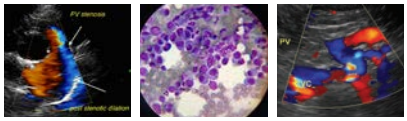
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/9/22

PATIENT

Gracie Ley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/30/11

WEIGHT

6.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Hirsch

INVOICE

38579

PRESENTING CLINICAL SIGNS

Pet is a an 11 year old FS DSH who is losing weight and having softer stool. Physical exam unremarkable aside from systolic murmur that ranges from 2-4 / 6 depending on stress level of pet. Food trial and panacur have been ineffective. cbc/chem/T4 performed 3/2/2022 had a WBC of 28,000 with neutrophilia but otherwise unremarkable. repeat bloodwork 6/3/2022 wnl. UA USG 1.050

Current Medications: Currently none.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Sedated with Alfaxone.
Stat Report: Not requested.

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 (3.48 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.84 cm). Overall echogenicity is slightly hyperechoic with poor 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 is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension, but there are some areas visualized that have moderate fluid disention. 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. Duodenum wall measured 0.32 cm. Jejunum wall measured 0.27 cm. Visualized peristalsis appears appropriate. There is a focal area of the small intestine that appears to have asymmetric wall thickening. In this area, the wall measures at 0.52 cm, and there is a reduced distinction of wall layering in this region.

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 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

Scant free anechoic fluid is visualized near the liver and spleen. There is a significant mesenteric lymphadenopathy with irregular, hypoechoic, large mesenteric lymph nodes measuring 0.70 cm and 1.0 cm in diameter. The omentum is of increased echogenicity around these lymph nodes.

PRIMARY FINDINGS

- Diffusely prominent muscularis layer to the small intestine with a focal area of wall thickening and loss of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.

- Large, hypoechoic, irregular mesenteric lymph nodes – The moderate 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.

SECONDARY FINDINGS

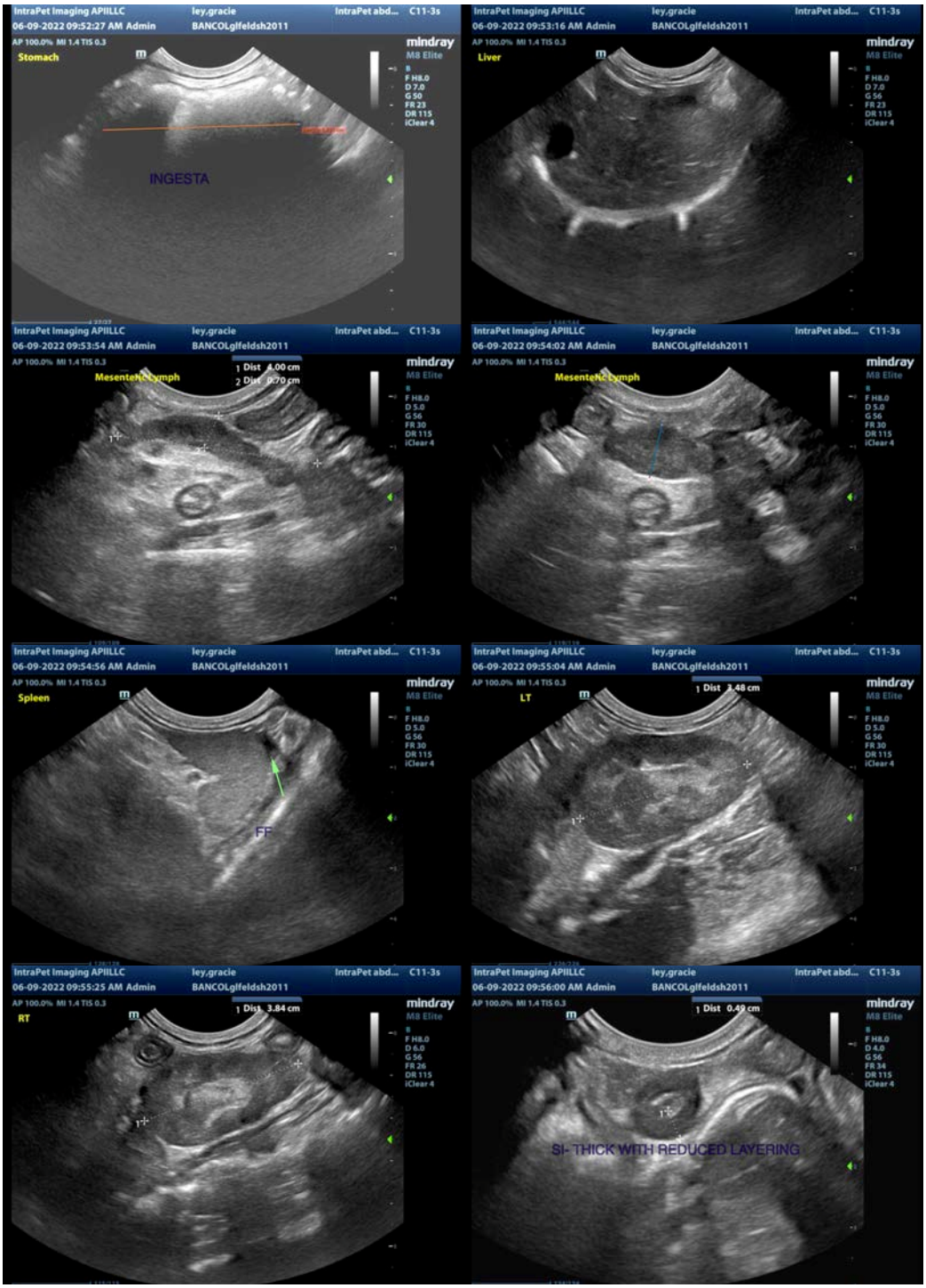
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

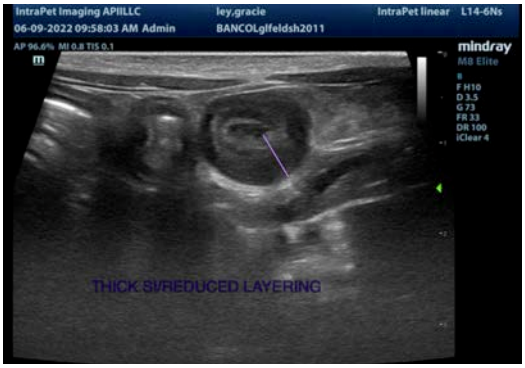
- Large, shadowing ingesta within the gastric lumen – The patient was fed prior to ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mesenteric lymph nodes are large, hypoechoic and irregular. These are concerning for possible infiltrative disease, although severe inflammation is also possible. Recommend a fine needle aspirate of the mesenteric lymph nodes. Additionally, there is a section of small intestine with focal thickening and reduced layering. This is concerning for possible infiltrative disease (inflammation, neoplasia, etc.). If a diagnosis is not obtained based on lymph node cytology, then consider obtaining biopsies of this section of abnormal small bowel (additionally biopsy the lymph nodes at this time).

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