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SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bubba Reinhart

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet Practice

INVOICE

13053

DATE

1/13/22

PRESENTING CLINICAL SIGNS

In October presented for vomiting (2 weeks multiple times) and decreased appetite. More lethargic. BW at the time showed increased amylase and hematuria. Patient improved on outpatient therapy. Patient presented today with history of continued vomiting, decrease appetite, weight loss of 5lbs, and icterus.
Abnormal PE/Chem/CBC/UA Results: ALKP 548, GGT 18, Tbili 9.5, HCT 18.2%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

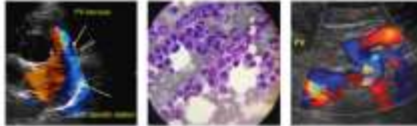
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen exhibited borderline generalized enlargement with subjective areas of mild parenchymal expansion with associated primarily symmetrical medial capsule distortion. No overt splenic masses or nodules were noted. A primarily maintained finely textured homogeneous splenic parenchyma was present. The spleen measured 1.2 cm in width at the level of the hilus.

Liver/ Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 width measured 0.28 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 width measured 0.23 cm. The jejunum wall width measured 0.31 cm. The ileocolic wall width measured 0.33 cm.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to the adjacent omentum.

Free Abdomen

Multifocal jejunocolic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 4.4 cm in length and 2.8 cm in width. Generalized, primarily peri Intestinal reactive mesentery was present. A small pocket of scant free fluid was noted lateral to the spleen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy exhibiting altered yet intact wall layering
- Associated marked jejunocolic lymphadenopathy and reactive mesentery
- Mild splenomegaly
- Hepatomegaly exhibiting uniform parenchyma hyperechogenicity
- Possible low-grade pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine Is compatible with infiltrative enteropathy. Considerations may include inflammatory (IBD / eosinophilic enteritis), neoplastic (lymphoma or other), infiltrative enteropathy.

The concurrent lymphadenopathy may indicate significant hyperplasia or reactive lymphadenitis. However, given the degree of lymphadenopathy, neoplastic infiltrative enteropathy, and concurrent neoplastic lymphadenopathy are warranted, although sampling is required for further clarification. Potential for multicentric neoplasia also involving the spleen and liver, although not definitive, is possible.

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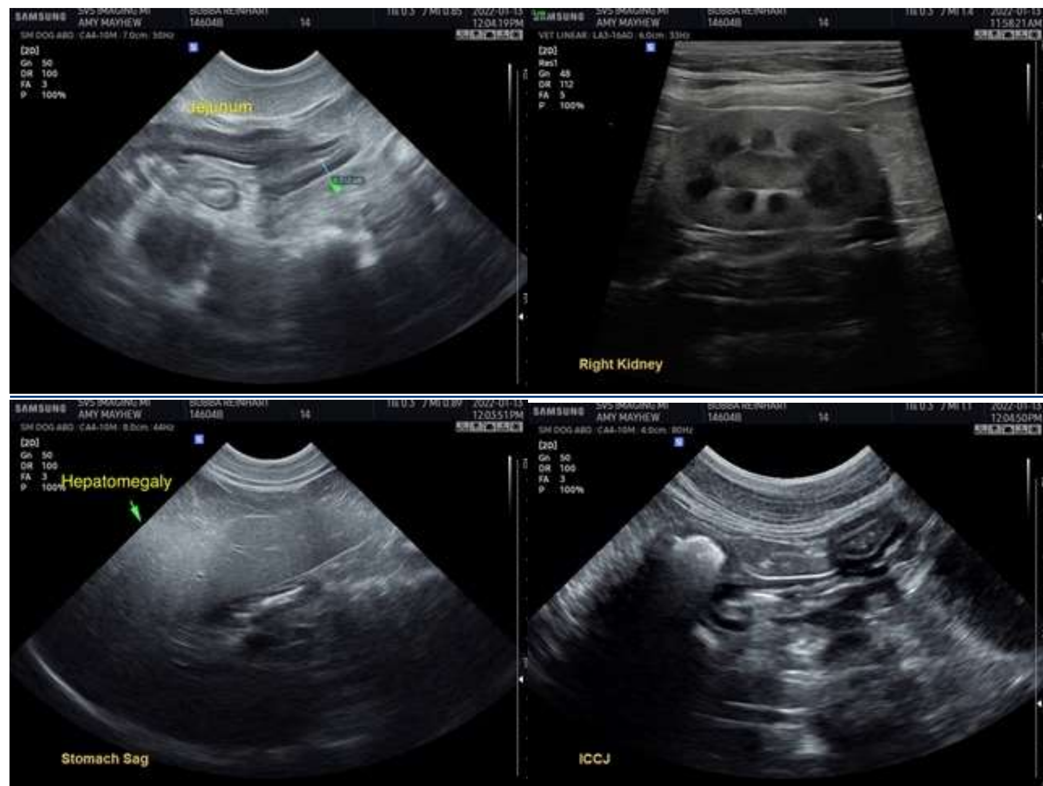
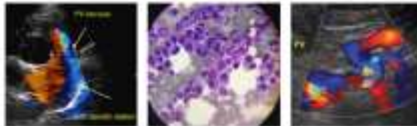
Assuming normal clotting status, ultrasound-guided hepatosplenic and lymphatic FNA using a 25-gauge needle is warranted for screening cytology. Recheck retroviral status may be considered. If no evidence of hepatosplenic neoplasia, full-thickness intestinal, as well as lymphatic, biopsies may be required for a definitive diagnosis.

Triad disease may also be a consideration in this patient. Empirically, Triad Disease protocol with as-needed gastrointestinal support would be appropriate. A guarded prognosis is warranted.





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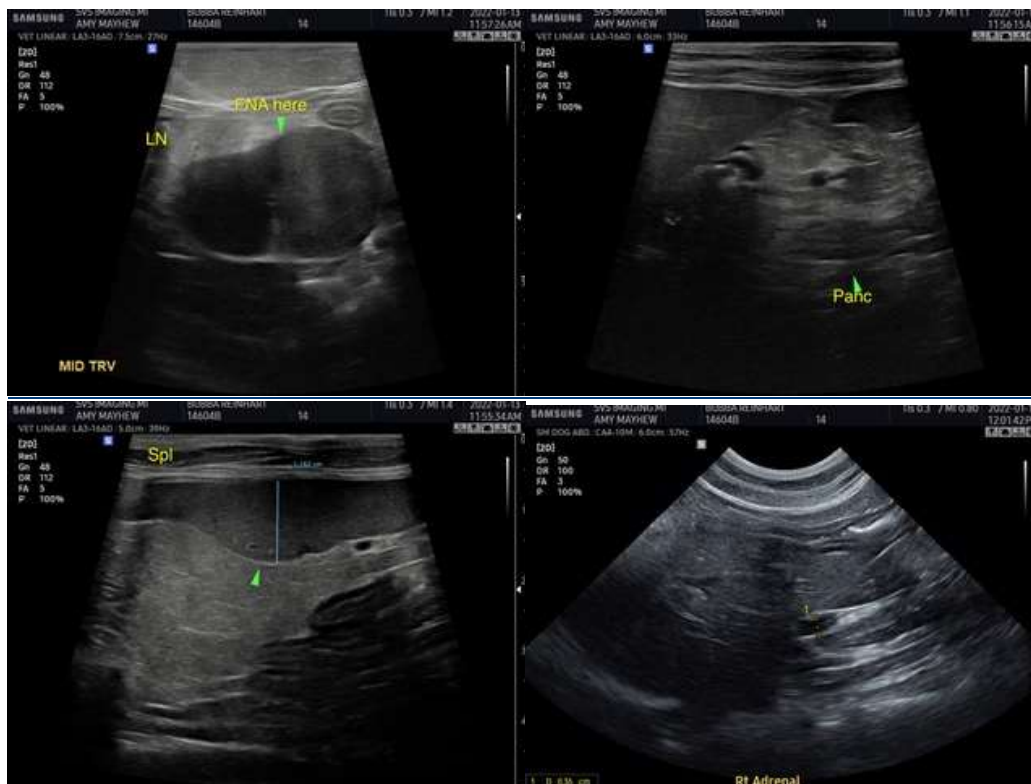

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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