

**DATE**

3/25/22

PRESENTING CLINICAL SIGNS

History of chronic soft stool. Responds to Metronidazole.

Current Medications: Provable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

PATIENT

Bob Powell

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

BREED

Domestic Shorthair

The left kidney is within normal limits in size for the patient's weight (4.01 cm). The left kidney is mildly bosselated. A mild loss of definition of the cortico-medullary junction is observed. There is evidence of mineralizations, nephroliths or pyelectasia. Mild accumulation of fat is present within the pelvis. The surrounding mesentery is not hyperechoic.

SEX

Neutered male

The right kidney is within normal limits in size for the patient's weight (4.24 cm). The capsule is smooth. A mild loss of definition of the cortico-medullary junction is observed. There is evidence of mineralizations, nephroliths or pyelectasia. Mild accumulation of fat is present within the pelvis. The surrounding mesentery is not hyperechoic.

AGE

6/17/13

WEIGHT

14 lbs

Adrenal Glands

The left adrenal gland measures 0.29 cm at the cranial pole and 0.32 at the caudal pole. 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.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The right adrenal gland measures 0.34 cm at the cranial pole and 0.29 at the caudal pole and 1.10 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.

HOSPITAL NAME

Abbey AH

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. Very mild scalloping of the ventral border is noted, but is not considered clinically significant. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. The spleen measured 9.7 mm.

REFERRING VET

Dr. Kluttz

Liver

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

INVOICE

97818

The gallbladder wall appears to be within normal limits in thickness and echogenicity. The wall measures 1.1 mm. A trivial amount of sludge present. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits (measures approximately 0.22 cm throughout) and there is no evidence of dilation. The definition of the wall layers is maintained; however, the muscularis is more prominent, and subjectively, mildly thickened. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body or an obstruction.

Multiple mesenteric lymph nodes are enlarged. The lymph nodes measure 1.1 cm x 0.76 cm and another measures 0.49 cm x 0.80 cm. These lymph nodes are mildly “prominent” to overtly enlarged and are hypoechoic. The surrounding mesentery is severely hyperechoic. Furthermore, the mesentery surrounding the right kidney and the intestines in the cranial abdomen is markedly hyperechoic.

In addition to the enlarged lymph nodes mentioned above, significant lymphadenomegaly is present at the mesenteric root, which extends “as a chain” to just cranial to the urinary bladder, giving the appearance of corrugated mesentery mixed with the lymph nodes. The largest lymph node, which is also the most severely hypoechoic in this chain of LNs, measures 1.8 cm in diameter and 3.9 cm in length.

Pancreas

Left limb: The left limb of the pancreas is well-delineated and hypoechoic to the surrounding area, but does not look edematous. A few lymph nodes in the surrounding region are prominent; however, overt signs of acute pancreatitis are not evident. The changes observed may possibly be due to a recent pancreatitis that is in the midst of resolving.

Right limb: Proper evaluation of the right limb is not possible due to the severe hyperechogenicity of the entire region.

Other

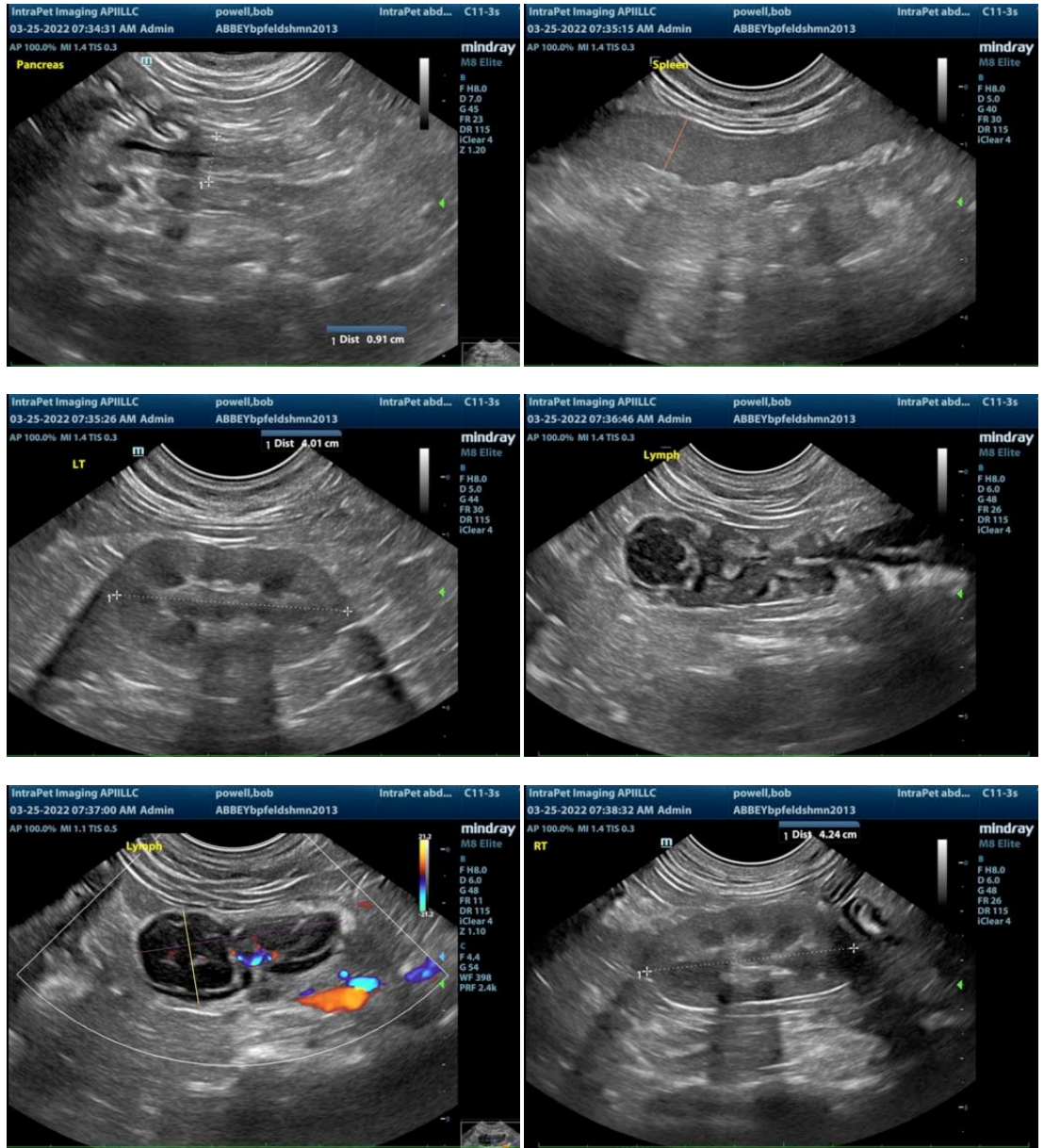
Abdominal effusion is not visualized.

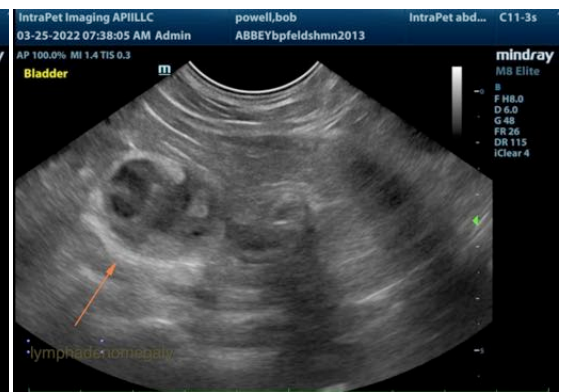
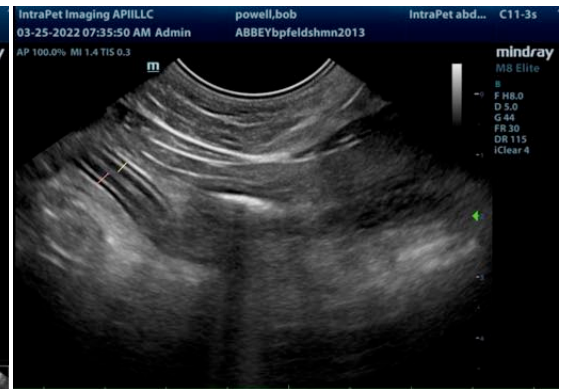
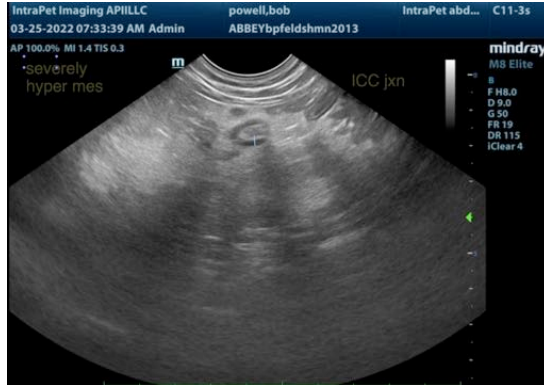
ULTRASONOGRAPHIC FINDINGS

- Diffuse lymphadenomegaly, which extends from the mesenteric root to just cranial to the urinary bladder. The mesentery is markedly and diffusely hyperechoic throughout the abdomen, particularly in the cranial abdomen surrounding the liver, stomach, ileo-cecal-colic junction and the right pancreas.
- The muscularis of the intestinal tract is prominent.
- The liver appears within normal limits, however, upon further evaluation, it is isoechoic to the falciform fat.
- Although overt signs of acute pancreatitis are not evident, the changes observed with both the left limb and the area of the right may possibly be due to a recent episode of pancreatitis that is in the midst of resolution.
- Based on the above findings, one cannot exclude a “triaditis”, which could be the cause of Bob’s diarrhea. However, immune mediated lymphadenitis or an infiltrative disease, such as lymphoma, cannot be excluded. An infectious cause for the diarrhea and sonographic abnormalities must also be considered if Bob is an outdoor cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A CBC, serum biochemical profile, urinalysis, spec fPL and FNA of the lymph nodes, using Doppler to guide, are recommended to achieve a definitive diagnosis. Another option would be to perform an exploratory laparotomy with biopsies of the liver, gastrointestinal tract, pancreas and multiple lymph nodes.







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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