SonoPath
Clinical Sonography & Telecytology
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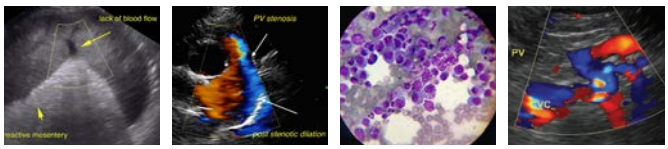

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mildred Dunlap

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18.5 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Erika Gallisdorfer

INVOICE

43384

DATE

6/22/23

PRESENTING CLINICAL SIGNS

Weight loss and owner reported PU/PD over the last few months, Current owner obtained pet 9 months ago after pets original owner passed away and then was outside for about a year prior to current owner - pet diagnosed hyperthyroid in Sept 2022 (T4 - 9.0)on transdermal methimazole 5mg once a day PE - BCS 3/9, tartar, mild gingival inflammation, possible FORL lesions upper premolars, grade 1/6 murmur, left sided nasal discharge Bloodwork- CBC nsf, Chem SDMA 16 (0-14), BUN/Crea wnl, remainder unremarkable, T4 0.9 Urinalysis- spgr 1.035, RBC on sediment, ca ox crystals, UPC 0.5- free catch sample with plastic litter beads Treatments - convenia 8mg/kg, solensia, gabapentin, propectin, continued methimazole

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 (3.2 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.03 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.31 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 is visualized.

Spleen

The spleen is borderline large, measuring 1.3 cm in width at the level of the hilus, and irregular. The blood flow through the hilus and splenic parenchyma appears normal. The spleen appears slightly scalloped with normal parenchymal echogenicity and echotexture. The shape is somewhat irregular, most consistent with a folded spleen, although a subtle mass effect cannot be ruled out.

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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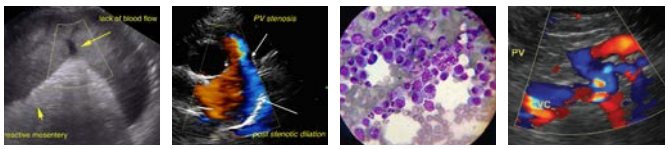

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Gastrointestinal

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.18 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 that are distended with nonformed fecal material and gas shadowing distally. The colon wall appears prominent and mildly thickened at 0.22 cm with intact wall layering.

Pancreas

The left limb of the pancreas is prominent and mottled 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 a scant amount of free abdominal fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

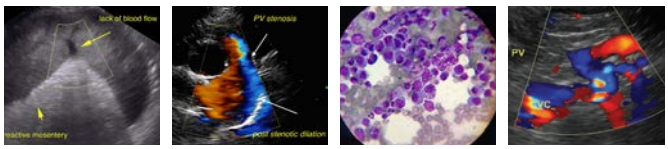
ULTRASONOGRAPHIC FINDINGS

- Borderline large, irregular spleen – Findings could be consistent with congestion, infiltrative disease, anatomic variation, etc. The spleen appears somewhat folded, but a subtle mass effect cannot be definitively ruled out. Consider a fine needle aspirate.
- Prominent, mottled left limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Thickened colon wall with non-formed fecal material – Findings could be consistent with inflammation, infection, or infiltrative disease.
- Scant free abdominal fluid.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal bowel lesions responsible for the weight loss reported is not visualized. Unfortunately, there are many causes for weight loss that cannot be diagnosed by ultrasound alone. There does appear to be a large amount of non-formed fecal material in the colon. If this patient has diarrhea, then consider possible differentials for chronic diarrhea.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc….



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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

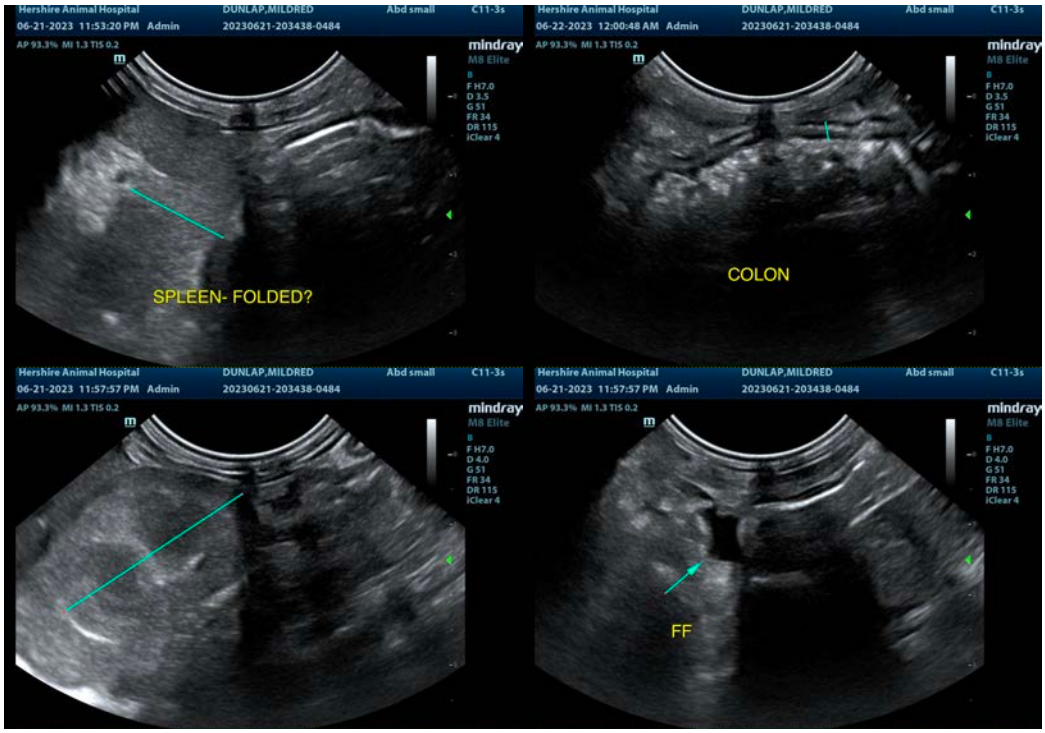
Additionally, the spleen is slightly irregular in shape and appears large with normal echotexture. The significance of this is unclear, as it may be positional (folded). Consider a fine needle aspirate of the spleen to rule out infiltrative neoplasia.

The left limb of the pancreas appears somewhat prominent and mottled with no overt surrounding inflammation. Correlate these findings with a quantitative fPLI level.

The colon wall appears subjectively thickened. If diarrhea is confirmed and a primary enteropathy is thought likely, consider obtaining GI biopsies (upper and lower GI endoscopy).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Additionally, this patient is reported as having unilateral nasal discharge. Consider the possibility of this impacting appetite, etc.



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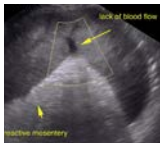
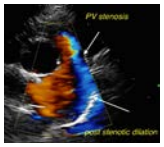
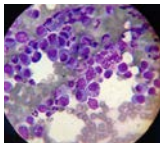
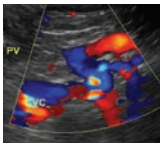

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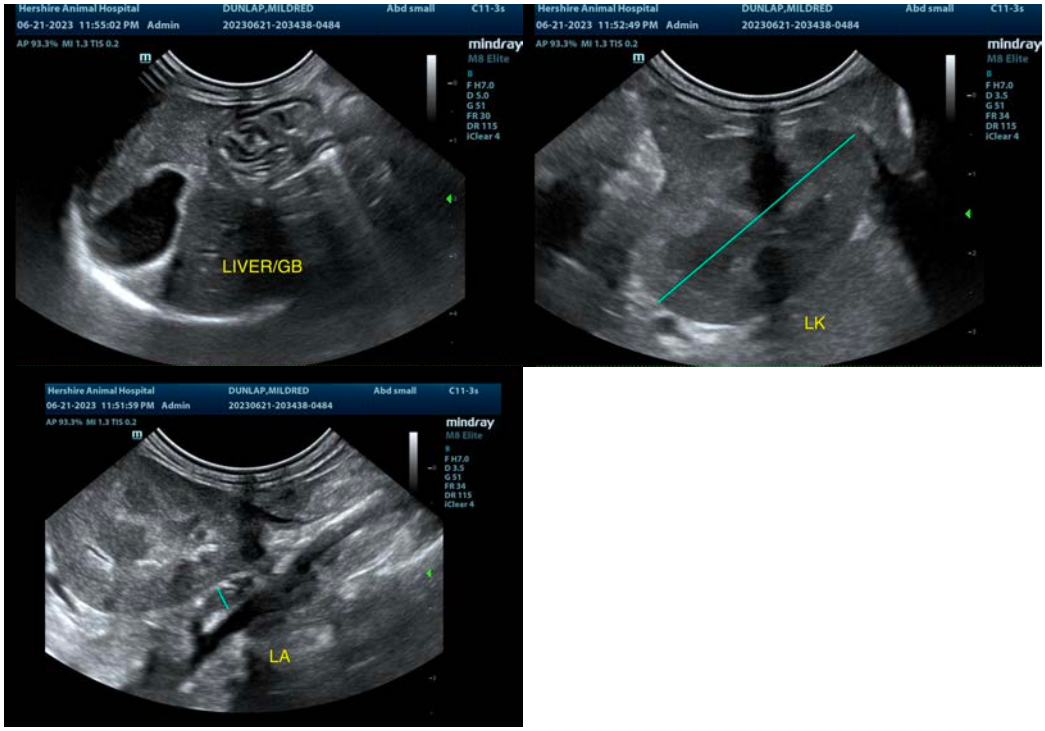

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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