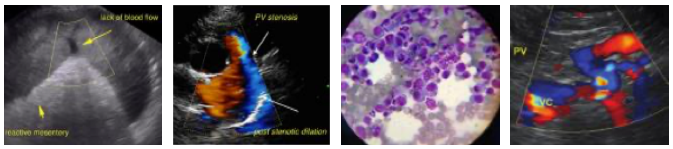
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Bella Perdue

**SPECIES**
Canine

**BREED**
DSH

**SEX**
Spayed Female

**AGE**
11 years

**WEIGHT**
13.2 lbs

**INTERPRETED BY**
Jessica Midence, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**
Dr. Hadley Harris

**HOSPITAL NAME**
TotalBond VH

**REFERRING VET**
Dr. Aine Schanche

**INVOICE**
12719

**DATE**
4.7.23

## PRESENTING CLINICAL SIGNS

History: Pt presented for annual exam. Healthy cat other than 1lb weight loss that was unintentional. Total calcium was 12.3 and platelet count was 74,000. Pt return today for iCa and recheck platelet count. iCa was 1.89 and platelet count was 99,000. Chest x-rays and abdominal ultrasound performed today to further determine idiopathic vs neoplastic vs other. Chest x-rays were clear.

Abnormal PE/Chem/CBC/UA Results: see attached

## 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 measures larger in size, but is otherwise normal in shape and architecture with smooth peripheral margins and measures 4.26 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.71 cm. 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 at 0.36 cm. The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.31 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

### *Spleen*

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule does mildly undulate. The splenic vasculature is normal without signs of congestion or thrombosis.

### *Liver*

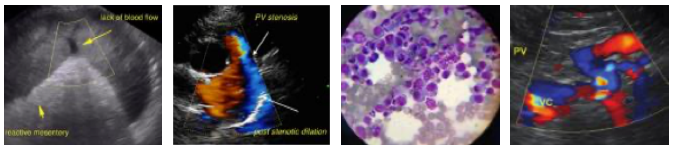
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary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

The gallbladder lumen is mildly distended with bile. 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 contains a moderate volume of ingesta. The stomach wall is of normal thickness (0.25 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed.

The visualized areas of duodenum, jejunum and ileum are variably thickened. The duodenum is measures normal (0.22 cm) with distinct wall layering, but the mucosa is hyperechoic. The duodenum contains ingesta. Some small intestinal loops measure normal while others measure mildly thick at 0.27



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cm, with normal wall layering. The lumen of the small intestine contained a fair amount of ingesta. There were no other signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and also measured at the high end of normal, at 0.32 cm.

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

### *Primary Findings*

- Intestinal thickening
- Left renomegaly

### *Secondary Findings*

- Undulating splenic capsule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Several loops of small intestines measured thick; and there was a fair amount of ingesta within the lumen of the stomach and small intestines. If the patient was fasted for this study, the presence of ingesta supports some degree of ileus and enteropathy. The thickening of the small intestines would also suggest chronic enteropathy, such as inflammatory bowel disease or small cell lymphoma. Consider a GI panel to evaluate further, as this may be contributing to the unexplained weight loss. There are no enlarged associated lymph nodes. 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 (surgical versus endoscopic).

The left kidney measures large, though otherwise appears normal. This could be a normal variant for this patient, though it could represent nephritis. Consider urine testing and urine culture to rule out urinary tract infection. Fine-needle aspirate of the left kidney could be considered to rule out a more nefarious disease process, if one is suspected based on the PTH/PTHrP panel (though one is not suspected).

The spleen has an undulating border, which could be consistent with reactive lymphoid hyperplasia or extramedullary hematopoiesis. Fine-needle aspirates could be considered if the results of the PTH/PTHrP panel suggests neoplasia.

A probative cause for the hypercalcemia is not found. Consider a PTH/PTHrP and vitamin D panel as well as a cervical parathyroid ultrasound to evaluate for primary hyperparathyroidism. The hypercalcemia could be related to the weight loss, as could the intestinal thickening.

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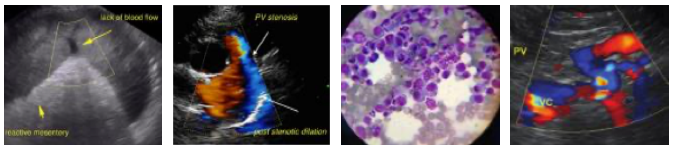

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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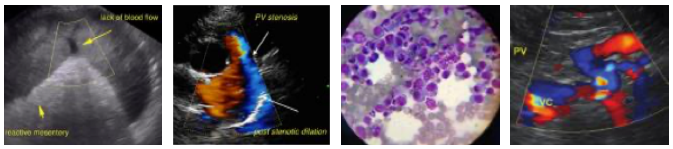

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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