

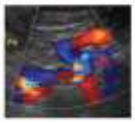

PATIENT

Marty Bindewald

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

12368

DATE

10/6/21

PRESENTING CLINICAL SIGNS

Inappetence and weight loss.
Abnormal PE/Chem/CBC/UA Results: UA, fecal, CBC, Chem, T4 all unremarkable. Very thin body condition

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. Mild, nondependent, particulate sediment, likely indicative of minor cellular or crystalline debris, 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 and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineralization was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 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 cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. The gastric body wall width measured 0.26 cm.



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The small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. Segmental, mildly prominent to echogenic submucosa was noted. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses was noted. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.21 cm. The ileocolic wall width measured 0.32 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a colic lymph node measured 0.7 cm width. An example of a jejunal lymph node measured 0.35 cm width. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild chronic renal changes
- Mild retained pyloric fluid - potential for mild pyloric stasis
- Chronic enteropathy, probable chronic IBD
- Associated intermittent mild jejunocolic lymphadenopathy - lymphoid hyperplasia or mild reactive lymphadenitis suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes which suggest chronic inflammatory enteropathy / IBD. The potential for possible neoplastic infiltrative enteropathy with round cells i.e., low-grade lymphoma which may present in a similar sonographic manner, cannot be definitively excluded. Assuming no evidence of thoracic pathology on three view chest radiographs, intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD protocol which may include hydrolyzed diet, Cobalamin supplementation, +/- Prednisolone trial at lowest effective dose to control clinical signs with as-needed gastrointestinal support may be considered if biopsies are not possible or elected.

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SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4288 info@sonopath.com SonoPath.com

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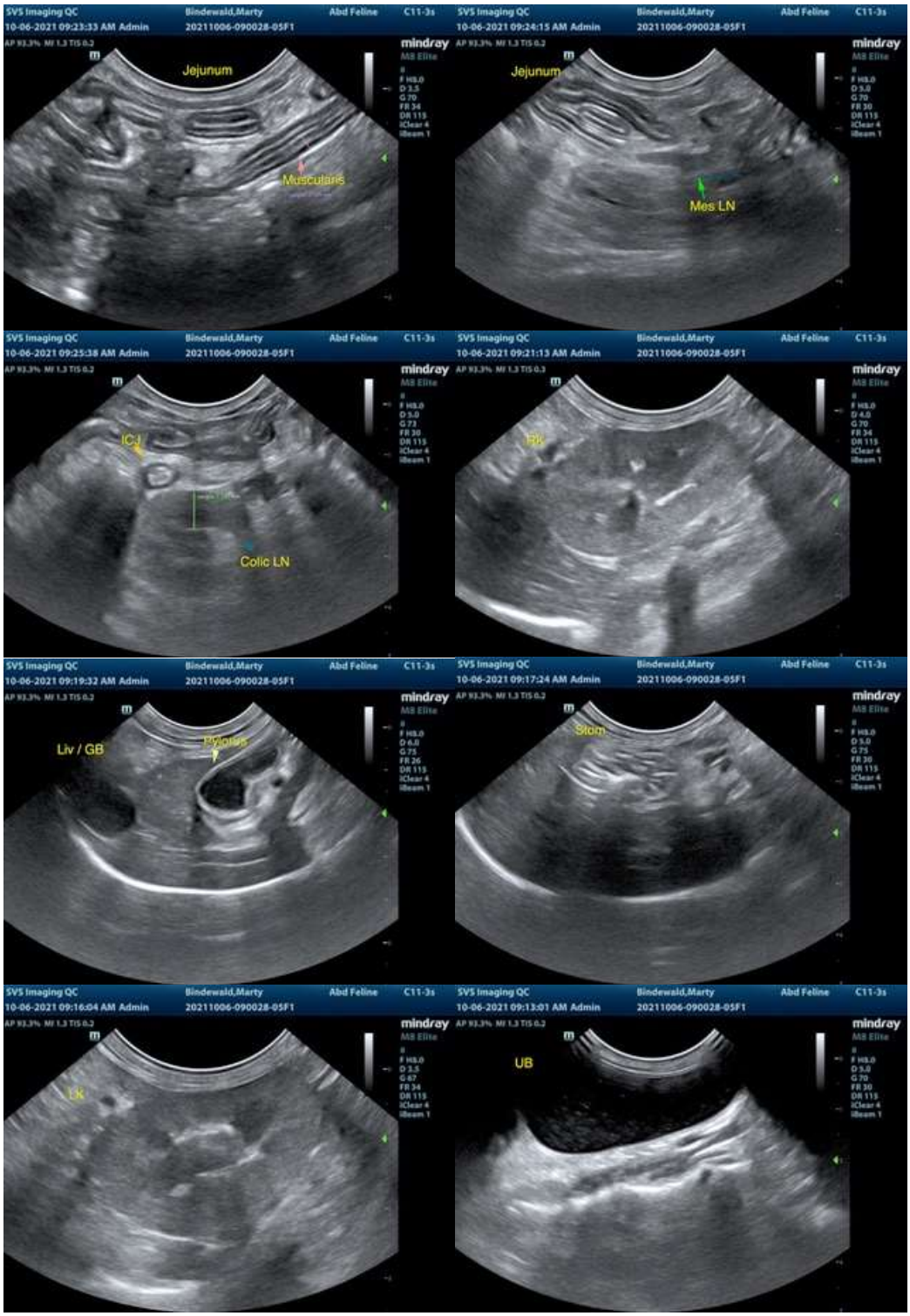

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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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