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Clinical Sonography & Telecytology
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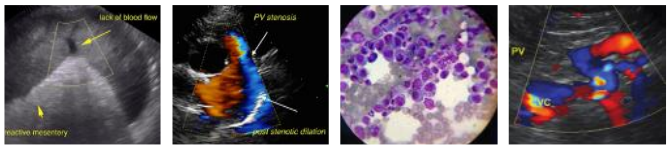

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Walter Barnhart

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16

WEIGHT

11.0

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Cassidy Braverman CVT

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Blystone

INVOICE

12655ag

DATE

01/10/2023

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight loss. Thickened intestines. Chronic diarrhea

Abnormal PE/Chem/CBC/UA Results: Lab Findings: NSA Current Medications: None Radiographic Findings: N/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.87 cm in width at the level of the hilus.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.35 cm width. The ileocolic wall measured 0.43 cm width.

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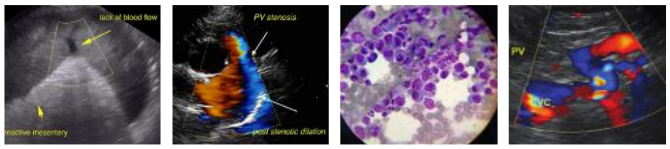

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Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen.

Pancreas

The distal left pancreatic limb cranial to the left kidney exhibited mildly hypoechoic non-homogenous parenchyma with associated mild asymmetrical contour.

Free Abdomen

No omental masses or peritoneal effusion was present.

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.6 cm.

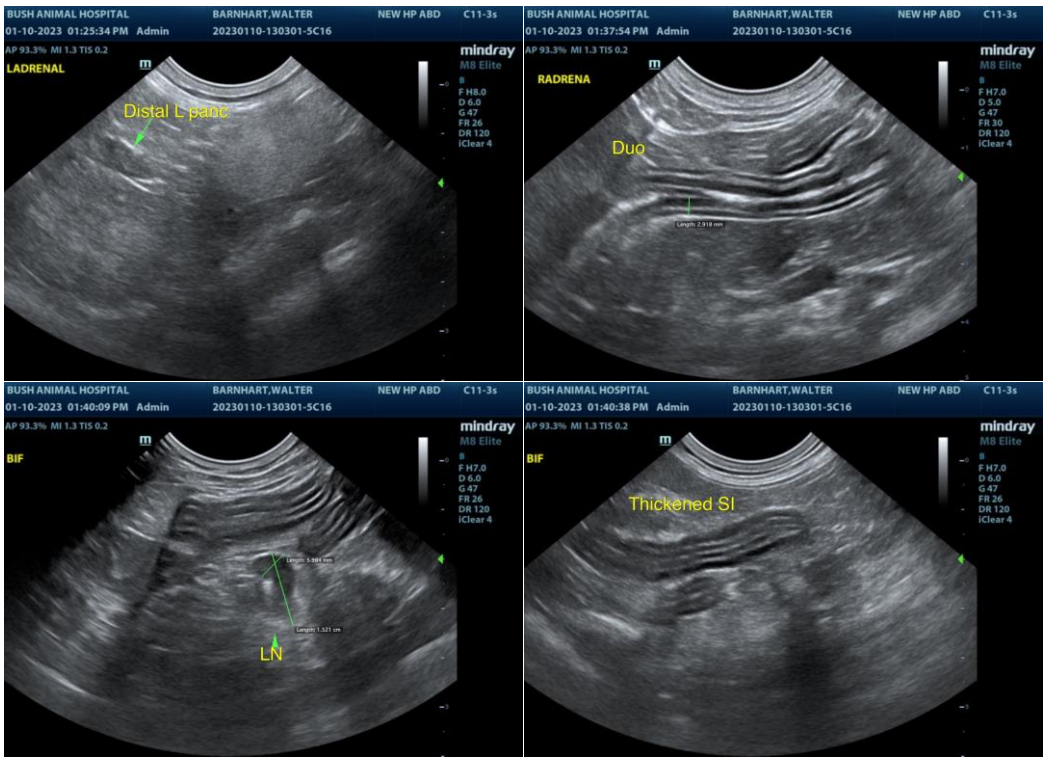
ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic renal changes
- IBD intestinal pattern, potential for neoplastic infiltrative enteropathy possible
- Heterogenous focally hypoechoic pancreas-potential for low-grade to focal chronic to chronic active pancreatitis
- Subjective benign/reactive mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies required for definitive diagnosis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically IBD/chronic pancreatitis protocol with as needed GI support, assessment of clinical response and monitoring of body weight would be reasonable if additional diagnostics are not elected.



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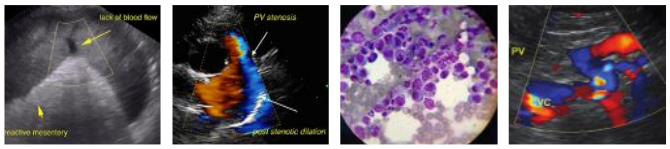

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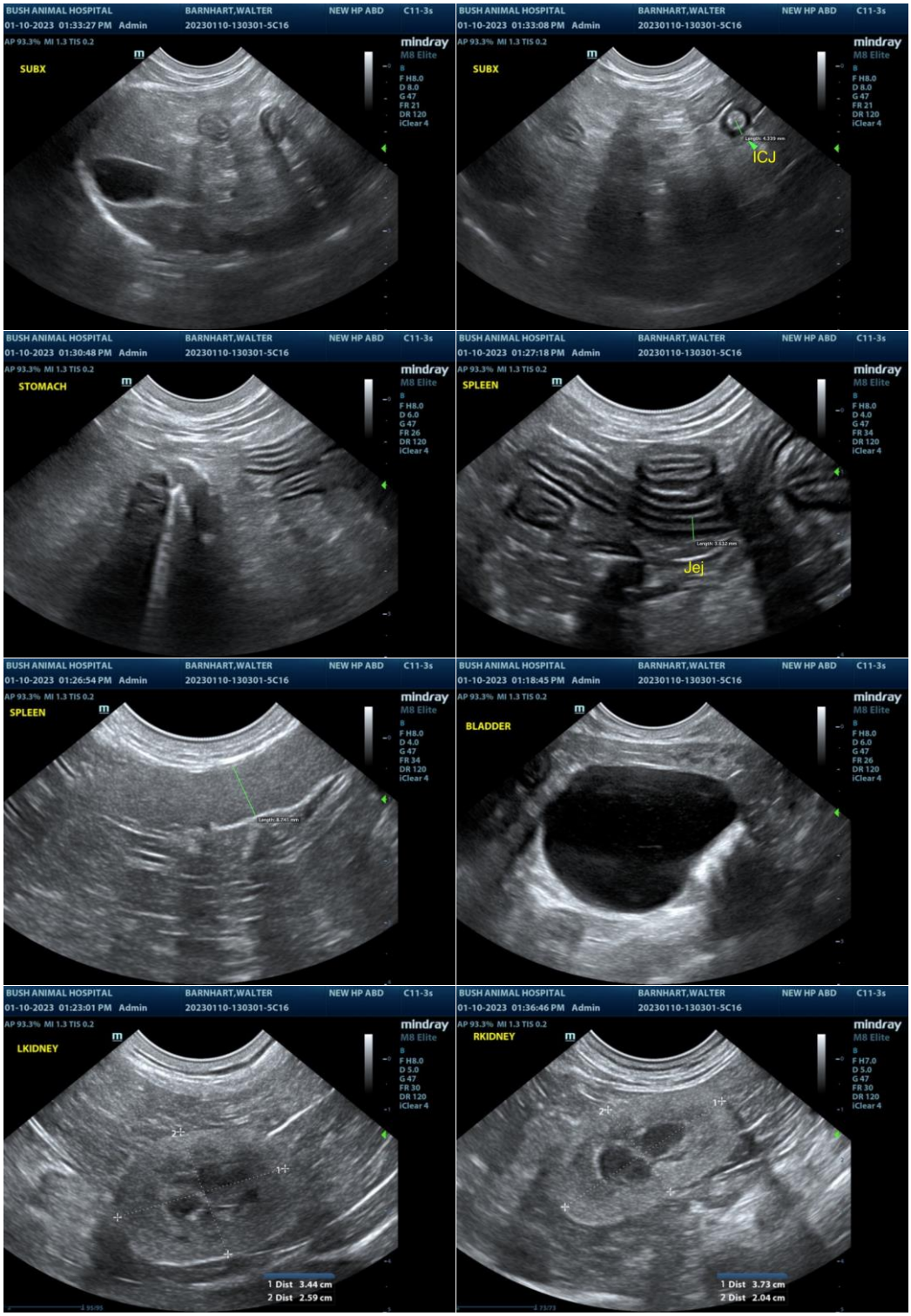

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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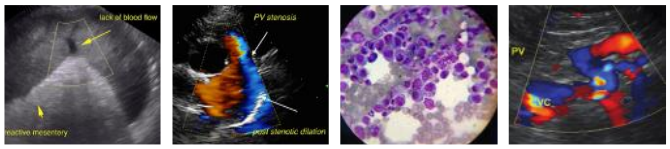

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com