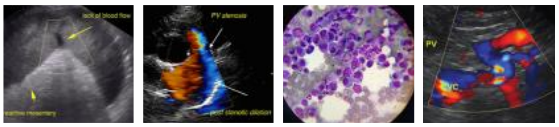


PATIENT

Baker Roy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 yrs

WEIGHT

10.52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Thomas

INVOICE

15150

DATE

10/7/22

PRESENTING CLINICAL SIGNS

2 year history of intermittent vomiting and diarrhea. - Treatments: B12 injections, RC GI food and RC HP food had marked improvement in issue for 7 months. - Discussed IBD vs. GI lymphoma as possible for pt.

Abnormal PE/Chem/CBC/UA Results: CBC and Chem results all WNL 6/29 2021 only changes: ALT 379 27 - 158 U/L AST 91 16 - 67 U/L Current Medications B12 injection 0.25ml weekly

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mildly indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

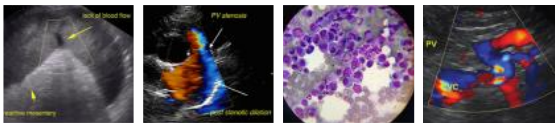
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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. The spleen measured 0.68 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 primarily anechoic content with mild hyperechoic luminal debris to possible minor mineral. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 0.25 cm.

The small intestine exhibited primarily intact variably prominent to mildly thickened wall layering primarily owing to variably prominent muscularis layer. A segment of the small intestine, likely jejunum given the midabdominal location, exhibited moderate mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable wall layering measuring approximately 3.0-4.0 cm in length with wall width up to 0.63 cm. By comparison, intact jejunal wall layering exhibiting a maintained 1:3 muscularis/mucosa ratio measured 0.21 cm width.

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

Pancreas

The pancreas base exhibited potential for mild prominent size, asymmetrical capsule contour, and subjective hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum.

Free Abdomen

Intermittent lymph nodes were present. The lymph nodes were mildly swollen, spherical exhibiting uniform mildly hypoechoic parenchyma with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of lymph nodes measured 1.5 cm in diameter. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting primarily intact yet variable wall layering, segmental mid-abdominal moderate intestinal mural hypertrophy to emerging / mild intestinal mural mass
- Associated hypoechoic to swollen mesenteric lymphadenopathy - hyperplasia, reactive lymphadenitis, or early neoplastic criteria possible
- Possible pancreas base pancreatitis
- Hepatopathy - subjectively benign, suspect concurrent inflammatory hepatopathy, i.e., cholangiohepatitis
- Possible minor gallbladder mineral
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine presentation is compatible with infiltrative enteropathy with considerations including IBD vs. neoplastic infiltrative enteropathy with round cells, i.e., lymphoma. Dry form FIP is considered a less likely differential diagnosis.

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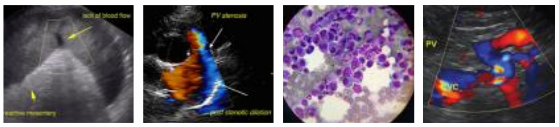

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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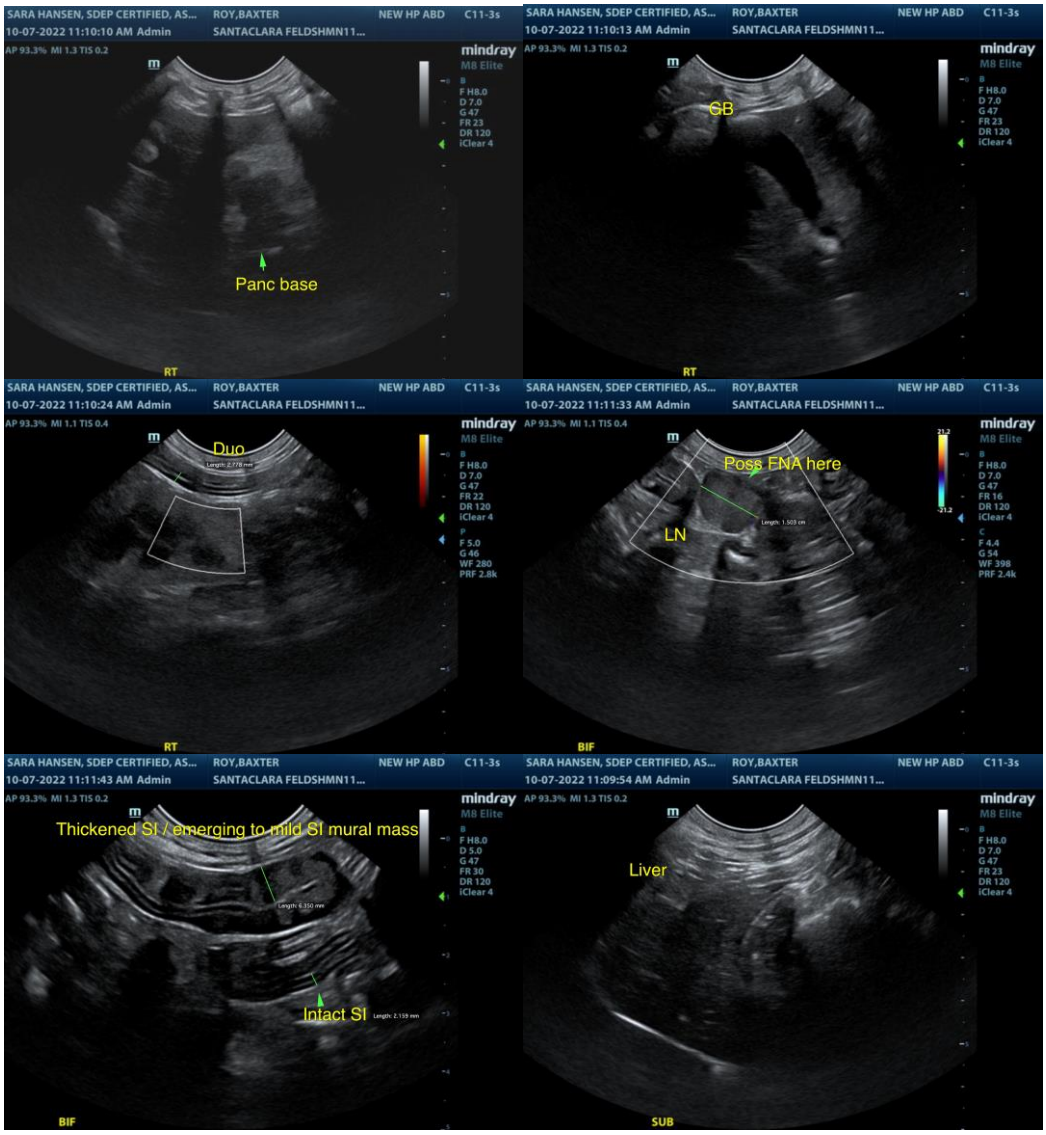
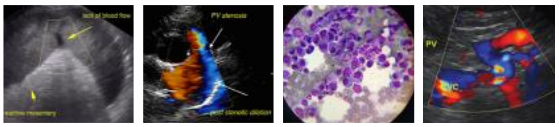
Screening lymphatic FNA cytology +/- FNA of the thickened intestinal wall could be considered for further assessment. Triad Disease may be a potential in this case. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal, lymphatic +/- hepatopancreatic biopsies are likely required for a definitive diagnosis.





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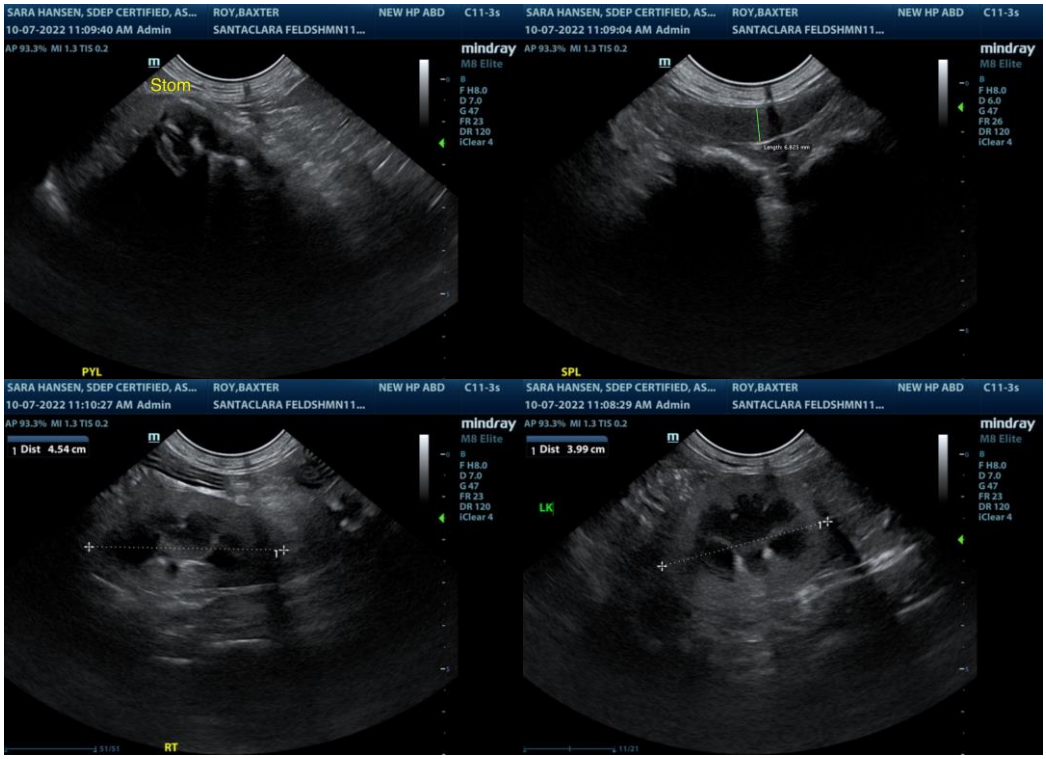

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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