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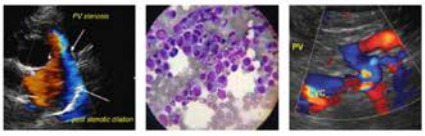

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PATIENT

Joseph Balon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

8.26 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family PC

INVOICE

34368

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Presented Monday for wellness, but owner had noticed a gradual weight loss over las 6 months. 4lb. weight loss noted. No other symptoms. Eating and drinking with no vomiting/diarrhea.
Abnormal PE/Chem/CBC/UA Results: Possible mass felt on abdominal palpation. BW showed slight increase in total protein 8.4 (6-8), slight increase in globulin 5.1 (2.8-4.8), and increased amylase 2249 (100-1500). UA NSF (USG 1.053). FeLV/FIV negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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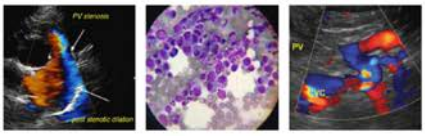

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The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant diffuse mesenteric lymphadenopathy, particularly around the ileocecal junction with mesenteric lymph nodes measuring 0.59, 0.68, 0.43 cm. The omentum is generally of increased echogenicity.

PRIMARY FINDINGS

- Subjectively thickened small intestine with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Moderate mesenteric lymphadenopathy – Possible differentials include inflammation, infection, or underlying neoplasia.
- Hypoechoic, prominent pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

SECONDARY FINDINGS

- Moderate distention of the gastric lumen with shadowing material – Correlate with feeding history. Findings could be consistent with recent ingestion of food. If the patient was adequately fasted, correlate with abdominal radiographs. Possible differentials would include delayed gastric emptying or a partial gastric outflow obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of inflammation in the abdomen with thickened, prominent small intestine and prominent, hypoechoic mesenteric lymph nodes. No focal mass lesion is observed. Additionally, the pancreas is prominent and hypoechoic. Consider:

- Recommend a hydrolyzed protein/novel protein diet.
- Recommend 3-view thoracic radiographs to rule out concurrent intrathoracic disease.

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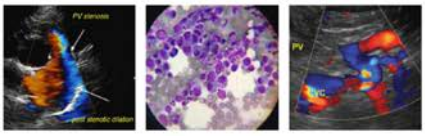

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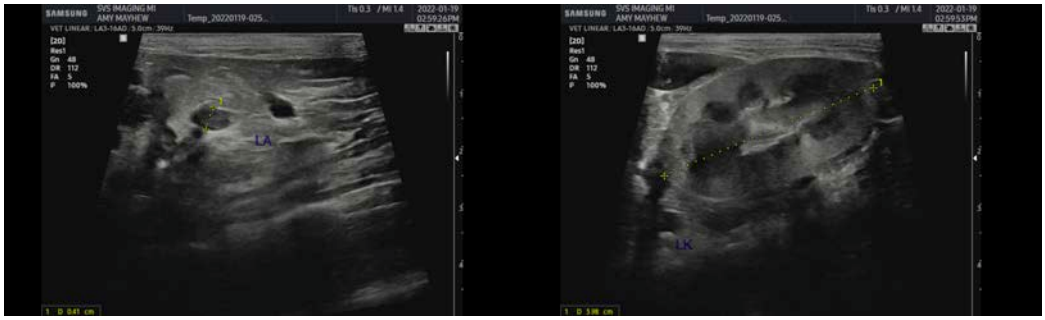
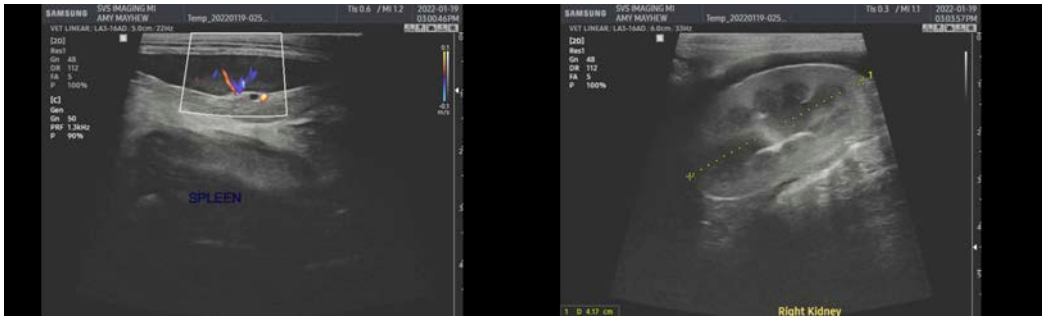
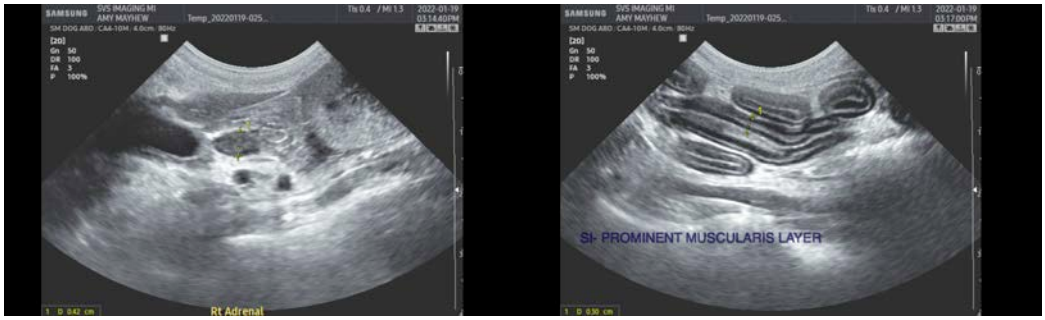
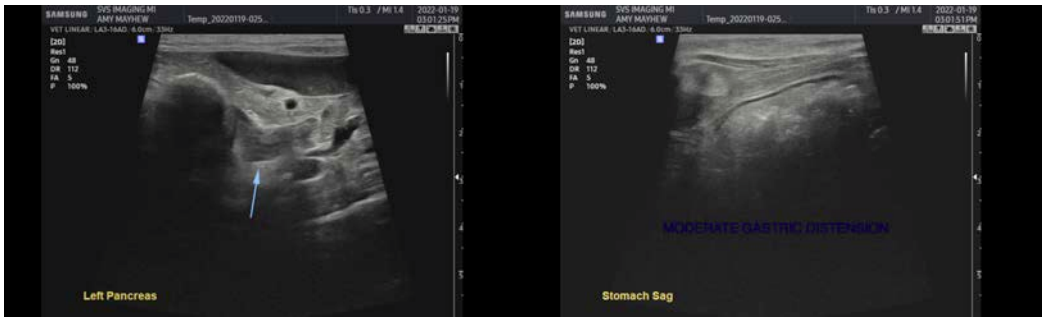
- Recommend a GI panel with qualitative fPLI, TLI, cobalamin and folate to Texas A&M to further evaluate the pancreatic changes and small intestinal changes.
- A fine needle aspirate of a mesenteric lymph node could be considered. If this cannot be reached, or an inadequate sample is obtained, then consider surgical biopsies of the GI tract and small intestine +/- pancreas.









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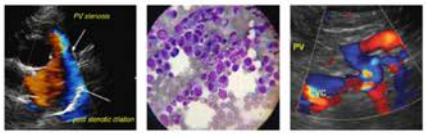

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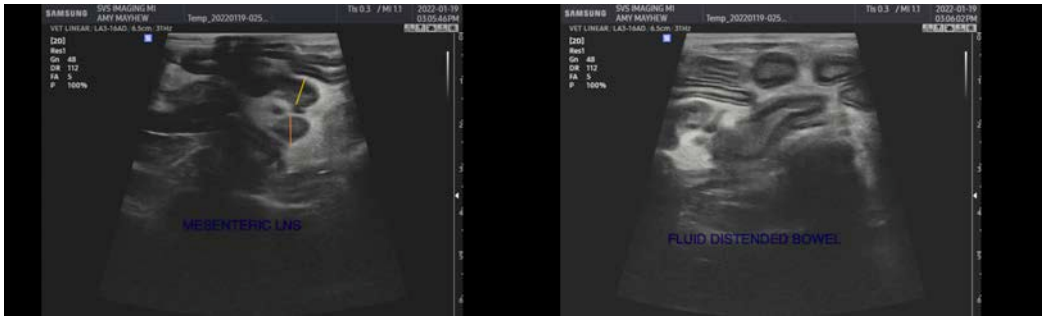

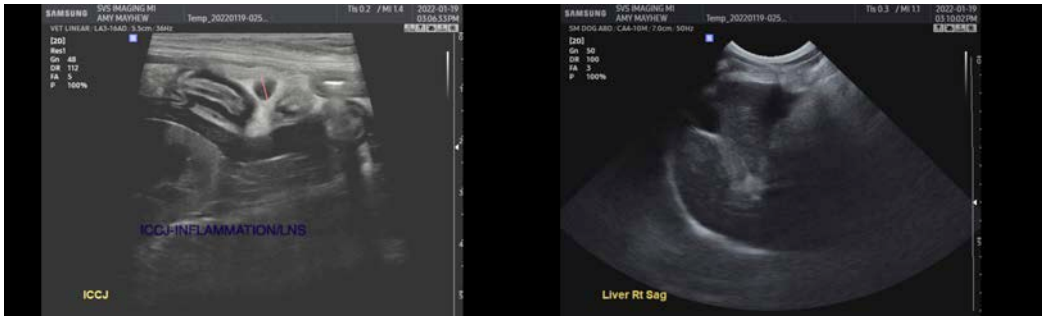

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com