SonoPath
Clinical Sonography & Telecytology
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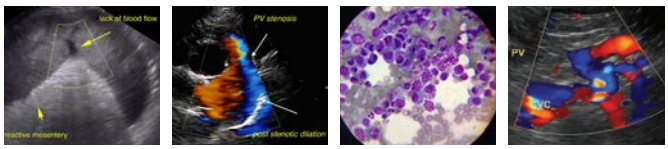

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1-800-838-4268 info@sonopath.com

PATIENT

Eneco Escalante

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 Years 6 Months (estimate)

WEIGHT

6.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Jonathan Moss

INVOICE

47240

DATE

5/9/23

PRESENTING CLINICAL SIGNS

Pt presented for recheck eye from urgent care. Pt was diagnosed with suspected uveitis at urgent care and was responding to steroid eye drops. Pt had lost 1.25lbs since previous visit to us In Nov and looked unkempt. Pt was still eating and drinking and otherwise no symptoms. I was concerned about ocular manifestation of systemic dz. O not sure of age, adopted when she was an adult, I suspect she's much older.

Abnormal PE/Chem/CBC/UA Results: CBC: hct-28.7(had been 41.2 in Nov22), HGB-8.9. lymph-0.41 Chem: gluc-92, Creat-1.0, BUN-27, ALB-2.1(had been 26 in Nov22), Glob-4.8, ALT-<10, ALP-<10, T4-1.0 Miravista urine test-Neg Texas AM gi panel- TLI-24.5, PLI-2.2, Cobalamin-<150, folate-18.7

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 (3.37 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 (3.5 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal in size (0.75 cm), 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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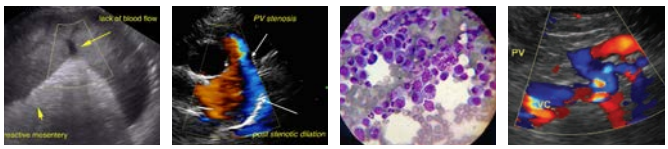

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Gastrointestinal

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. Jejunum wall measures 0.30 cm. Duodenum wall measures 0.28 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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is a hypoechoic rounded structure visualized in the region of the left limb of the pancreas measuring 0.66 cm, most consistent with a hypoechoic nodule or lymph node in the region. Color flow would be necessary to further evaluate. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

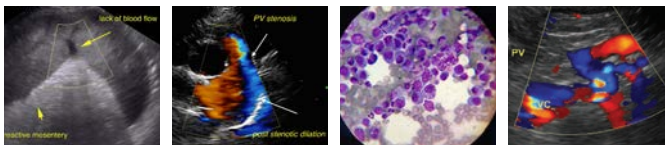
There is a scant amount of free fluid. There is a large irregular lymph node/mass effect in the mid caudal abdomen measuring 2.96 cm in diameter. Additionally, there is some hypoechoic rounded tissue cranial to the left kidney. This could represent a lymph node, irregular pancreatic tissue, etc. This measures 0.59 cm x 1.2 cm. The omentum is hyperechoic around the abdominal lymph nodes/mass effect.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas with questionable hypoechoic nodule – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. Recommend color flow and further interrogation to try to determine if this is a cystic structure or a nodule, and if it is pancreatic in origin.
- 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.
- Large, irregular lymph node/mass effect in the mid caudal abdomen – Findings are likely consistent with a cluster of or an irregular mass of lymph nodes. Findings are concerning for metastatic lesion. Infectious causes or a reactive lymph node are possible. Recommend a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular, rounded lymph node visualized in the mid caudal abdomen, creating somewhat of an irregular mass effect. Recommend a fine needle aspirate of this lesion. Additionally, the small bowel appears somewhat thickened with a prominent muscularis layer. Given the low albumin and cobalamin levels, this is concerning for primary enteropathy. Additionally, the pancreas is somewhat prominent but does not appear overtly inflamed, and there is a hypoechoic lesion in the region of the



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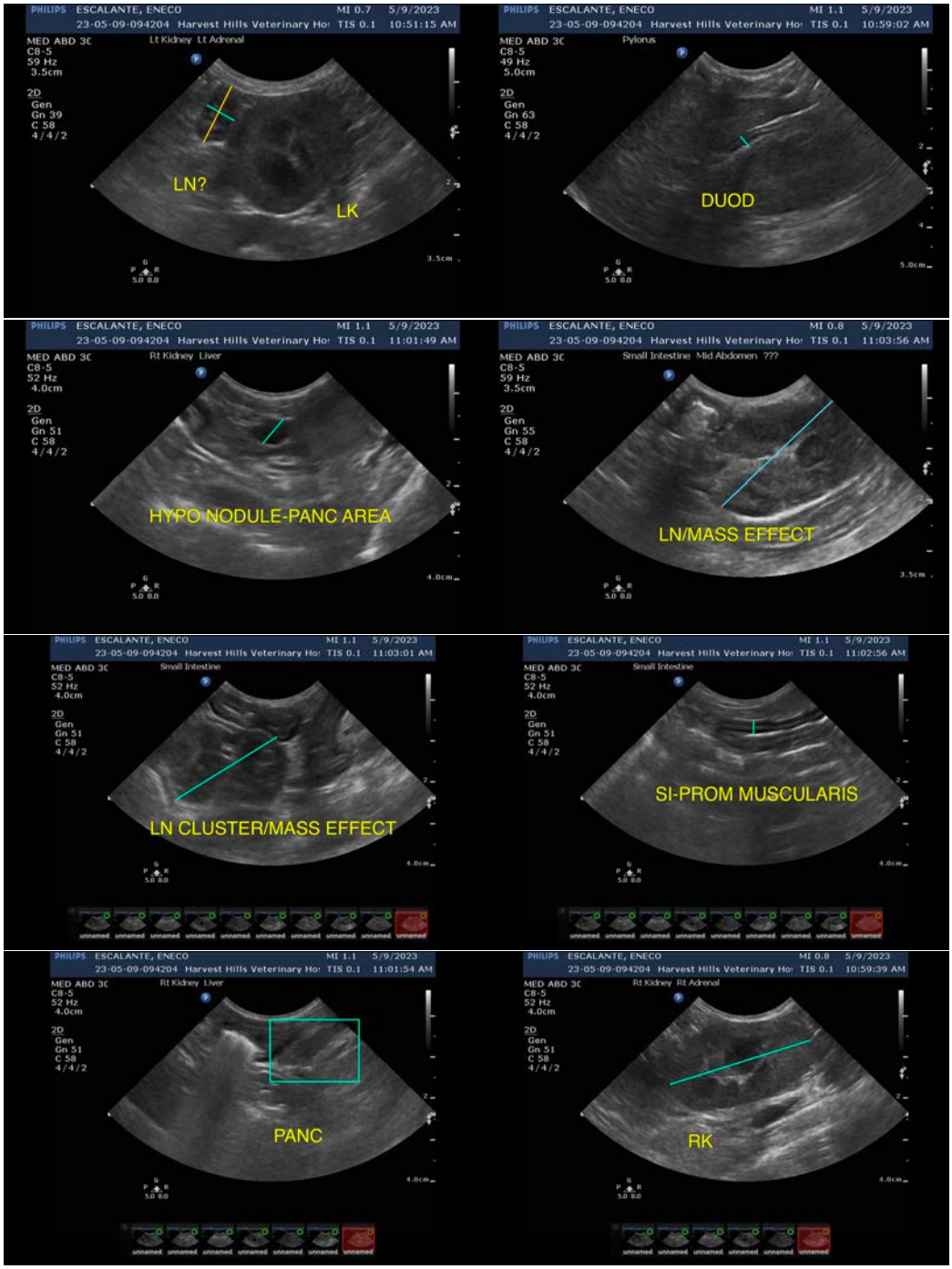
pancreas, most consistent with a hypoechoic lymph node or a nodule. Initially, recommend a fine needle aspirate of the caudal/mid abdominal lymph node and 3-view thoracic radiographs. If a cytologic diagnosis cannot be made, biopsies of the GI tract may be necessary to further evaluate the GI tract. Consider recheck evaluation of the irregular tissue cranial to the left kidney and the hypoechoic lesion caudal to the stomach in the region of the left limb of the pancreas for progression/resolution, etc. A fine needle aspirate of the tissue cranial to the left kidney could be considered.



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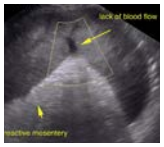
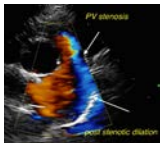
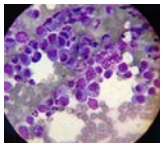
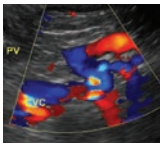

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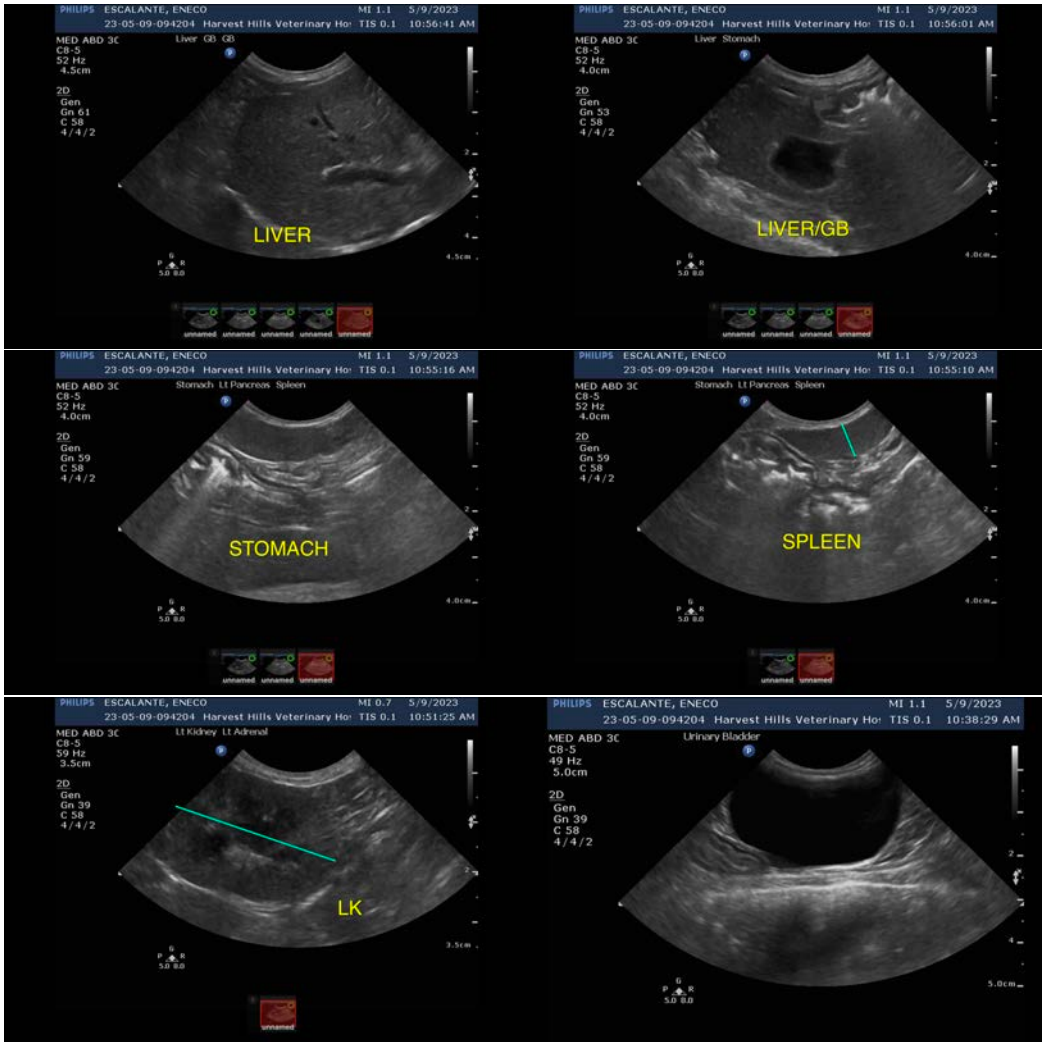

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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