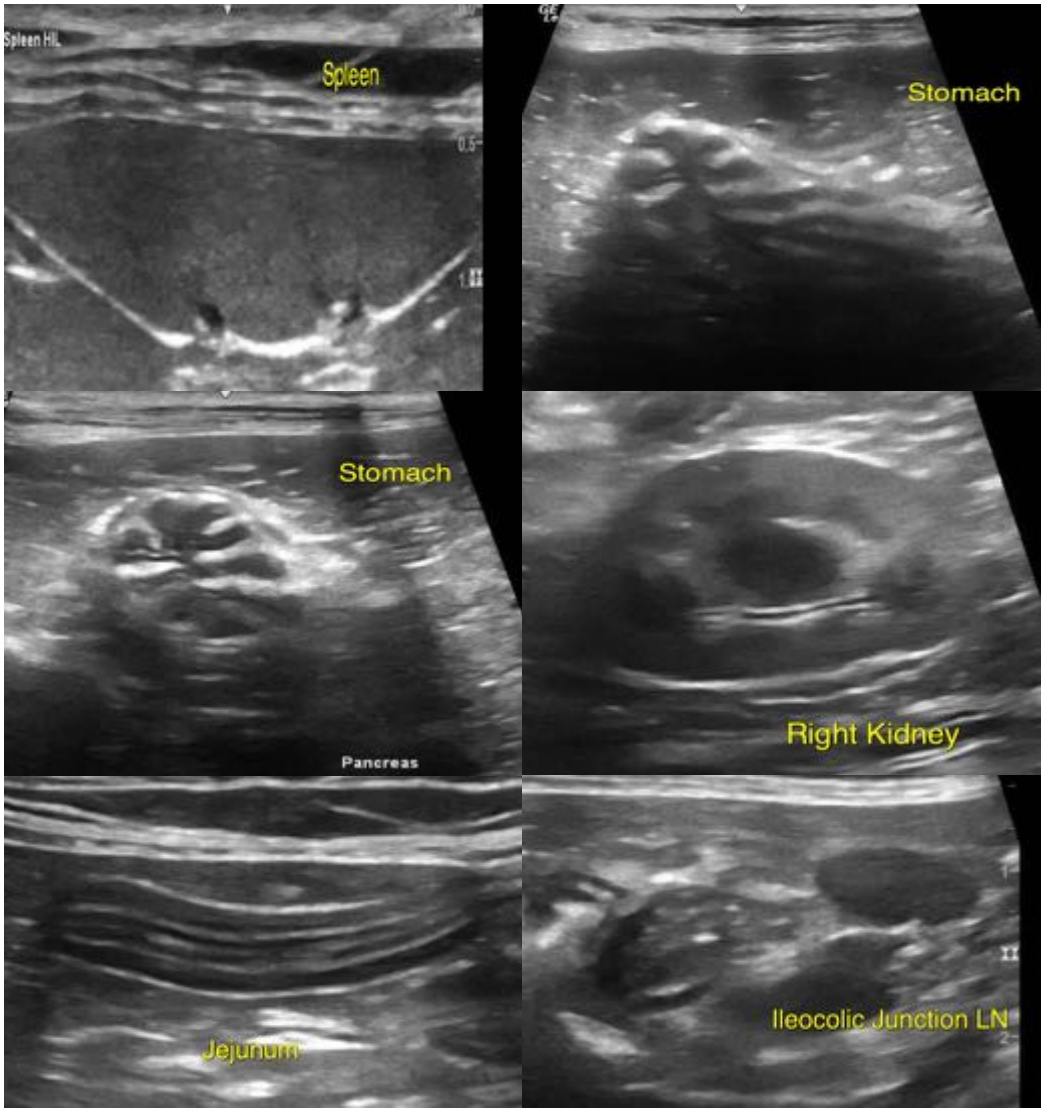

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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