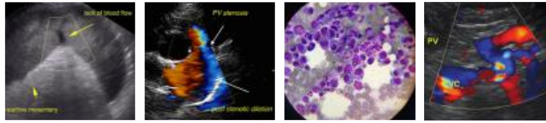


PATIENT
Lester CRAN

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
9 years

WEIGHT
7.8 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Brasted-Maki

INVOICE
15306

DATE
10/27/22

PRESENTING CLINICAL SIGNS

Patient has a >5 month history of chronic diarrhea and weight loss. Initially he seemed to feel fine overall; now he is becoming lethargic and uncomfortable. Appetite is variable to good. No significant vomiting currently, but he is on Cerenia. On exam, patient is quiet, underweight with loss of muscle condition, slightly dehydrated. MM are pale. Abdomen mildly distended with diffusely thickened and fluid-filled intestines. 1 area of focal thickening is detected (possibly the ileocecal colic junction).

Abnormal PE/Chem/CBC/UA Results: BBM: 10-20-22 at 1:37p: Cobalamin >1000 (290-1500) Folate 14.3 (9.7-21.6) TLI 33.4 (12-82) PLI 6.9 (Total # of Files

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 4.3 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

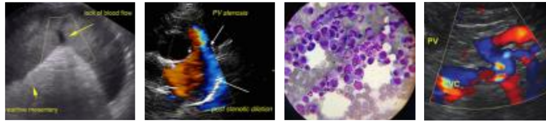
No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the.

Spleen

The spleen exhibited mild subnormal size, consistent with volume contraction, with maintained symmetrical capsule contour and homogeneous parenchyma. The spleen measured 0.44 cm 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.



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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 small intestine presented intact wall layering and segmental maintained 1:3 muscularis/mucosa ratio with concurrent segmental propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses was noted.

Normal visible colon wall layers were present with semi-formed fecal matter.

Pancreas

The pancreas was normal in size with mild capsule asymmetry and mild nonhomogeneous to subtly hypoechoic parenchyma with subjective evidence of pancreatic duct dilation.

Free Abdomen

Intermittent mid-ventral abdominal 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 to mild generalized hyperechoic mesentery was evident. An example of lymph node size was 3.0 cm x 0.84 cm. No evidence of free fluid or omental masses was noted.

ULTRASONOGRAPHIC FINDINGS

- Probable chronic enteropathy / IBD
- Potential concurrent chronic pancreatitis
- Associated nonspecific intermittent mesenteric lymphadenopathy - hyperplasia, secondary reactive lymphadenitis suspected, potential for early neoplastic lymphadenopathy is considered less likely yet cannot be definitively excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for low-grade neoplastic infiltrative enteropathy, given this presentation, cannot be definitively excluded yet is thought less likely in light of maintained, primarily normal small bowel wall layering. Screening FNA lymph node cytology, using a 25-gauge needle, is warranted for further assessment. Intestinal +/- lymphatic biopsies would be required for a definitive diagnosis.

Triad Disease could also be a consideration in this patient if previous or current hepatic enzyme elevations have been noted.

Empirically, as-needed GI support, which may include hydrolyzed diet trial, high colony count probiotic, +/- Prednisolone trial at the lowest effective dose to control clinical signs and assessment of clinical response would be reasonable.

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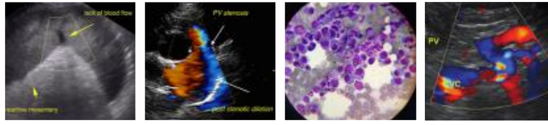

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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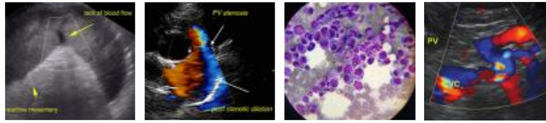

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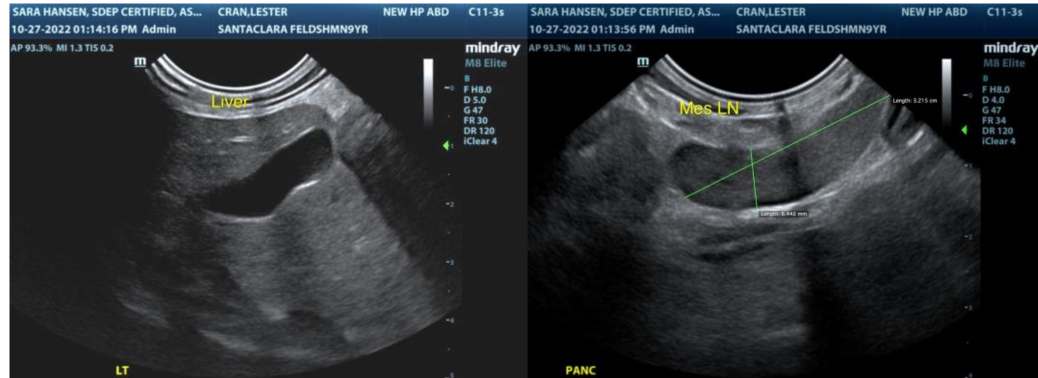

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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