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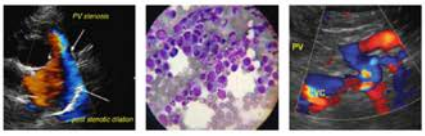

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Clancy Harmon

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

12.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Taylor

INVOICE

44187

DATE

7/20/23

PRESENTING CLINICAL SIGNS

Diarrhea off and on since 1-10-23 responsive to Fortiflora, as long as consistently given. Started with cystitis and FIE-UA April 2023. History of aclinical chronic highly regenerative anemia of unknown cause since 7-12-17 (bone marrow biopsy declined).

Abnormal PE/Chem/CBC/UA Results: FeLV/FIV neg/neg 7-12-17, 3-31-15 7-13-23: diarrhea, new heart murmur UA wnl on c/d stress dry and canned RBC 6.49L Hgb 8.7L MCHC 28.1 L Retics 253 H Retic Hgb 14.2 L Highly regenerative anemia as previous Basos 105 H Chem: Alb 4.2 H Glob 2.8 L Alb:glob 1.5 H **Please see attached in link.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.33 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 (4.26 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 left adrenal gland is normal in size measuring 0.50 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 0.42 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 large with a scalloped edge and hypoechoic parenchyma, measuring 1.4 cm in width at the level of the hilus. 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.

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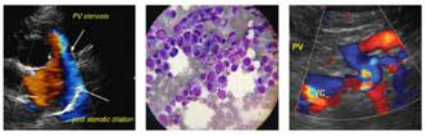

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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. Jejunum wall measures 0.26 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. Colon wall measures 0.12 cm.

Pancreas

The pancreas is mildly 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a small cluster of prominent lymph nodes visualized near the ileocecal junction measuring 0.76, 0.41, and 0.45 cm with mild surrounding hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, hypoechoic spleen with scalloped edges – Findings could be consistent with extramedullary hematopoiesis, infiltrative disease, congestion, etc. Consider a fine needle aspirate.
- Mildly prominent/mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent muscularis layer of 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.
- Prominent lymph nodes in the region of the ileocecal junction – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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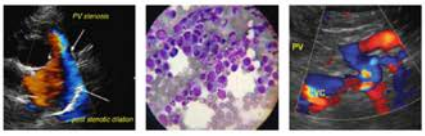

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large and hypoechoic with scalloped edges. I suspect this is secondary to extramedullary hematopoiesis, but there could also be infiltrative disease, evidence of red blood cell parasites, atypical cells, etc. Recommend a fine needle aspirate of the spleen.

The muscularis layer is prominent in the small intestine. The significance of this is uncertain, as this can be seen in some normal older cats, but given the history of chronic diarrhea, there could be concern for a primary enteropathy.

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

- 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 continued probiotic therapy if it is helping.

The elevation in reticulocytes is concerning for red blood cell loss/destruction. This could be seen with subclinical hemolysis (even with a normal bilirubin) or due to autoimmune disease, red blood cell parasites, etc.

Additionally, this could be due to GI blood loss (despite no observable melena) or losses from other places such as the urine, etc. If not already done, recommend screening for infectious causes of hemolysis (potentially mycoplasma haemofelis, bartonella, etc., and I would recommend the above discussed GI panel, looking for evidence of possible underlying GI disease and GI blood loss. You could also measure serum iron levels, looking for an iron deficiency. This does not exclusively limit the problem to the GI tract, but may indicate a need for further evaluation, supplementation, etc. Unfortunately, ultrasound is relatively insensitive in picking up mucosal lesions, small bowel masses, etc. An upper GI endoscopy could be considered to further evaluate and obtain biopsies.

There is a small cluster of prominent mesenteric lymph nodes. I suspect these are reactive, but a fine needle aspirate could be performed to evaluate for potential underlying neoplastic disease.

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

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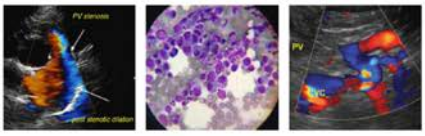

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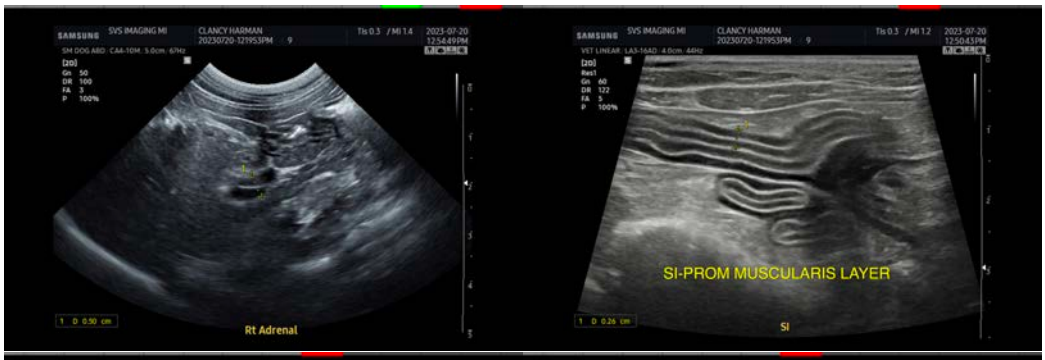

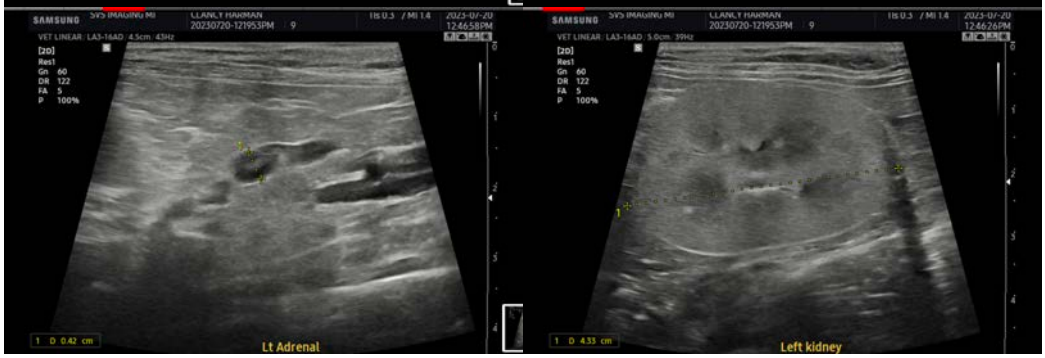

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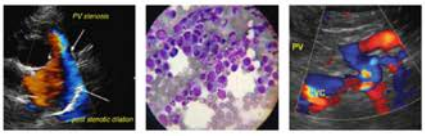

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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