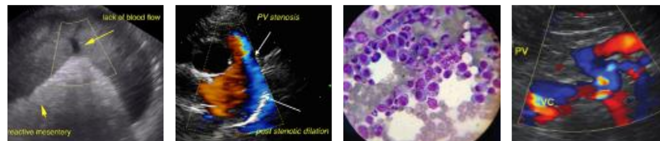

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1-800-838-4268 info@sonopath.com

PATIENT

Kai Ortwein

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14yr

WEIGHT

4.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland Veterinary Hospital

REFERRING VET

Dr. Poet

INVOICE

11773ag

DATE

10/03/2022

PRESENTING CLINICAL SIGNS

Patient has been demonstrating pica (eating litter, even when client changed type of litter) x 3 months, with intermittent vomiting. Change of behavior— not as social or affectionate. Eating less, drinking from unusual water sources.

Abnormal PE/Chem/CBC/UA Results: PE: — evidence of weight loss, early lenticular sclerosis OU, minimal dental disease. Rule-Outs/DfDx - change in metabolic status - IBD vs lymphoma vs open Plan - update senior bw - start Lactulose for chronic constipation - discussed abdominal ultrasound if bw nsf and symptoms continue - SDMA sl increased = 15, previously 11 - rest nsf incl T4 = 1.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination was 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 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

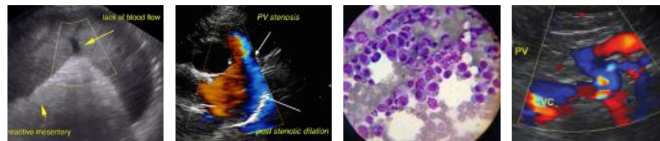
The spleen exhibited mild enlargement measuring 1.4 cm in width at the level of the hilus. Subtle generalized splenic parenchyma heterogeneity was noted. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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.

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.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Intact small intestine walls measured up to 0.33 cm in width.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent focally enlarged mesenteric and medial iliac 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. An example of lymph node size was 1.3 cm x 0.6 cm.

Unspecified non-homogenous mass in the area of the ileocolic junction and free abdomen was present potentially involving or originating from the distal small intestine, ileocolic junction and proximal colon. The mass measured ~ 3.5 – 4 cm in diameter. Directly adjacent an unspecified possibly continuous mass measuring ~ 6 cm in diameter was present. Potential for cystic components of the unspecified mass were present which may indicate intra mass cysts while the possibility of necrosis or abscessation cannot be definitively excluded.

Generalized hyperechoic mesentery was present primarily around the intestine and ileocolic junction along with mild volume peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Diffuse infiltrative enteropathy pattern
- Unspecified intestinal vs omental or lymphatic mass in the area of the ileocolic junction and intestine vs colon
- Associated mid abdominal peri intestinal peritonitis and mild mesenteric and medial iliac lymphadenopathy
- Possible concurrent pancreatitis
- Non-specific mild splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the small intestinal presentation with potential for peri ileocolic, mid abdominal and intestinal vs lymphatic masses is most consistent with neoplastic criteria with strong concern for regional omental seeding as with lymphomatosis, carcinomatosis or similar. The possibility of early splenic involvement cannot be definitively excluded.

Assuming normal clotting status and using a 25g needle, an unspecified mass and splenic FNA for screening cytology is warranted. Abdominal fluid cytology analysis +/- C/S is also recommended for further assessment with potential for oncology consult. Given the extent of pathology, curative surgical options appear to be precluded.

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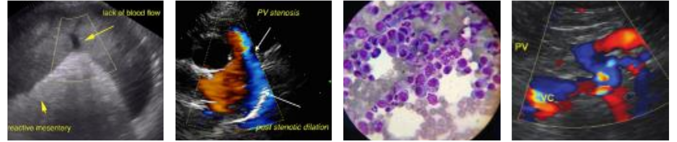

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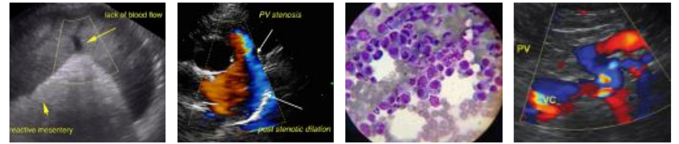

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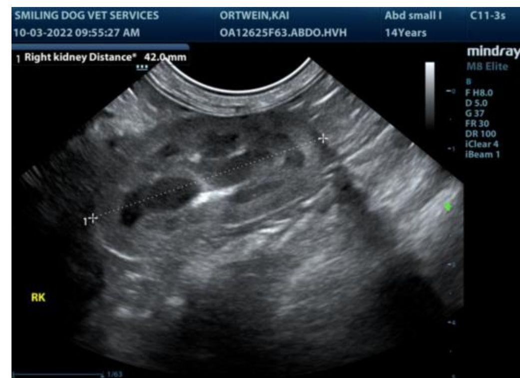

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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