



PATIENT

Duma Wissley

PRESENTING CLINICAL SIGNS

Weight loss and chronic vomiting.
Abnormal PE/Chem/CBC/UA Results: Low Cobalamin: 212 (276-1425) TLI/Folate: WNL
CBC/Chem/T-4: WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DMH

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

SEX

Spayed Female

The left kidney is hyperechoic to the spleen. It is rounded, but the capsule is smooth. The cortex is hyperechoic and thickened with a moderate to marked loss of the normal definition of the corticomedullary junction. Mild mineralization of the renal pelvis is present. A very small nephrolith is also noted without signs of pyelectasia. The left kidney measures 4.4 cm.

AGE

12 Years

The right kidney is within normal limits in size for the patient's weight (4.59 cm). Changes for the right kidney are similar to the left. Evaluation of blood flow is within normal limits.

Adrenal Glands

WEIGHT

9.5 Pounds

The left adrenal gland measures 0.35 cm at the cranial pole, 0.34 cm at the caudal pole, and 1.0 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland was only visualized in passing. No obvious abnormalities were observed.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Spleen

The spleen is very mildly enlarged at 10.6 mm (high end of normal reference range 10 mm), however, no abnormalities are observed with its architecture, echotexture or echogenicity. It is hyperechoic to both the liver and renal cortex. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

IMAGING PERFORMED BY

Dr. Ebersole

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity, i.e. it is hypoechoic to the falciform fat and the spleen, and isoechoic to the kidneys. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

HOSPITAL NAME

Scanvet

No abnormalities are observed with the gallbladder, however, the cystic duct is severely tortuous, and the common bile duct is dilated. The duodenal papilla appears thickened and hyperechoic and a mass effect cannot be excluded. An obvious obstruction is not observed, therefore the tortuosity and dilation of the cystic and common bile ducts may be secondary to inflammation, respectively.

REFERRING VET

Dr. Fortin

Gastrointestinal

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Fluid, gas and a large amount of ingesta are present in the stomach and peristalsis is decreased. The stomach appears flaccid. A marked delay in gastric emptying is present if Duma was fasted, and an ultrasound of the stomach and biliary system should be repeated after a longer fasting period of approximately 14-20 hours.

DATE

3/15/22



PATIENT	The duodenal papilla appears thickened and hyperechoic and a mass effect cannot be excluded.
Duma Wissley	Multiple loops of small intestine are thickened at 3.0 mm, 3.2 mm. Some are within normal limits (2.3 mm), while others are borderline to mildly thickened (2.8 mm). Many of these loops of bowel have a loss of mural detail with or without mucosa fogging. These findings may be suggestive of inflammation, although neoplasia cannot be excluded based on the appearance of loss of detail of wall layering.
SPECIES	
Feline	The colon is variably thickened in multiple regions. In one area, there is loss of wall layering and the mucosa is hyperechoic. In another region, more caudally, the mucosa is thickened at approximately 1.2 cm in which there appears to be mucosal ulceration.
BREED	
DMH	Pancreas The pancreatic duct is mildly distended. Older age related changes are observed with the left limb of the pancreas. The right limb of the pancreas was not well visualized.
SEX	
Spayed Female	Other A mesenteric lymph node that is mildly hypoechoic with irregular borders, is noted. It measures 2.2 cm in diameter x 0.84 cm in length. Its surrounding mesentery is hyperechoic. Other lymph nodes in the same region are prominent to mildly increased and are also hypoechoic.
AGE	
12 Years	Abdominal effusion is not visualized.
WEIGHT	High index of suspicion of a thrombus within the caudal vena cava with no evidence of an obstruction to blood flow. The thrombus measures 2.1 mm in diameter and 6.8 mm in length.
9.5 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<ul style="list-style-type: none"> Cholecystitis cannot be excluded based on the appearance of the cystic and common bile ducts, particularly with the thickened, hyperechoic duodenal papilla. However, another differential diagnosis for the appearance of the duodenal papilla is neoplasia, which could cause inflammation, tortuosity and dilation of the cystic and common bile ducts. Lymphoma, adenocarcinoma, leiomyosarcoma, and possibly a mast cell tumour, are possible neoplasms which could cause the changes with the biliary system, stasis of the stomach (large amount of ingesta), thickened loops of bowel that also have a loss of mural detail, the abnormal sections of colon and lymphadenomegaly. However, very severe inflammatory bowel disease with reactive hyperplasia of the lymph nodes and cholecystitis must also be considered. Secondary ascending bacterial infections are also possible. An obstruction of the cystic and common bile ducts is not present, however, a re-evaluation of the region is recommended to monitor their diameter.
IMAGING PERFORMED BY	
Dr. Ebersole	<ul style="list-style-type: none"> The renal and pancreatic changes are most likely secondary to age related degeneration.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Scanvet	A marked delay in gastric emptying is present if Duma was fasted, and an ultrasound of the stomach and biliary system should be repeated after a longer fasting period of approximately 14-20 hours.
REFERRING VET	Supportive therapy with a broad spectrum antibiotic to treat bacterial cholecystitis, cholangitis/cholangiohepatitis (despite lack of hepatic changes) may be considered, in addition to analgesics, +/- an anti-emetic and appetite stimulant. That is, Duma should not be condemned to a diagnosis of neoplasia without further diagnostics, whether it be empirical therapy with antibiotics and/or steroids, fine needle aspirates of the enlarged lymph nodes if an adequate window is obtained, or an exploratory laparotomy with biopsies. If antibiotics and steroids are administered, it would be best to initiate them a few days apart to monitor her response to therapy.
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**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

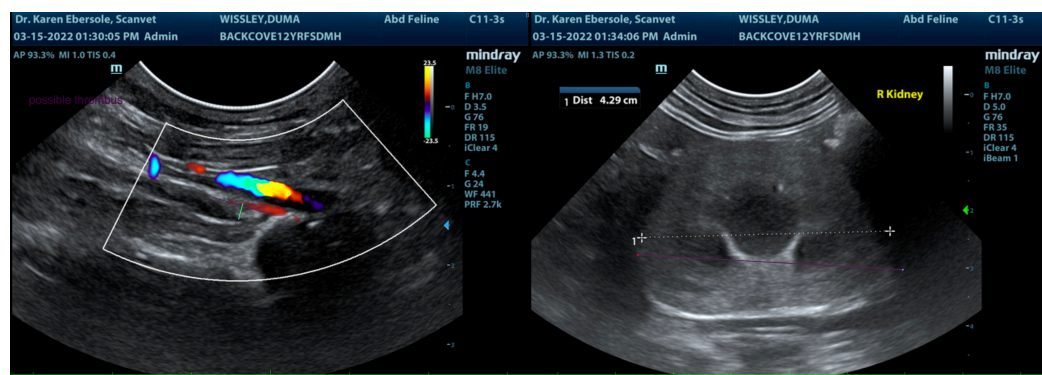
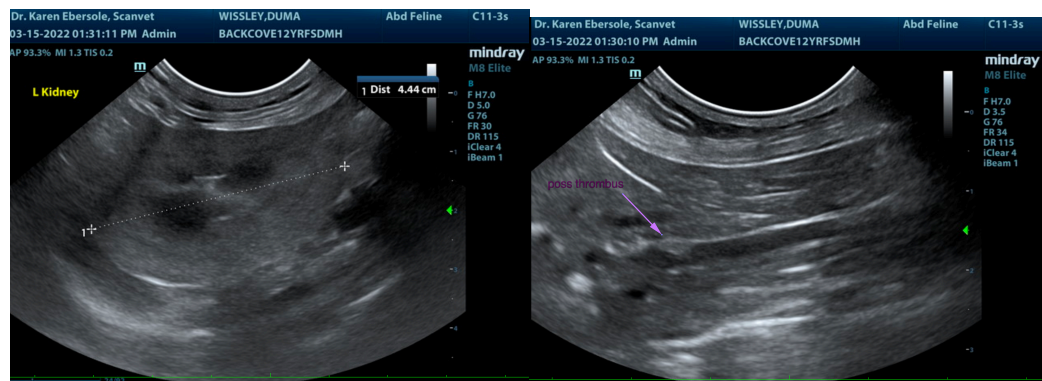
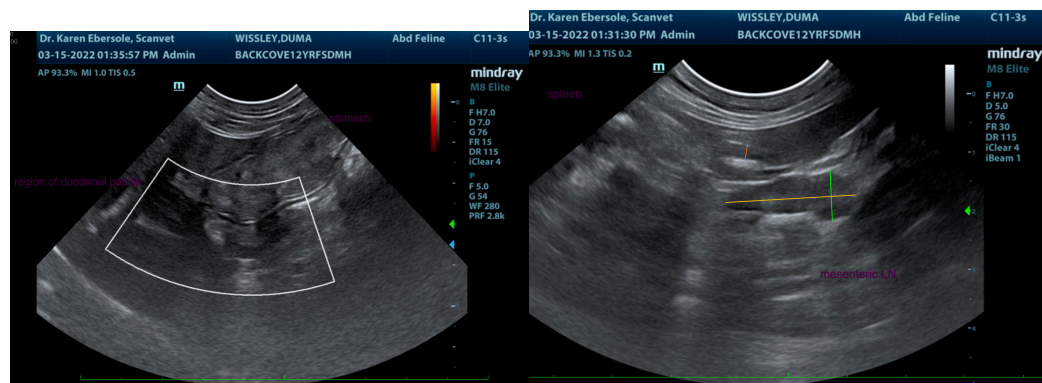
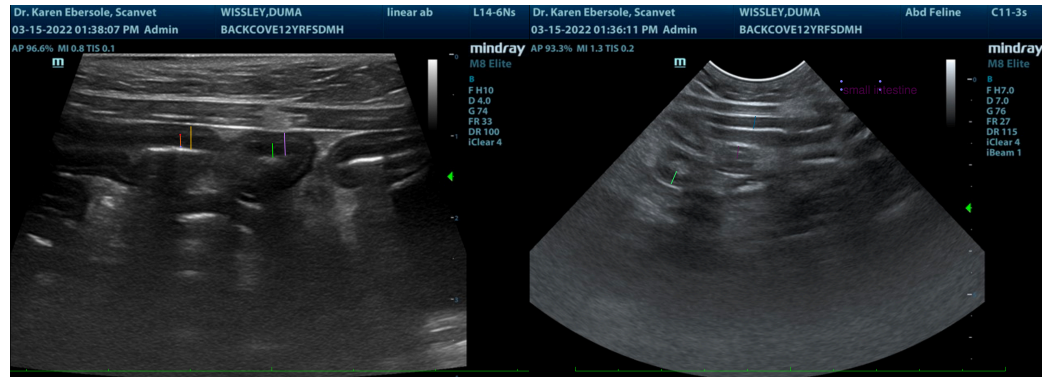
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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