



PATIENT

Cairo Shalenkova

PRESENTING CLINICAL SIGNS

History: Weight loss.
Abnormal PE/Chem/CBC/UA Results: BG 254, Fructosamine-normal 250, USG 1.021, trace glucose

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 were noted. Aortic trifurcation was normal.

SEX

Spayed Female

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 3.0 cm in length. The right kidney measured 3.4 cm in length.

AGE

12 Years

Adrenal Glands

WEIGHT

2.75 Lbs.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width.

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

INTERPRETED BY

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

Spleen

The spleen was subnormal in size exhibiting mild parenchymal heterogeneity and symmetrical capsule contour. The spleen measured 0.4 cm in width. Subnormal splenic size is suspected to be owing to volume contraction.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Vetco Total Care
(Kinnelon Petco)

The gallbladder was non distended in size with mild nondependent particulate non-organized gallbladder debris, likely secondary to decreased food intake or potential non-clinical cholestasis and considered incidental. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Dean

Gastrointestinal

INVOICE

13629

The stomach exhibited intact and sonographically unremarkable walls with mild to moderate retained echogenic fluid and chyme. The ventral gastric body wall measured 0.20 cm.

DATE

1/25/22

The small intestine exhibited moderate to marked yet variable mural hypertrophy and altered muscularis to mucosa ratio, primarily owing to variable yet significant muscularis hypertrophy. The jejunum wall measured up to 0.48 cm.



PATIENT

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

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Pancreas

SPECIES

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Feline

Free Abdomen

BREED

Probable moderate to marked non-homogeneous mid abdominal mesenteric lymphadenopathy, measuring 3.0 cm x 1.3 cm. Generalized reactive mesentery and scant peritoneal free fluid were present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Spayed Female

- Generalized enteropathy exhibiting marked yet variable mural hypertrophy and altered muscularis to mucosa ratio
- Associated probable mid abdominal mesenteric lymphadenopathy
- Generalized reactive mesentery and scant peritoneal free fluid

AGE

12 Years

WEIGHT

2.75 Lbs.

Secondary Findings

- Bilateral mild chronic renal changes
- Mild gallbladder debris

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the small intestine is consistent with infiltrative enteropathy. Primary considerations may include inflammatory (IBD, eosinophilic enteritis) or neoplastic (lymphoma or other) infiltrative enteropathy. However, primary concern for neoplastic infiltrative enteropathy with round cells given the small intestinal presentation is warranted, although not definitive.

IMAGING PERFORMED BY

Shari Reffi, CVT

The associated probable mesenteric lymphadenopathy may indicate reactive lymphadenitis or concurrent neoplastic lymphadenopathy.

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Assuming normal clotting status, ultrasound guided FNA of the mesenteric lymph node could be considered for screening cytology. Dry form FIP possible yet considered a less likely differential diagnosis. Full thickness intestinal as well as lymphatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, IBD protocol, which may include cobalamin supplementation, hydrolyzed diet and prednisolone at 1-2 mg/kg PO SID with as needed gastrointestinal support and assessment of clinical response could be considered. Guarded prognosis.

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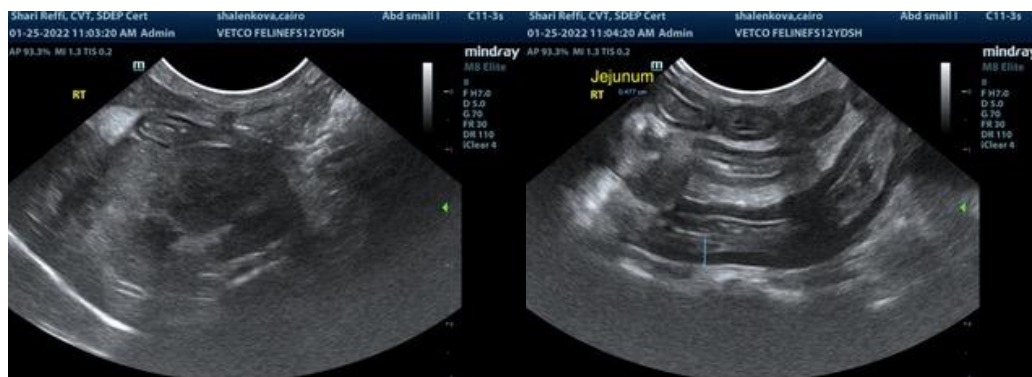
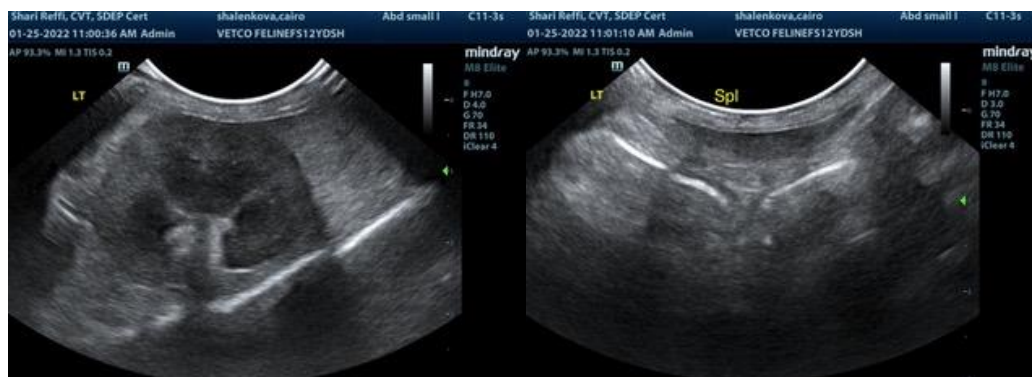
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BREED

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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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