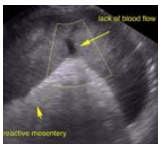

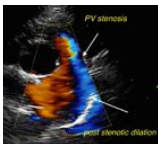

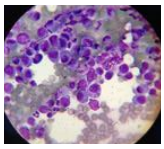
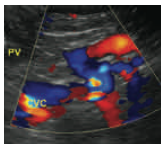

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1-800-838-4268 info@sonopath.com

PATIENT

Licorice Cutrufello

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

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PRESENTING CLINICAL SIGNS

History: 2.5-week history of diarrhea with weight loss (2 pounds total over 3 years). Improvement but not resolution with change to novel protein diet and metronidazole. Good appetite, no vomiting. Firm mandibular mass for 2-3 years, unchanged. FIV + CBC / Chem / T4 / U/A - Creat 1.5, Urine SpGr 1.020, T4 2.2

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 (3.67 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. Pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.29 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. Pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

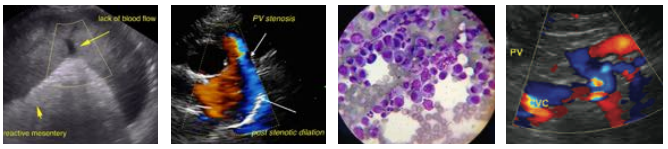
The right adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large and measures 1.18 cm at the level of the hilus. It is normal in echogenicity and somewhat irregular in shape. There is mild bulge effect in the cranial third of the spleen with isoechoic tissue. This bulging area measures 2.4 x 1.12 cm. The remainder of the spleen appears normal. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis.

Liver

The liver is subjectively large/normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined area that measures 1.18 x 1.9 cm towards the caudal aspect of the liver where the parenchyma appears focally moth eaten/cystic. The gallbladder lumen is moderately



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distended. The wall of the gallbladder 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.

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 measures 0.29 cm. The jejunum measures 0.3 cm, 0.35 cm and 0.37 cm. Visualized peristalsis appears appropriate. There is an ill-defined region of jejunum where the intestine appears significantly thickened (measuring at a maximum of 0.46 cm) and wall layering is irregular.

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. In the distal colon the colonic wall appears thickened and slightly irregular measuring 0.3 cm.

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.

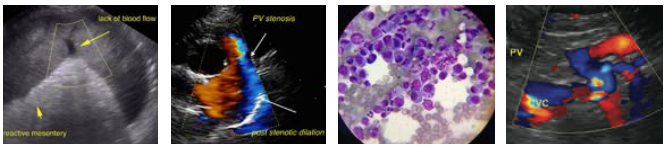
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. 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

PRIMARY FINDINGS:

- Hyperechoic liver with focal area of mottled parenchyma. The findings could be consistent with a hepatic nodule or ill-defined area of non-specific mottling. The appearance favors a benign process, but an underlying neoplastic process cannot be ruled out.
- Thickened small intestine with irregular wall thickening. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Thickened colon wall. The findings could be consistent with colitis or less likely a neoplastic process.
- Large spleen with isoechoic “bulge”. The significance of this lesion is unclear as it could represent a benign or neoplastic lesion, but the appearance favors a benign process.



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SECONDARY FINDINGS:

- Pinpoint, non-obstructive nephroliths visualized in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

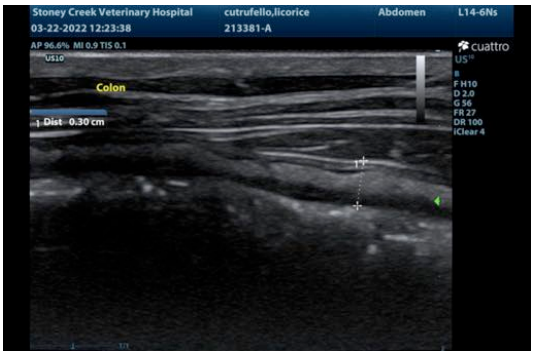
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

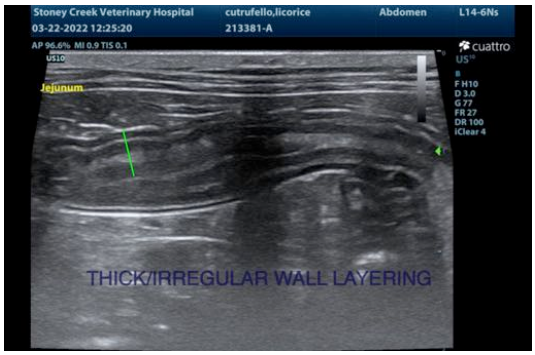
The bowel appears thickened in some areas with reduced detail of layering. This is a non-specific finding that can be seen with inflammatory or neoplastic process. Additionally the liver appears hyperechoic. This could be associated with the weight loss reported. There is a focal lesion within the liver. The appearance of this lesion favors a benign process, but a FNA of the lesion could be considered or close monitoring as a neoplastic process cannot be ruled out as a possibility.

Additionally there is a bulging area in the spleen and the spleen itself is somewhat large.

If metabolic causes for weight loss have been evaluated and none are present then consider primary GI disease as a likely differential. Possibilities would include dietary intolerance/food allergy, GI parasitism, dysbiosis, IBD and neoplasia.

- Consider a GI panel with a quantitative fPLI, TLI, cobalamin and folate to further evaluate the small intestine.
- Consider parasite evaluation and empirical therapy (if not already done).
- Recommend novel protein/hydrolyzed protein prescription diet (per history this has already been started).
- Recommend chronic probiotic therapy.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If a FNA of the spleen and liver lesion are normal then consider obtaining GI biopsies to further evaluate the diarrhea (alternately the splenic and hepatic lesions could be monitored).





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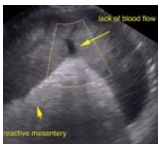
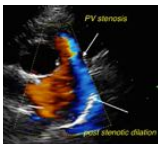
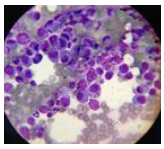
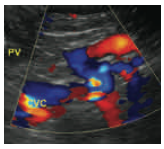

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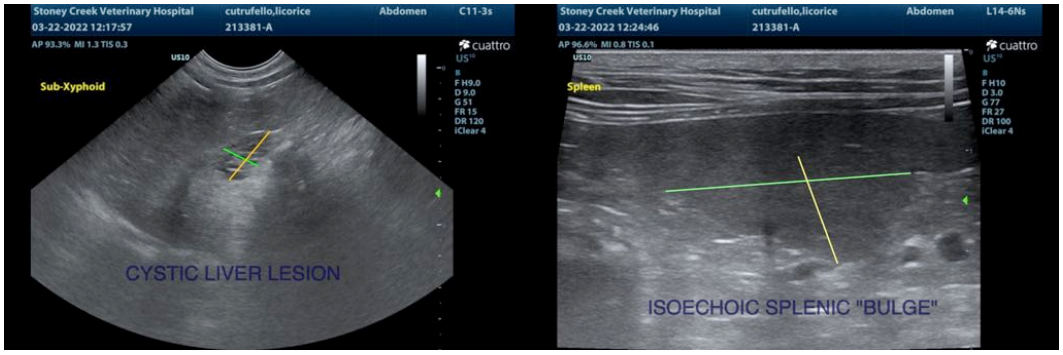

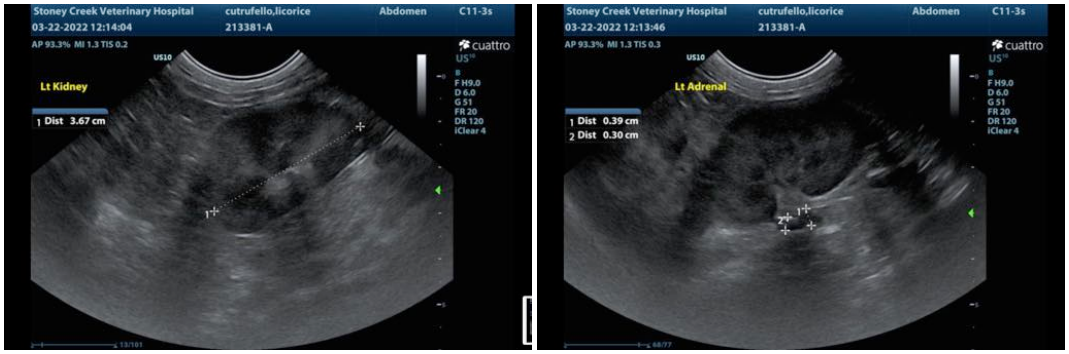

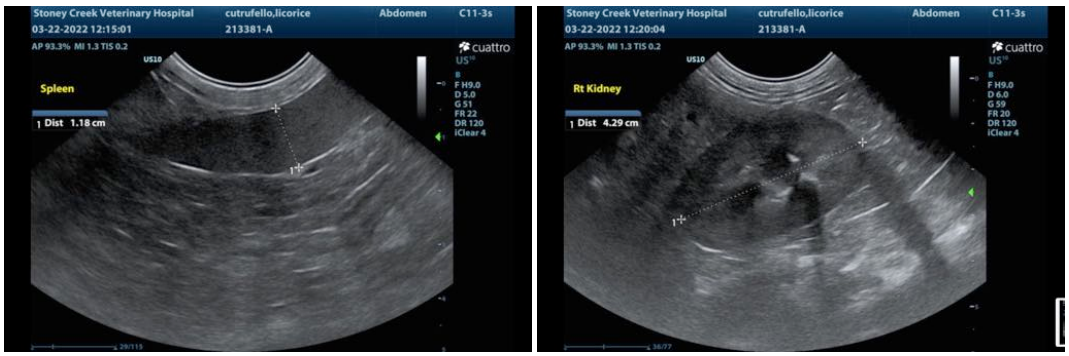

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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