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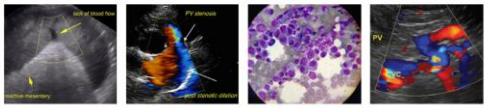
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Domino Szastak

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

10.5 y

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Katherine Pietsch, DVM

INVOICE

15282

DATE

10/27/22

PRESENTING CLINICAL SIGNS

History of intermittent vomiting and diarrhea. Has been vomiting once a week or more since August. Owner has tried several different diets. Appetite is decreased but is acting normal otherwise. X-rays in August showed thickened GI, which was suspicious for IBD. Bloodwork NSF.

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. Primarily anechoic urine was present in the lumen. Minor, nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild uniform increased cortex echogenicity with mildly indistinct corticomedullary border demarcation was present in the kidneys. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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. Intermittent discrete hypoechoic nondisruptive intraparenchymal nodules were present with an example measuring 0.57 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mild to borderline moderately dilated and tortuous without evidence of post hepatic obstruction. The common bile duct measured 0.4 cm diameter.

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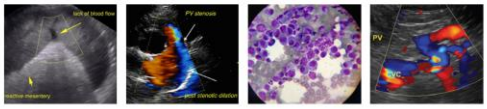

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta / chyme and luminal gas were present in the stomach. The gastric body wall width measured 0.24 cm.

The small intestine presented primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio with segmental propensity for borderline prominent small intestinal walls, yet no evidence of loss of intestinal wall layering, significantly altered wall layer ratio, or intestinal masses. Generalized intestinal nonshadowing ingesta / chyme was noted. The duodenum wall measured 0.25 cm width. The jejunum wall measured up to 0.26 cm width. The ileocolic wall measured 0.42 cm width.

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

Pancreas

The pancreas was normal in size and contour with uniform, mildly hypoechoic pancreatic parenchyma compared to adjacent omentum.

Free Abdomen

Several variably enlarged to variably echogenic mesenteric lymph nodes were present in the mid-abdomen. An example measured 4.7 cm x 1.5 cm. No free fluid was present. Subtle evidence of perilymphatic hyperechoic mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Possible low-grade pancreatitis
- Enteropathy with potential inefficient peristalsis pattern
- Nonspecific yet likely benign discrete hepatic nodules
- Nonobstructive proximal common bile duct dilation
- Variably prominent to echogenic mesenteric lymphadenopathy

Secondary Findings

- Mild nonspecific chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was documented NPO, the potential for inefficient peristalsis pattern with segmental subtle mural changes, which may suggest chronic enteropathy in conjunction with potential low-grade pancreatitis, would be suspected. Dietary intolerance / food allergy, occult parasitism, or less likely infiltrative intestinal neoplasia are possible.

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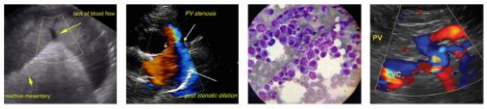

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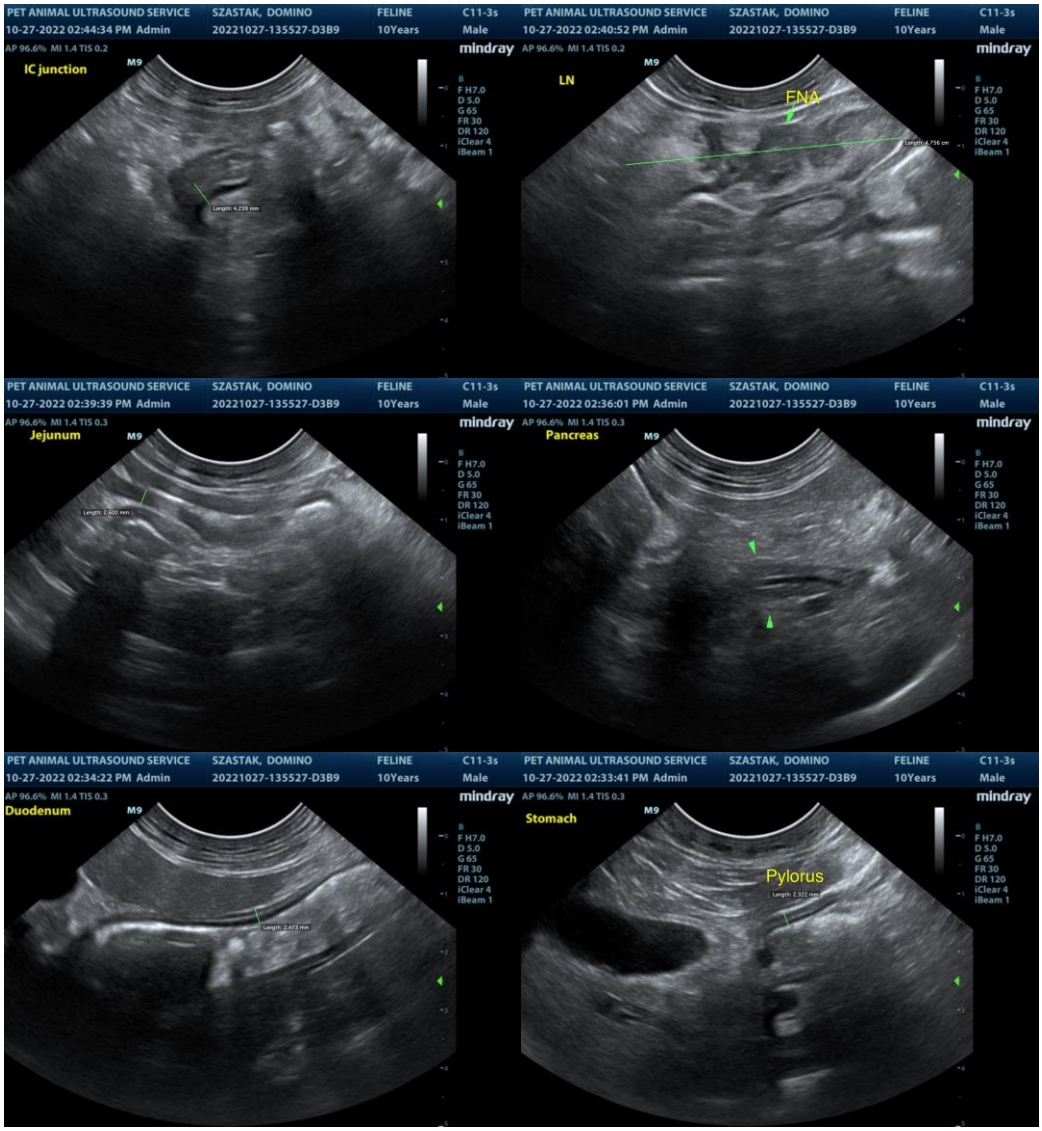
The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

The mesenteric lymphadenopathy was nonspecific with considerations including chronic hyperplasia, reactive lymphadenitis, or emerging neoplastic criteria.

Given this presentation, chronic IBD or other chronic inflammatory enteropathy with potential for Triaditis, even without evidence of hepatic enzyme elevations, are considered most probable. Further assessment may include mesenteric lymph node FNA cytology, and a GI panel to include PLI/TLI/Cobalamin/Folate, especially if evidence of weight loss, +/- full-thickness intestinal and/or lymphatic biopsies.



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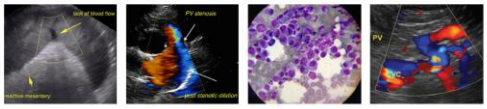

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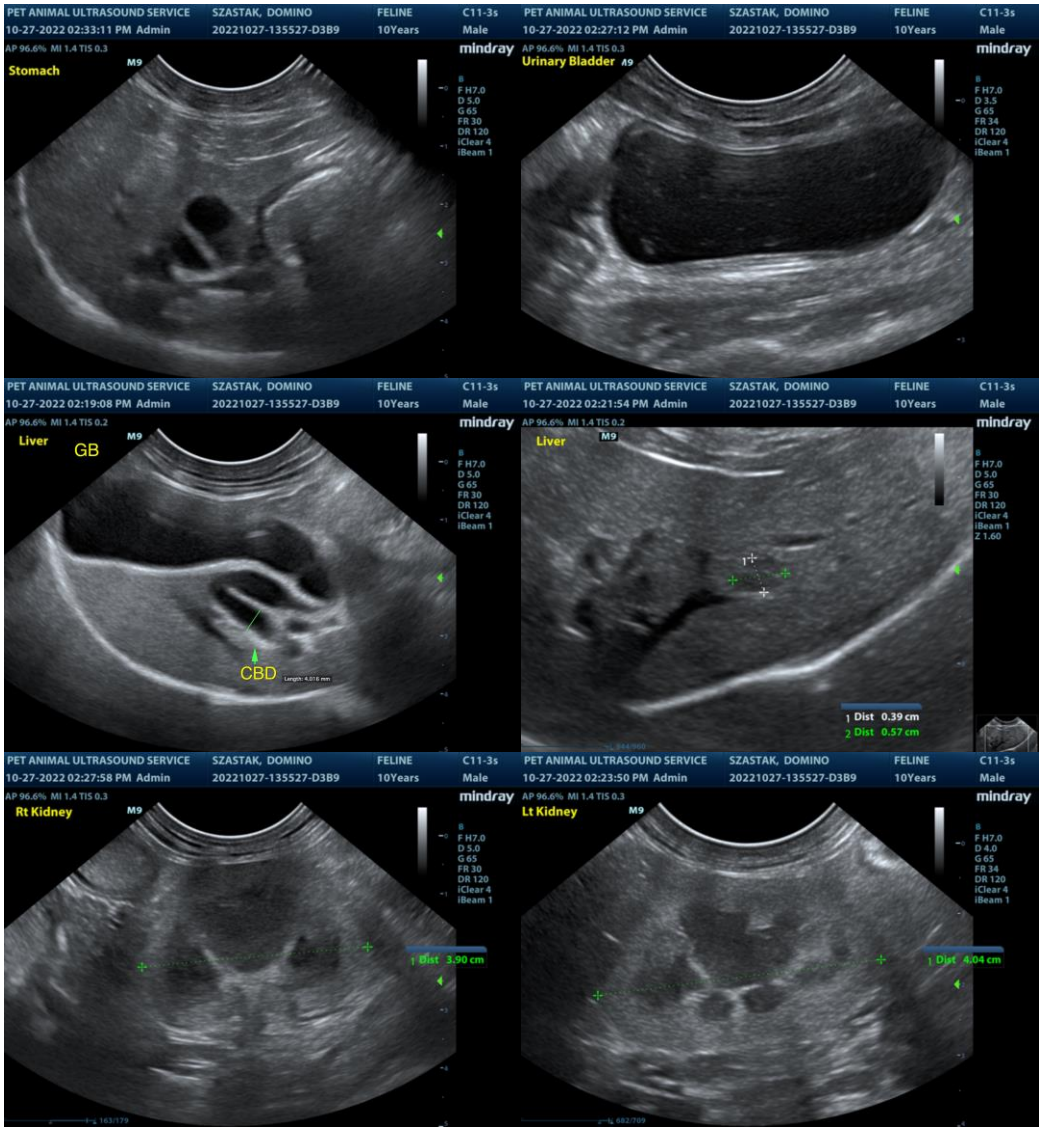

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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