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Clinical Sonography & Telecytology
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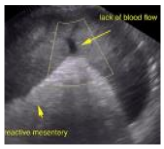
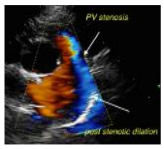
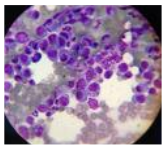
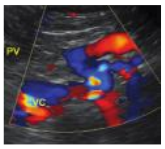




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Summer Hamlin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4.5yr

WEIGHT

3.17kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Turner

HOSPITAL NAME

Pennsauken Animal Hospital and Urgent Care

REFERRING VET

Dr. Turner

INVOICE

11765ag

DATE

10/03/2022

PRESENTING CLINICAL SIGNS

AUS blurb: Weight loss, diarrhea 4 months. Diarrhea is dark brown, mucoid, foul smelling.

Abnormal PE/Chem/CBC/UA Results: PE offers mild muscle atrophy with distended, doughy abdomen which is soft and non-painful. BW unremarkable. UA/T4 not done. Fecal PCR offers only mild C perf growth.

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 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. Focal craniomedial cortical infarct was present in the left kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited borderline enlargement measuring 1.0 – 1.1 cm width at the level of the hilus. The spleen maintained 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

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.

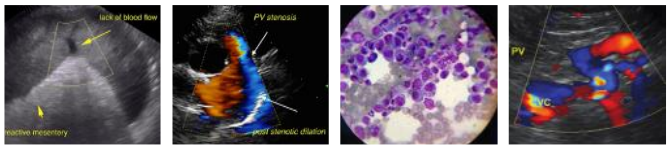
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic debris likely incidental, potentially owing to fasting. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The ventral gastric body wall measured 0.29 cm in width.

The small intestine presented intact yet segmental to generalized mildly prominent wall layering with mildly prominent muscularis layer. Within the mid abdomen a possible intestinal mural mass exhibiting



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mild to moderate mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering measuring ~ 1.8 cm in diameter with wall width of 0.85 cm was present. Segments of the small intestine vs colon exhibiting distention with retained non-shadowing ingesta/chyme vs fecal matter was present. Associated regional mesenteric lymphadenopathy as well as regional mild hyperechoic mesentery and mild to moderate peritoneal free fluid was present.

The intact jejunum wall measured 0.27 cm in width. The intact duodenum wall measured 0.27 cm in width.

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 was evident.

Free Abdomen

Mid abdominal mesenteric lymphadenopathy as well as regional mild hyperechoic mesentery and mild to moderate peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile stomach
- Segmental to generalized intact yet prominent enterocolic walls exhibiting intestinal vs colonic distention with retained ingesta/chyme vs fecal matter
- Possible mid abdominal intestinal mural mass with possible associated mesenteric lymphadenopathy
- Mild to moderate volume peritoneal free fluid
- Borderline splenomegaly, non-specific

Secondary

- Focal left kidney infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis for fluid analysis cytology. C/S of the fluid can also be considered if any suspicion of inflammatory elements is noted. Primary enterocolic disease is considered probable with etiologies including inflammatory disease, infiltrative neoplasia or granulomatous disease (FIP). A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as three view chest radiographs if not done to assess for occult thoracic pathology. Pending additional diagnostics, laparotomy with gross inspection of the GI tract and with enterocolic biopsies is likely required for a definitive diagnosis.

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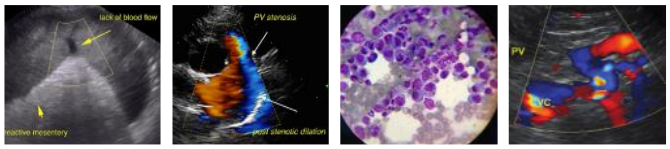

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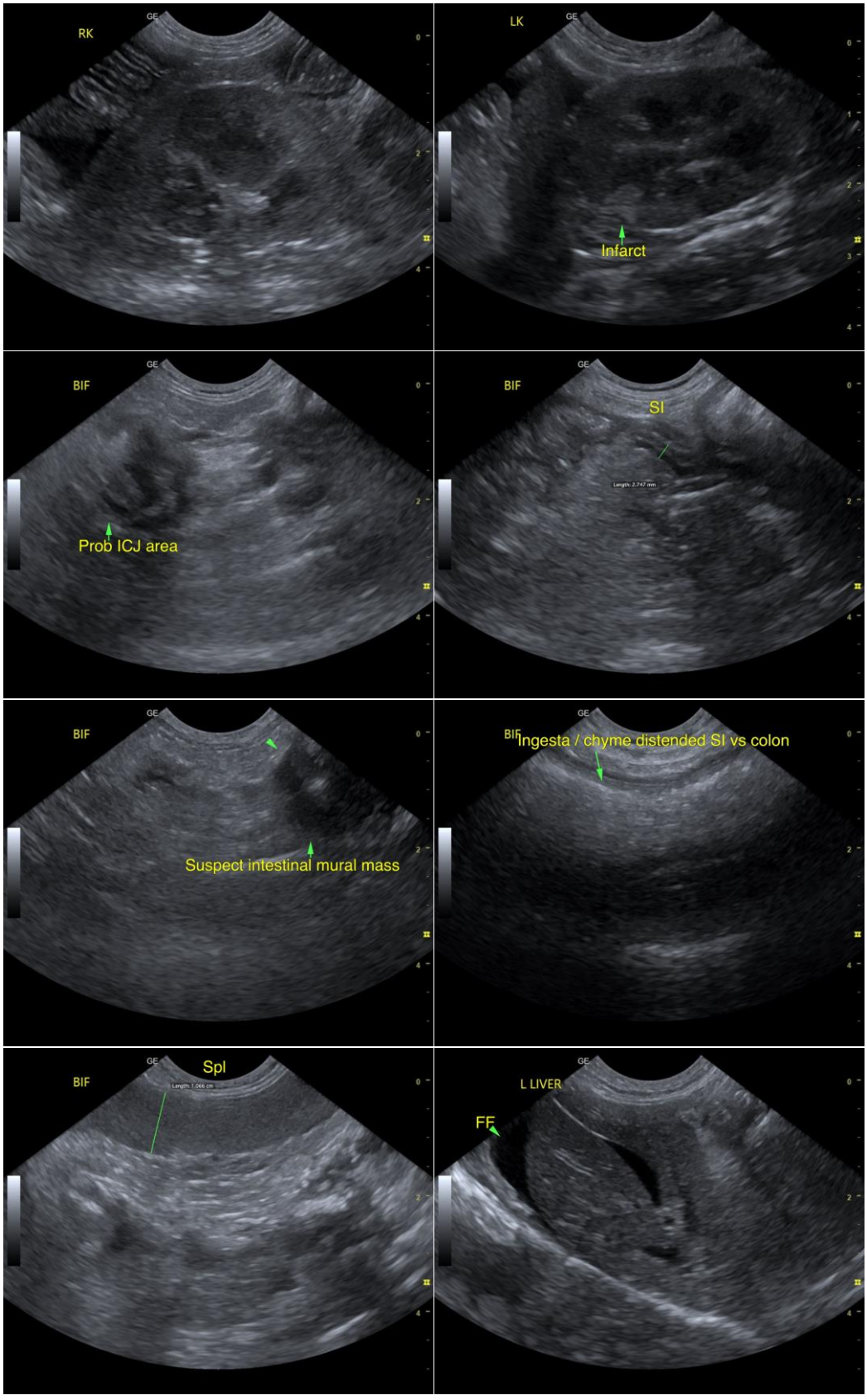

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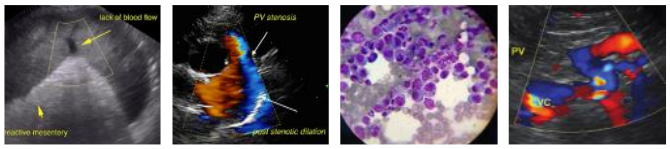

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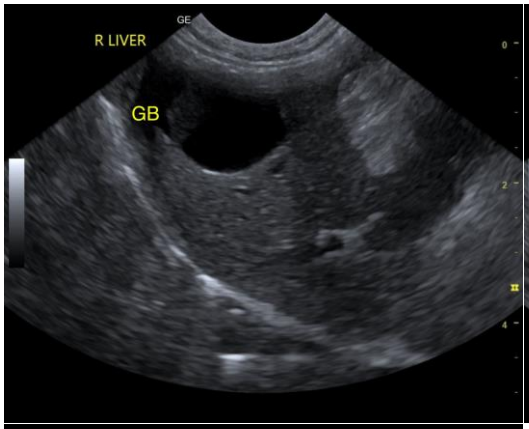

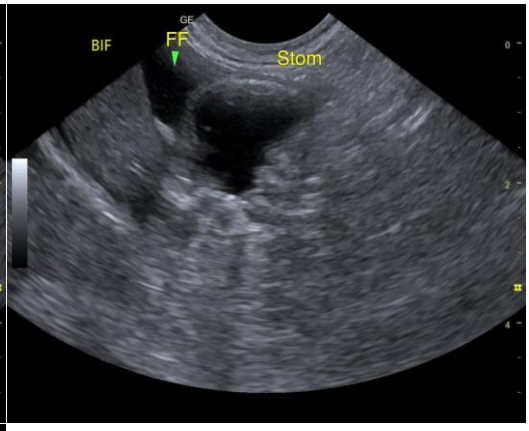

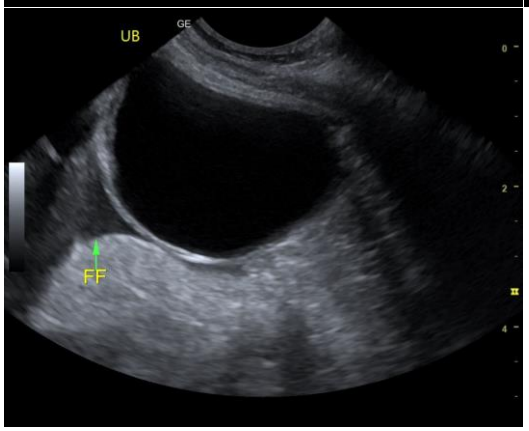

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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