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Clinical Sonography & Telecytology
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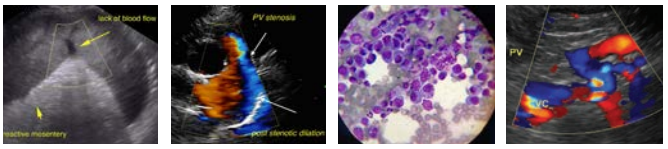


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jasper Swanson

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

16 Months

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Donna Markland

HOSPITAL NAME

Island Mobile Paws

REFERRING VET

Applecross VH

INVOICE

26536

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Jasper presented on October 6th for diarrhea with a little blood in it. He also has a decreased appetite. He was nervous but otherwise normal on PE. CBC showed a mild neutrophilic and monocytosis. Chemistry panel showed a mild elevation in amylase. UA showed mild bilirubin and urobilinogen. FeLv/FIV was negative. He was sent home on a dewormer and a 7-day course of clavaseptin (62.5 mg BID). At the time of the ultrasound exam on the 19th, Jasper was still having diarrhea.
Abnormal PE/Chem/CBC/UA Results: 10/6/2021: Neutrophils=14.77 (2.3-10.29) Monocytes =0.71 (0.05-0.67) Amylase =1919 (500-1500) SDMA =17 (0-14)

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 (3.06 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 (2.94 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 0.29 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen was not clearly visualized.

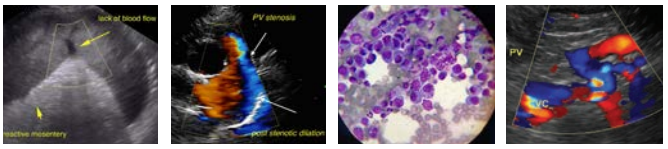
Liver

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

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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Some of the visualized areas of duodenum and jejunum have a uniform diameter with minimal fluid distension. Wall thickness in these areas appears normal at approximately 0.22 cm. The more distal small intestine (particularly the ileum at the ileocecal junction) appears prominent and thickened with a generalized loss of layering and prominent muscularis layer, measuring up to 0.62 cm. Mesentery in this area is hyperechoic, and there are clusters of surrounding enlarged lymph nodes.

The ileocecal junction was visualized and exhibited generalized wall thickening and loss of layering detail. Sections of colon are visualized with liquid fecal material and gas shadowing distally. The colon in these areas has a general wall thickening of approximately 0.22 cm, but the wall appears thickened and irregular.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate mesenteric lymphadenopathy surrounding the ileocecal junction with lymph nodes measuring 0.72 cm and 0.60 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Thickened large and small intestine in the area of the ileocecal junction with loss of layering detail – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.

- Regional mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the large and small intestine at the ileocecal junction appear abnormal with thickened wall and loss of normal layering detail. There is a focal mesenteric lymphadenopathy around this area. This is a predilection site for round cell neoplasia and FIP. Foreign material or cecal inversion cannot be ruled out. Recommend surgical evaluation and biopsies of bowel and surrounding lymph nodes. Recommend 3-view thoracic radiographs. Consider referral to a veterinary surgeon. Ultimately, endoscopy could be considered, but I fear the biopsies would not be deep enough, and no lymph node sampling could be considered. Additionally, consider a GI panel with a quantitative fPLI, B12 and folate level.

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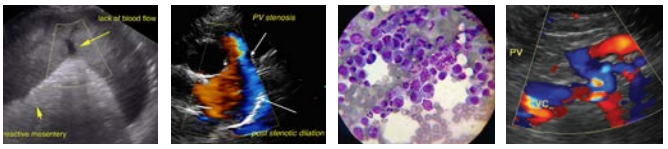

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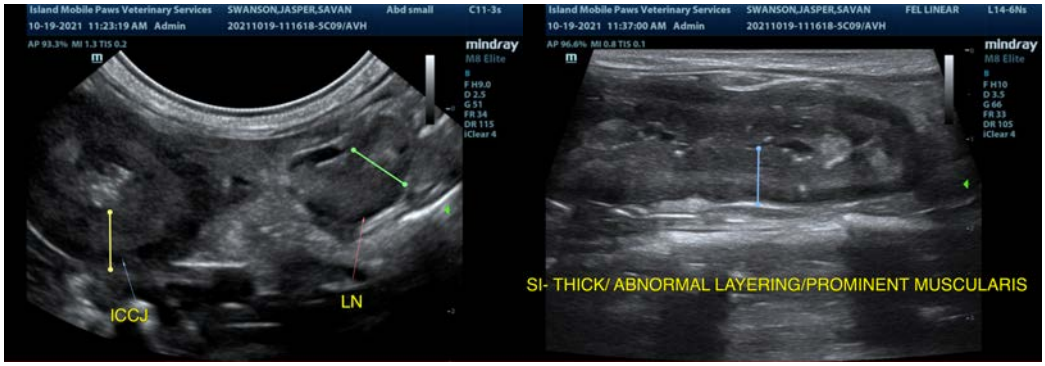

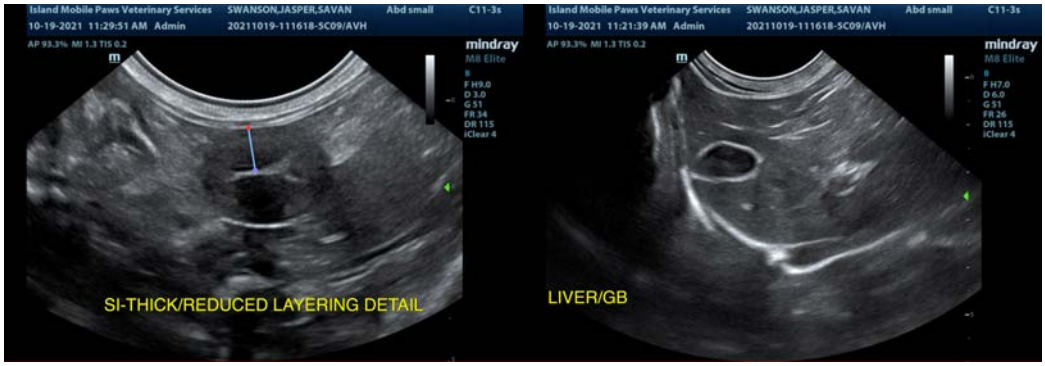

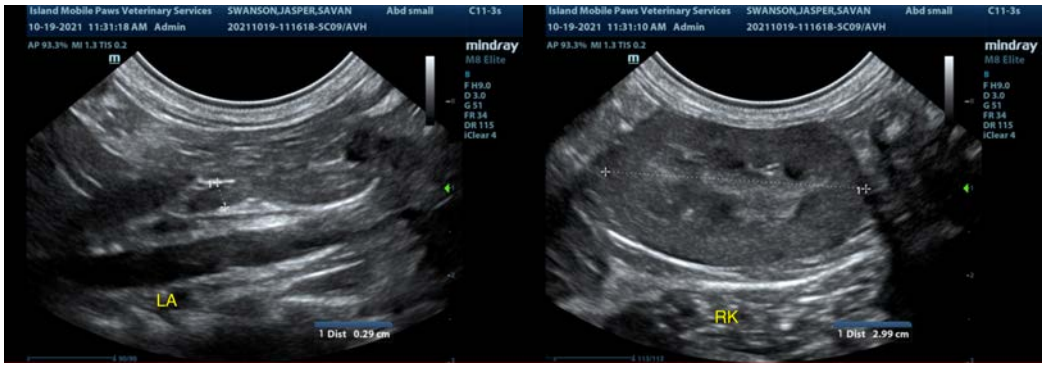

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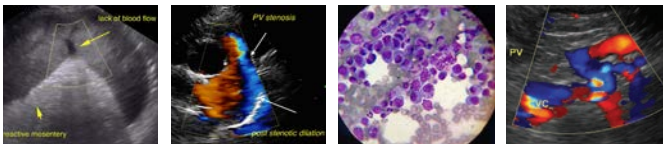

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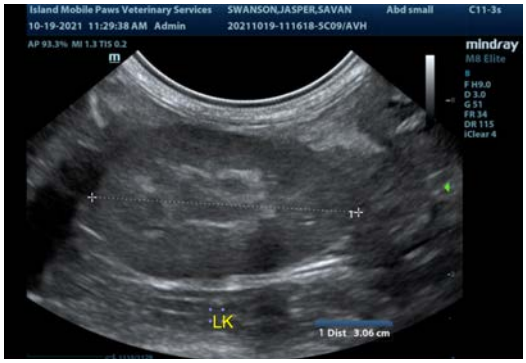

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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