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Clinical Sonography & Telecytology
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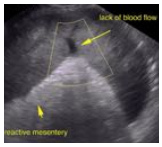

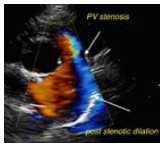

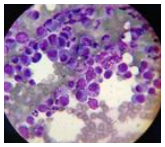
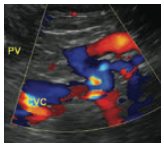

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1-800-838-4268 info@sonopath.com

PATIENT

Pudge Grey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

6.31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sumeet Sharma

HOSPITAL NAME

Edmonton West Animal Hospital & Spay/Neuter Centre

REFERRING VET

Sumeet Sharma

INVOICE

10112

DATE

3/14/2023

PRESENTING CLINICAL SIGNS

Not eating for over 1 week. Had dental 1 week ago at another practice because it was thought might be related to the teeth. Still not eating after dental. Just licks gravy. Blood work (chem 17, lytes, t4 and cbc) normal done at time of dental except Neutrophils 12.16 (2.3-10.29), and lymphocytes 0.84 (.92-9.88). Felv/Fiv negative. Snap fpli test was abnormal only. gave mild sedation for scan (torb and midazolam)

Abnormal PE/Chem/CBC/UA Results: PE seems normal, 4/5 BCS, muscle mass 2/5, rads done today-nsf attached), no other test done today

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 (4.09 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal 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 (4.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal 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 0.34 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 0.46 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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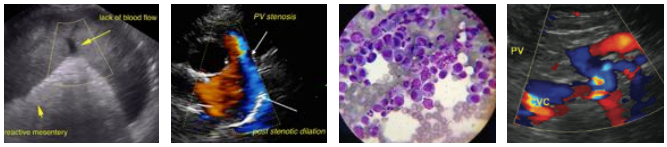

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Gastrointestinal

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.

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. The duodenum measured 0.37 cm in diameter and the jejunum measured 0.22 cm in diameter. Visualized peristalsis appears appropriate. There is a focal section of bowel with severely thickened wall and complete loss of layering, in this region the bowel wall measures at 0.85 cm. This appears to transition into the ileocecal junction which creates a mass effect, where the bowel wall measures approximately 1.1 cm.

The ileocecal junction is visualized it appears abnormal, in that it is large with thickened walls and hypoechoic tissue with a loss of layering and surrounding hyperechoic mesentery and prominent lymph nodes. In this region at the ileocecal junction the bowel wall measures at 1.1 cm in thickness. The more distal colon appears normal.

Pancreas

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 are prominent lymph nodes and hyperechoic mesentery surrounding the ileocecal junction. In this region the lymph node measures at 0.45 cm in diameter. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Diffusely prominent muscularis layer to the small intestine. The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Severe focal thickening of the distal ileum and ileocecal junction creating a mass effect. Primary differentials would include round cell neoplasia, carcinoma, and FIP.
- Regional lymphadenopathy at the ileocecal junction. This could be associated with reactive lymph node or metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal ileum appears severely thickened with a complete loss of layering, as it approaches the ileocecal junction which is thickened and abnormal creating a mass effect, which is surrounded by hyperechoic mesentery and prominent lymph nodes. The more distal colon is visualized and appears relatively normal. Findings are very concerning for possible neoplastic process. Recommend a fine needle aspirate of bowel wall at the ileocecal junction and 3-view thoracic radiographs. If a diagnosis cannot be obtained based on a cytologic evaluation, consider surgical biopsies.

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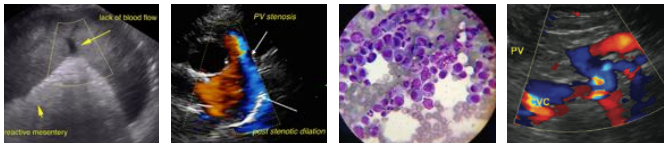

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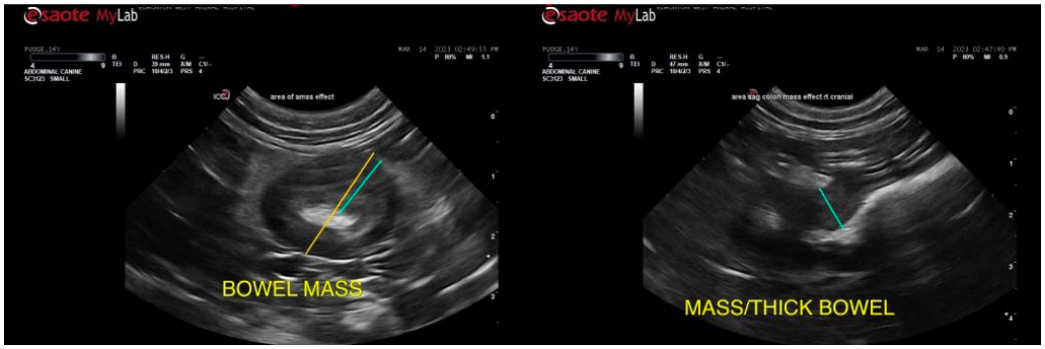

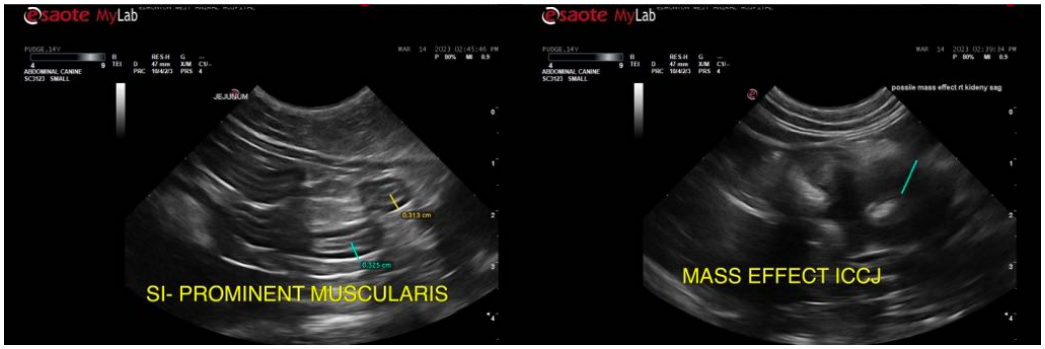

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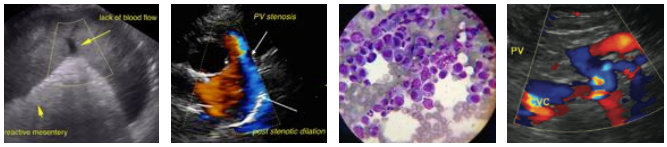

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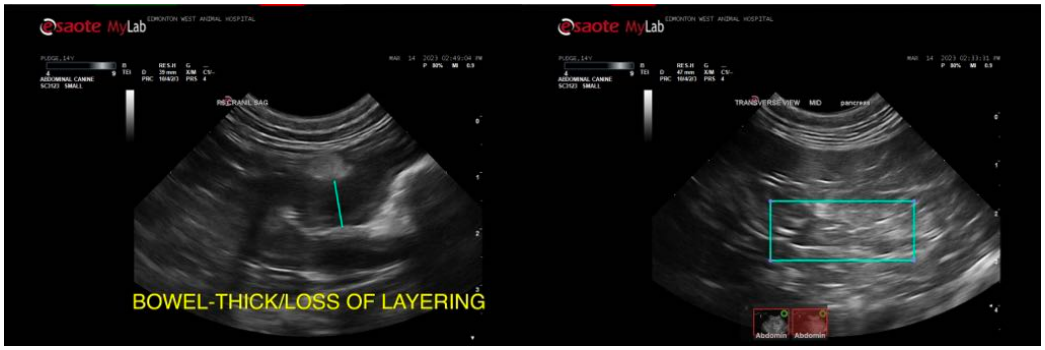

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com