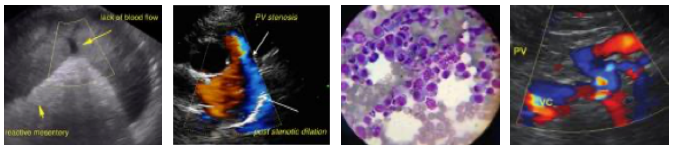
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Patch Jump

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
17 years

WEIGHT
8.98 lbs

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Dr. Taylor

INVOICE
12704

DATE
4.6.23

PRESENTING CLINICAL SIGNS

History: Gradual weight loss (used to be 13-14 lbs in her prime, eg 2014) despite fed ad lib. No vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Thin body weight. Small palpable thyroid slip but T4 is 2.3 . III/VI systolic heart murmur. Intestines felt prominent. 3.5cm x 2.5 cm cutaneous/subcutaneous cystic mass on left hip present for over a year. Pursuing FNA of cystic mass day of abd u/s. CBC wnl, chems nsf. fPL = 35.9 (dx pancreatitis). (blood pressure and urinalysis were originally declined). 4-6-23 Urinalysis - 1.012, RBC < 1/hpf, WBC <1/hpf, no bacteria seen, otherwise nsf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size (3.53 cm), shape and architecture with a slightly irregular margin consistent with prior infarct. There is mildly decreased corticomedullary distinction and normal echogenicity. There is no evidence of nephroliths or hydroureter. There is pyelectasia (0.19 cm) with anechoic urine in the pelvis.

The right kidney is normal in size (3.51 cm), shape and architecture with a smooth peripheral margin. There is mildly decreased corticomedullary distinction and normal echogenicity. There is no evidence of nephroliths or hydroureter. There is pyelectasia (0.40 cm with anechoic urine in the pelvis).

Adrenal Glands

The left adrenal gland is normal in size at 0.29 cm. The right adrenal gland has normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.39 cm. The right adrenal gland has 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 but slightly undulating. 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 coarse. 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 moderately distended. There is a small volume of dependent bile sludge. The wall is a normal thickness and smooth. The cystic and common bile ducts are normal, with the common bile duct measuring 0.35 cm (normal is up to 0.40 cm).

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.

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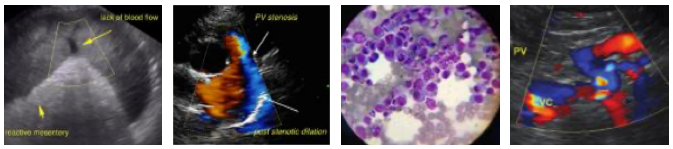

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The visualized areas of duodenum, jejunum and ileum appear diffusely thickened. The duodenum measures moderately thick at 0.35 cm (normal is up to 0.24 cm), with distinct wall layering; though the muscularis is subjectively thickened and the mucosal layer is hyperechoic. The jejunum has segmental thickening, with certain loops of bowel measuring up to 0.27 cm (normal is up to 0.25 cm), with distinct wall layering (though the muscularis is subjectively thickened, the mucosal layer is hyperechoic). The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and is thickened, up to 0.46 cm (normal is up to 0.32 cm).

The sections of colon are visualized (0.15 cm) with formed fecal material and gas shadowing distally.

Pancreas
The left pancreas is hypoechoic and surrounded by mildly hyperechoic mesentery. There are a few anechoic cysts in the cranial portion of the left pancreas. The visible pancreatic duct is considered normal for the age of the patient.

Peritoneum
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are mildly enlarged and hypoechoic mesenteric lymph nodes (up to 0.71 cm thick) and surrounded by hyperechoic mesentery. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic pancreatitis
- Chronic enteropathy with reactive lymph nodes
- Chronic degenerative renal changes with bilateral pyelectasia (right greater than left)

Secondary Findings

- Gall bladder sludge (incidental)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestines are thickened, with the duodenum measuring the thickest. All layering is preserved, although the muscularis layer is subjectively thickened and the mucosa is hyperechoic. There are some mildly enlarged mesenteric lymph nodes considered to be reactive. This is consistent with a chronic enteropathy, such as inflammatory bowel disease or small cell lymphoma (given the weight loss). 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 a biopsy (surgical versus endoscopic) would be necessary. Consider a GI panel, diet change to Royal Canin Multifunction Renal/Hydrolyzed Protein, if possible, or empiric steroids.

The pancreas appears mildly inflamed, and there are some cystic changes consistent with prior or chronic pancreatitis. Treatment for pancreatitis is supportive, but often improves with similar treatments for chronic enteropathy (e.g., diet change or steroids).

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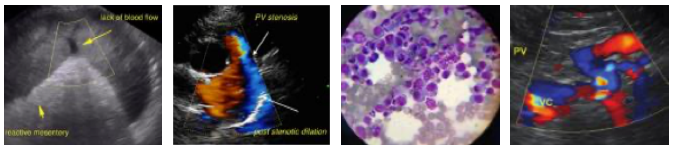

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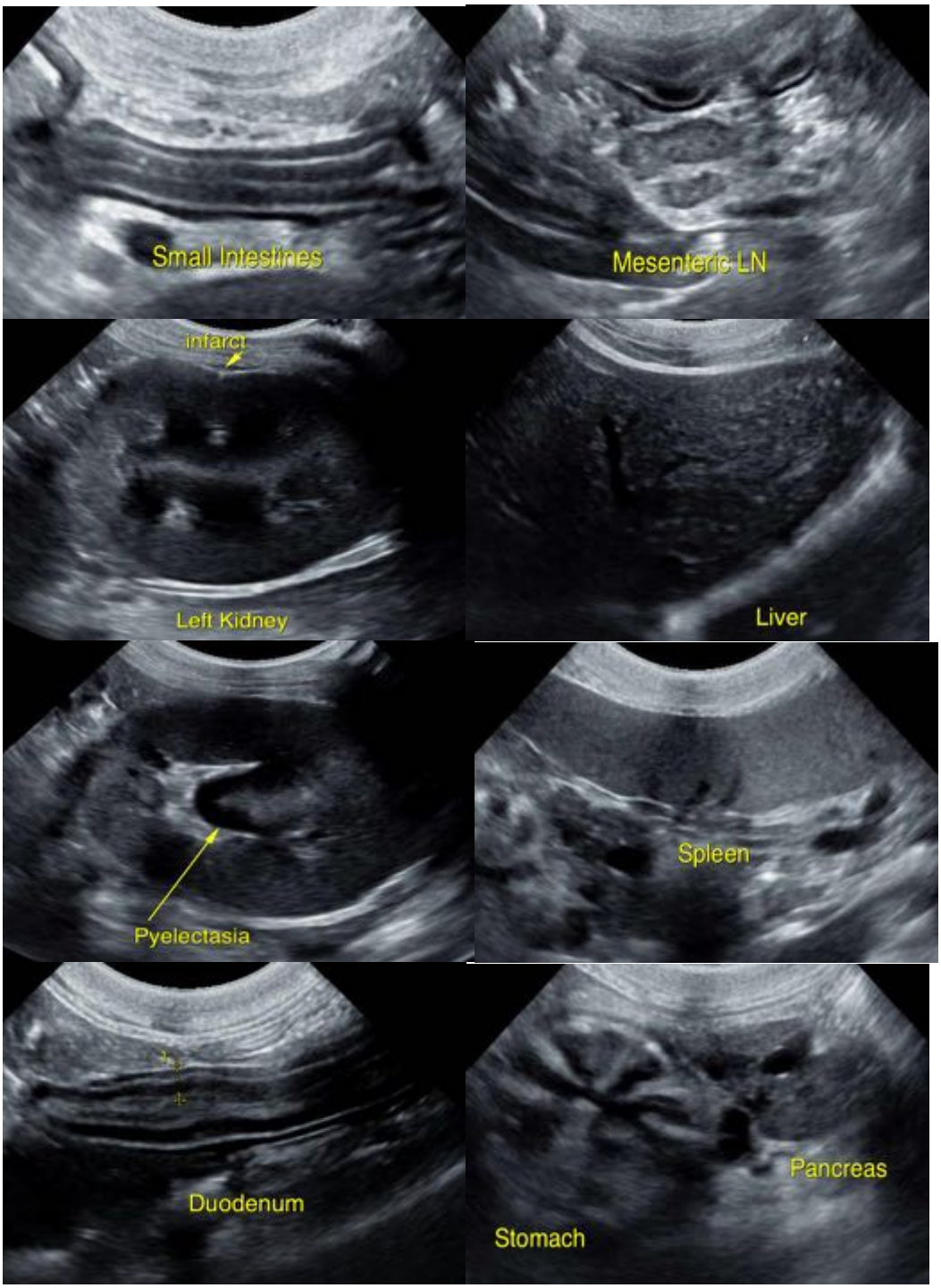
There are chronic degenerative renal changes. The bilateral pyelectasia could be from PU/PD (often associated with chronic kidney disease) but could also be from chronic pyelonephritis. Consider a urine culture to rule out infection.



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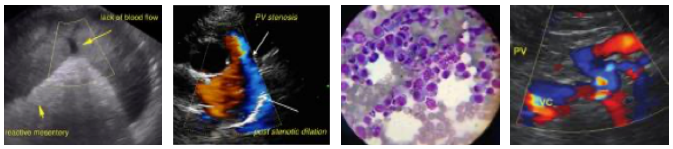

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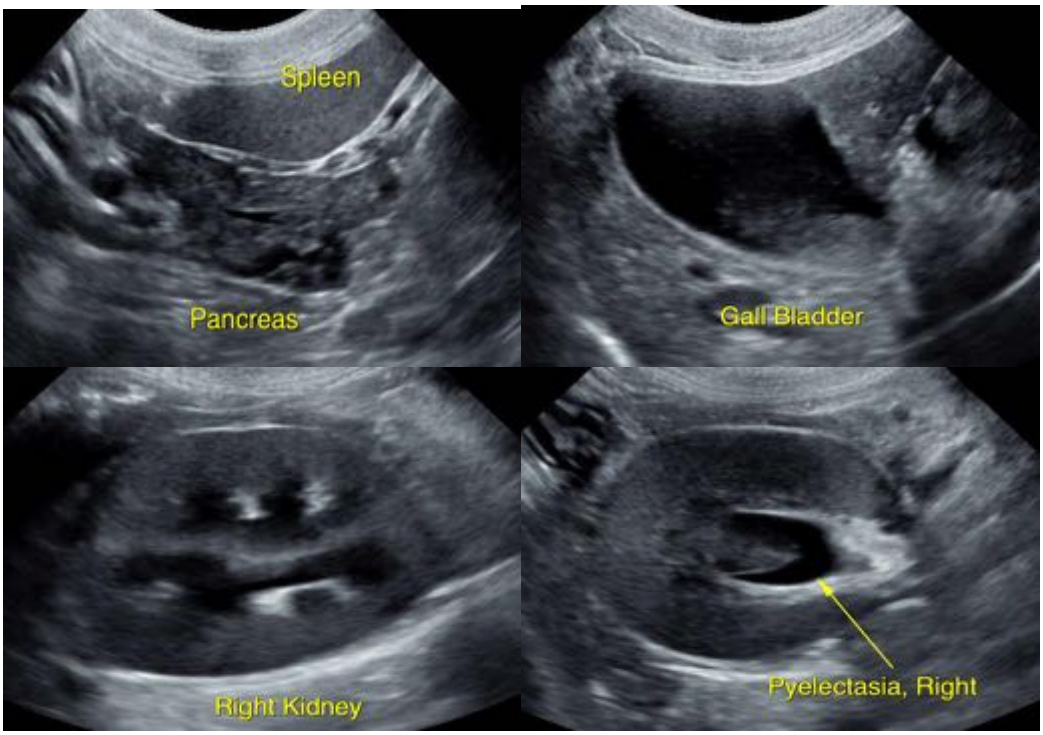

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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