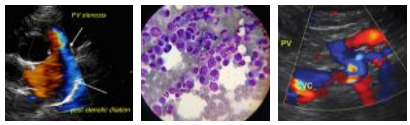
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
06/02/2022

PATIENT
Winnie Hudson

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
3 years

WEIGHT
6.5 pounds

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

HOSPITAL NAME
Everheart Veterinary Hospital

REFERRING VET
Dr. Hays

INVOICE
10722ag

PRESENTING CLINICAL SIGNS

Patient presented end of April for lethargy, hiding, dec appetite/thirst, 1x episode vomiting while owner was out of town. treated symptomatic (cerenia only) and patient did seem to improve. Returned for exam approx 1wk later for recurrance of symptoms- dec appetite/thirst and additional wt loss. labs at that time showed no significant abnormalities beyone elevated potassium (6.1), FIV/FeLV neg at that time. Admin convenia and cerenia and p did improve slightly. Patient represents today for continued appetite loss, lethargy, weight loss (has now lost 3lbs-approx30%- since January 2022. Urine is highly concentrated. Owner reports p ate some string last week but does not report any vomiting. PCV 22%. Labs submitted (results included), rads show no significant abnormalities

Current Medications: Rec'd sqf and mirtaz on 5/25

Lab Results: Labs showed anemia at 23% with no significant regeneration, hypoalbuminemai at 1.8, 3+ proteinuria at 1.058.UPC pending.

Radiographs: No significant abnormalities noted on thx/abd rads. Concern for possible focal thinkening GI loops on abd us, no free fluid noted.Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

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 at 3.5 cm in length. 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 at 3.26 cm in length. 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 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
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 jejunum measured 0.26 mm in diameter. 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
There is no free fluid. There is a moderate to severe mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.89cm, 0.8cm and 0.77cm. The omentum is of increased echogenicity around the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Subjectively thickened small intestine with a 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 to severe mesenteric lymphadenopathy. The moderate/severe mesenteric lymphadenopathy could be 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.
- Mildly hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

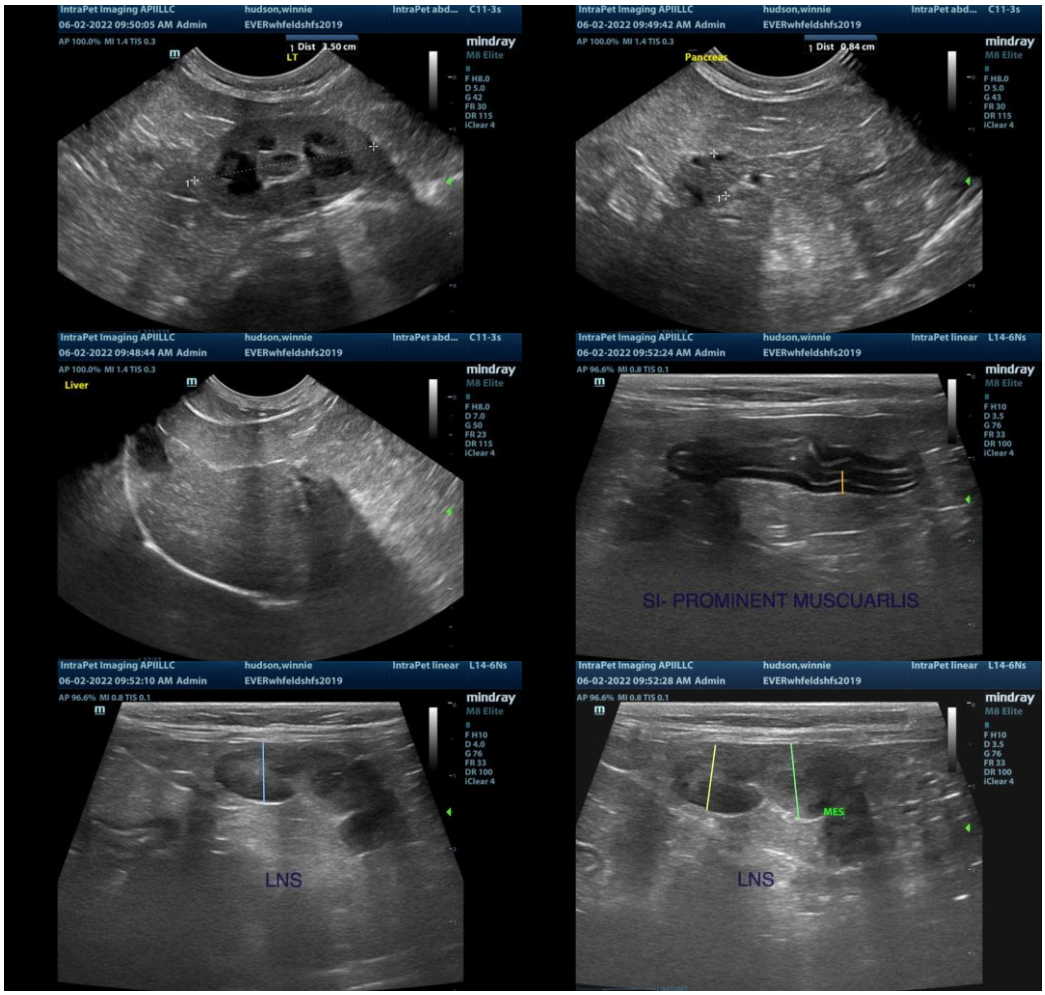
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

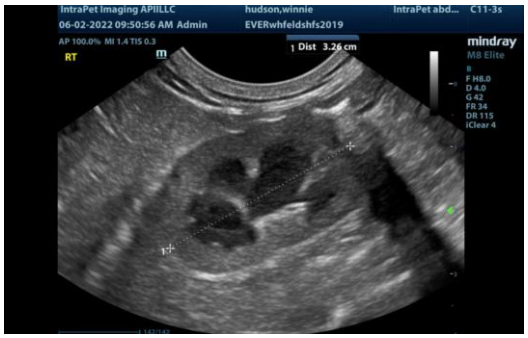
The small intestine appears thickened with prominent muscularis later. There are clusters of enlarged mesenteric lymph nodes present. These findings are concerning for a severe inflammatory process or even a neoplastic process. Recommend a FNA of a mesenteric lymph node (+/- liver, if a cytologic diagnosis cannot be obtained). Consider obtaining endoscopic GI biopsies.

Based on the history and the findings, the low ALB would be most consistent with a protein losing enteropathy but consider evaluating UPC to rule out additional renal protein loss and a liver function test to rule out hepatic dysfunction.

Consider a GI panel to Texas A&M for a qualitative fPLI/TLI/Cobalamin/Folate to further evaluate the pancreas and small intestine.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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