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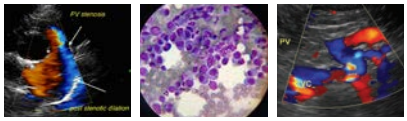

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7/19/23

PATIENT

Bootsie Grueninger

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/10/12

WEIGHT

4.34 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

44143

PRESENTING CLINICAL SIGNS

Chronic vomiting, weight loss, poor appetite. US by Ally 6/1 (See attached) revealed diffuse muscularis thickening, jejunal mass, marked lymphadenopathy. FNA of the intestinal mass revealed eosinophilic inflammation (suspect this is actually lymphoma or mast cell w/an eosinophilic component). Also has a history of suspected seizures.

Current Medications: Cerenia, Mirataz, About to start phenobarbital.
Lab Results: HCT 24%, recent eosinophils WNL but 6/1 they were 7K.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic & Midazolam.
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 is normal in size (3.77 cm) but slightly irregular in shape (likely due to previous infarcts). 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 or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.4 cm) but slightly irregular in shape (likely due to previous infarcts). 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.51 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 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. There is a small cystic structure visualized in the left liver measuring 0.29 cm in diameter.

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.

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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. There is a focal section of jejunum that has severe wall thickening and loss of layering. When viewed in the transverse section, this area has wall thickening up to 1.8 cm and a bowel diameter of approximately 1.3 cm. When viewed in the sagittal plane, this section of bowel extends approximately 3.23 cm in length (previous measurements from scan performed 6/1/23 – mass length 2.36 cm, wall thickness 0.89 cm, diameter 2.15 cm).

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymphadenopathy with large, hypoechoic, slightly irregular lymph nodes visualized at the mesenteric root, measuring 4.74 cm x 2.77 cm and 1.85 cm x 5.5 cm. Additionally, there is a rounded hypoechoic lymph node in the right cranial abdomen measuring 0.93 cm x 1.0 cm (previous ultrasound report 6/1/23 reports lymph nodes at approximately 2.0 cm in length). The omentum is generally hyperechoic around the abnormal bowel and the enlarged lymph nodes.

PRIMARY FINDINGS

- Diffusely thickened small intestine with a prominent muscularis layer and focally thickened area of jejunum with complete loss of layering – Findings are most consistent with a diffuse enteropathy and a focal bowel mass (round cell neoplasia, eosinophilic enteritis, carcinoma, etc.).

- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most 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

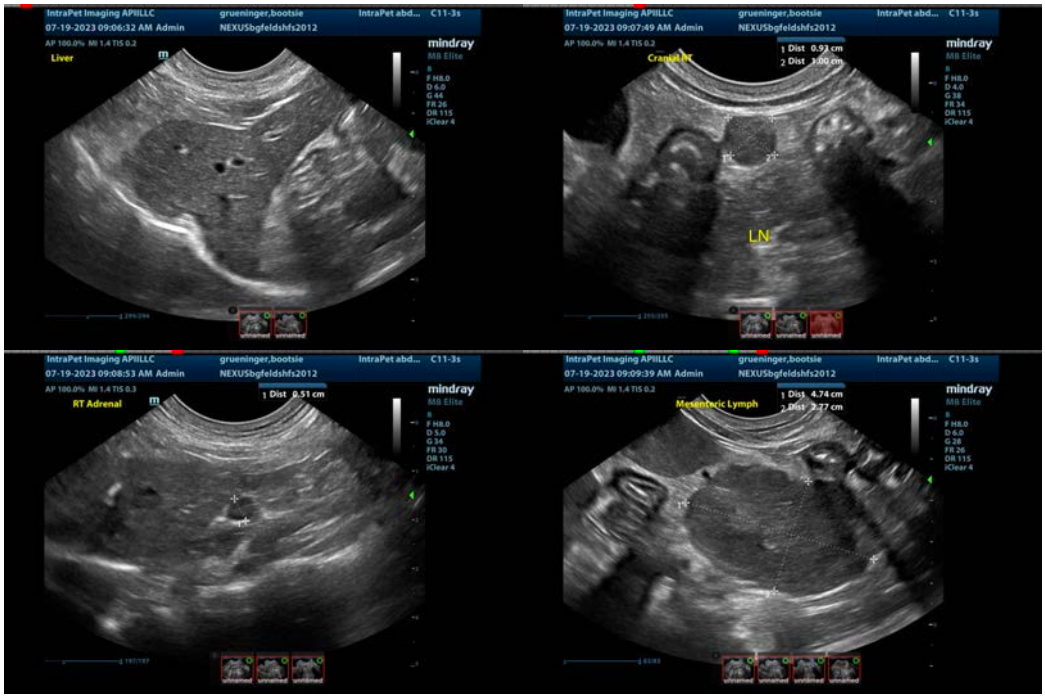
- Bilateral renal infarcts – The renal lesions identified are ill defined and hyperechoic, this could be consistent with a previous renal infarct and can be an indicator of current or previous renal disease.

- Small cystic structure visualized in the left liver – Findings are most consistent with a benign hepatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings include bilateral renal infarcts, a left renal cyst, a diffuse small intestinal thickening with a prominent muscularis layer, and a focal jejunal mass, as well as a severe mesenteric lymphadenopathy. Both the jejunal mass and the lymphadenopathy subjectively appear to have mildly progressed since the previous scan.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.

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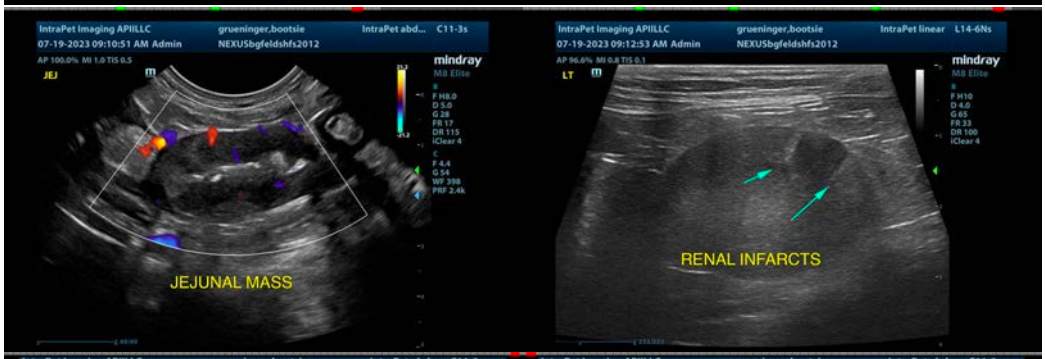
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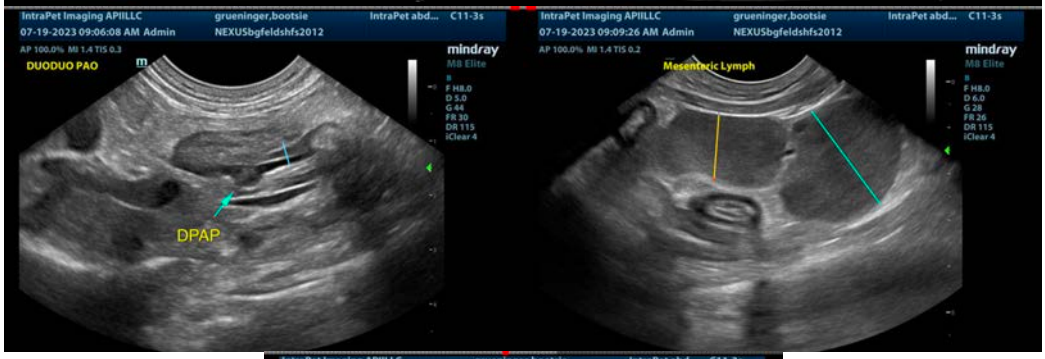
RENAL INFARCTS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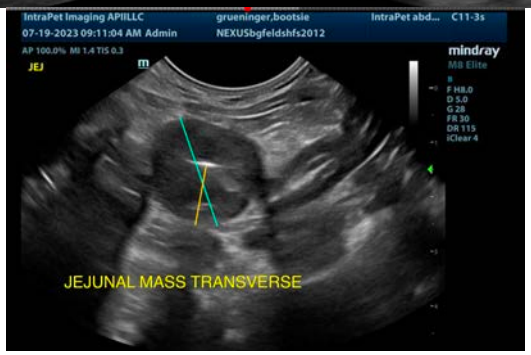
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mindray
JEJUNAL MASS TRANSVERSE

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)
info@sonopath.com