SonoPath
Clinical Sonography & Telecytology
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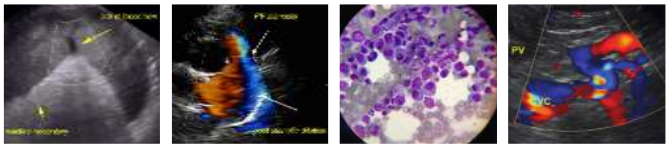


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dinah Behrens

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 years

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Banfield

REFERRING VET

Dr. Baker

INVOICE

12370

DATE

10/18/21

PRESENTING CLINICAL SIGNS

Chronic vomiting
Abnormal PE/Chem/CBC/UA Results: elevated neutrophils and leukocytes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 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 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

Spleen

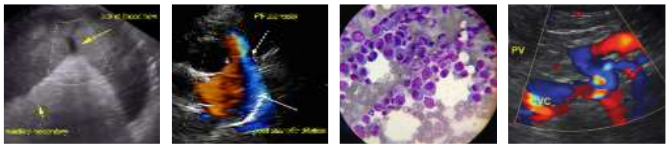
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 proximal common bile duct was mildly dilated and tortuous without overt post-hepatic obstruction. The common bile duct measured 0.25 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild to moderate retained primarily echogenic to anechoic fluid. The potential for mild nonobstructive hairball density in the stomach measuring 1.5 cm in diameter, Is possible. The gastric body wall width measured 0.24 cm.



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The small intestine exhibited generalized intact wall layering and maintained a 1:3 muscularis / mucosa ratio to the subjective level of the ileum. The ileum and potential distal jejunum exhibited moderate mural hypertrophy, decreased mural echogenicity, and loss of distinct wall layering to the level of the lleocolic junction. Potential for very proximal colon thickening is possible, yet not definitive. The segment of abnormal intestine measured potentially 4.0 cm in length with wall width up to 0.62 cm. Normal-appearing duodenum measured 0.23 cm wall width. Normal-appearing jejunum measured 0.22 cm wall width.

The transverse and descending colon were sonographically unremarkable.

Pancreas

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 were evident.

Free Abdomen

Multifocal, variably sized, colic 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. Examples of a colic lymph node sizes measured 1.7 cm x 0.83 cm and 1.8 cm x 1.0 cm. No evidence of concurrent effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intestinal mural mass - likely ileal to ileocolic location, significant inflammatory process, neoplasia (lymphoma or other), FIP, eosinophilic sclerosing fibroplasia, or other possible
- Associated variable yet hypoechoic to swollen colic lymphadenopathy - lymphoid hyperplasia, reactive lymphadenitis, neoplastic lymphadenopathy possible
- Hypomotile stomach with potential nonobstructive hairball density

Secondary Findings

- Mild nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending lymphatic and intestinal mural cytology obtained during the ultrasound, oncology consultation may be considered. However, if cytology is not definitive, laparotomy with biopsy or potential resection anastomosis of the abnormal intestine, as well as biopsy or resection of abnormal lymph node for histopathology is recommended. Three view chest radiographs are recommended, if not done. If surgery is elected, biopsies of normal-appearing intestine are suggested for additional staging.

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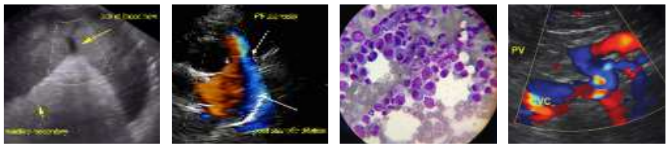

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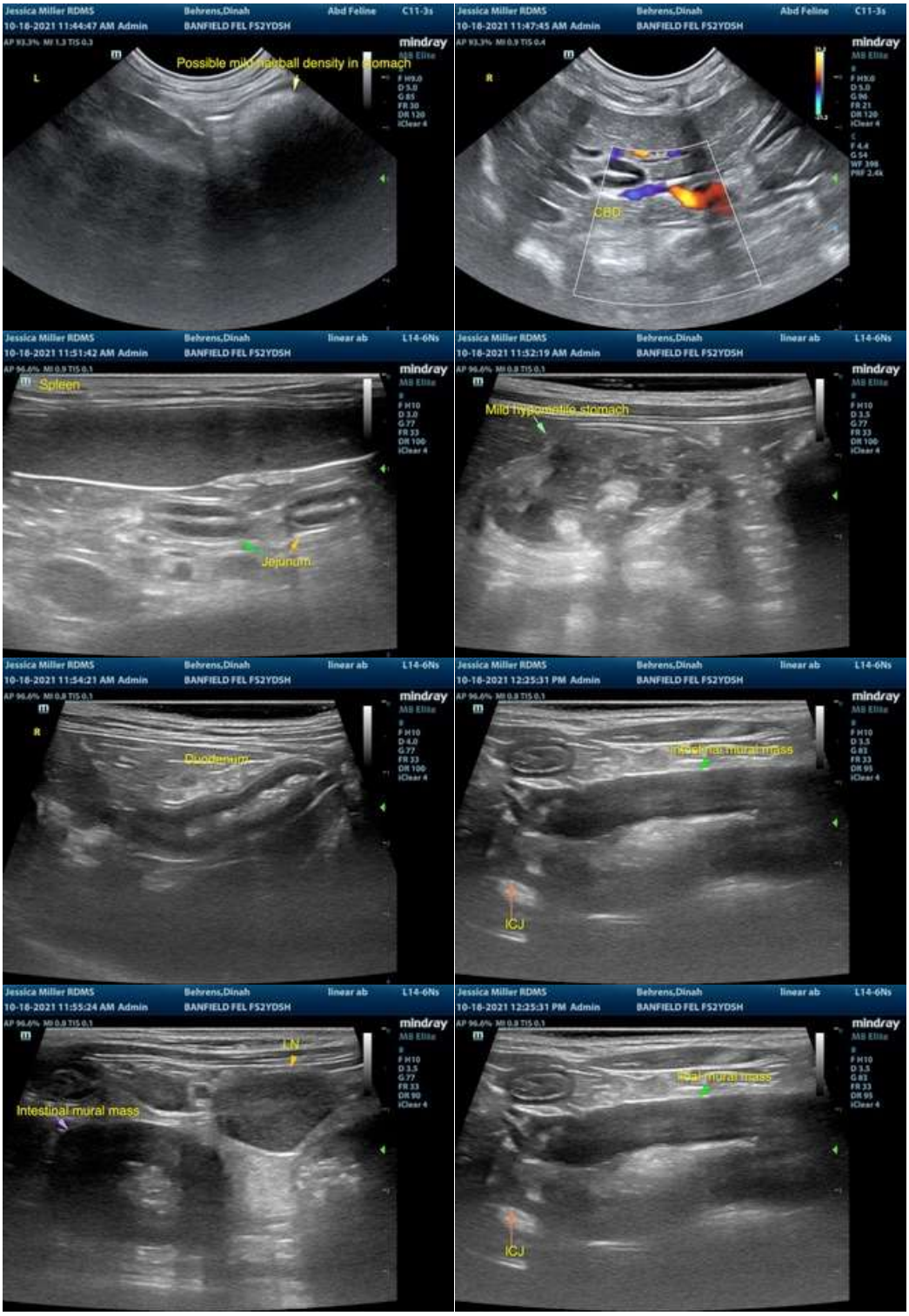

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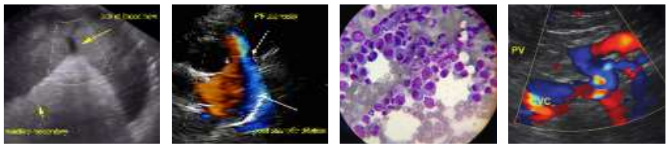

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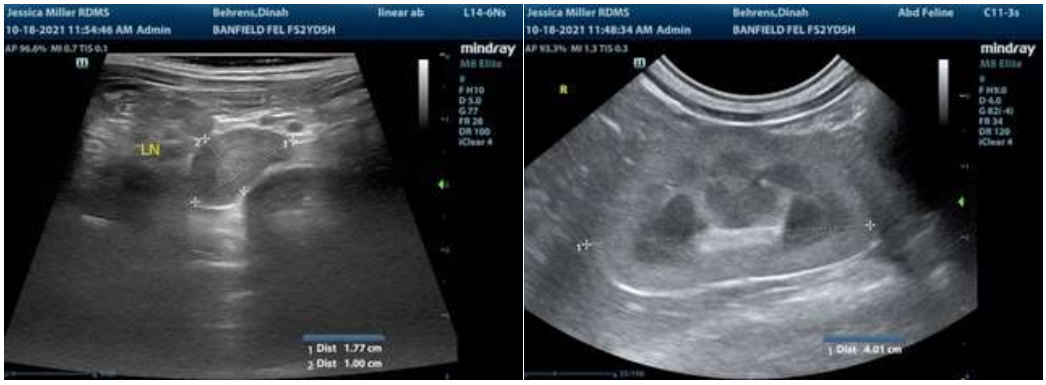

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com