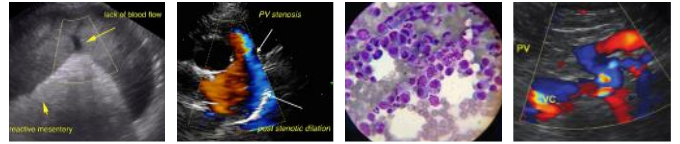


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sailor Menendez

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years

WEIGHT

3.84 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Alpine 24 hr Pet Hospital

REFERRING VET

Alpine Pet Hospital

INVOICE

15158

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Acute onset vomiting. Difficulty lifting head, not walking well.
Abnormal PE/Chem/CBC/UA Results: Lymphopenia and thrombocytopenia (machine values). Mild hyperglycemia, mild BUN elevation with creat at 198. Mild ALT elevation at 187. USG 1.016. T4 normal.

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. Both kidneys exhibited mild uniform cortical hypertrophy. The kidneys presented mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

Spleen

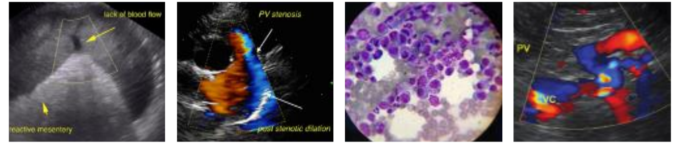
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.78 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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 yet mildly prominent wall layering owing to subjective mildly prominent gastric mucosa. The stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.30 cm.



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The small intestine exhibited generalized intact wall layering with segmental propensity for mildly prominent muscularis layer. A segment of the jejunum in the subjective mid-abdomen exhibited moderate mural hypertrophy, decreased mural echogenicity, and indistinct to mild loss of wall layer detail, measuring approximately 3.0-4.0 cm length with wall width up to 0.36 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. A nonhomogeneous mass lesion was present in the area of the pancreas base, which appeared to be directly effacing the caudal aspect of the pylorus and potential upper duodenum measuring 2.3 cm in diameter. Associated regional hyperechoic mesentery around the pancreas was noted.

Free Abdomen

Intermittent small pockets of scant peri intestinal free fluid were noted. Intermittent, mild to variably prominent 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 inflammation was evident. Peri intestinal to perilymphatic hyperechoic mesentery was noted.

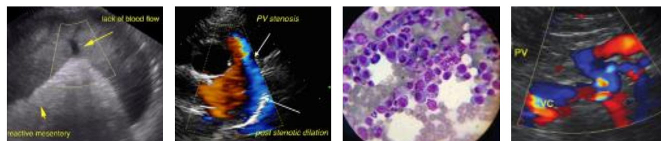
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Segmentally thickened small bowel exhibiting indistinct wall layer detail
- Nonhomogeneous mass lesion in area of pancreas base and pylorus - suspect pancreatic mass
- Associated mild to variable mesenteric lymphadenopathy and scant peritoneal free fluid
- Nonspecific hepatopathy - low-grade inflammatory hepatopathy given the ALT elevation suspected, the potential for occult hepatic neoplasia cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA cytology of the liver, as well as the suspected pancreatic mass for cytology and further clarification, may be considered.

The small intestine is consistent with segmental to generalized infiltrative criteria, which may include inflammatory vs. neoplastic infiltrative enteropathy. Although sampling is required for further definition, primary concern for underlying neoplastic disease involving the segmental intestinal tract, potentially the pancreas, +/- liver is considered likely until proven otherwise.



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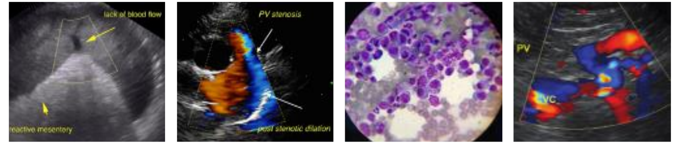

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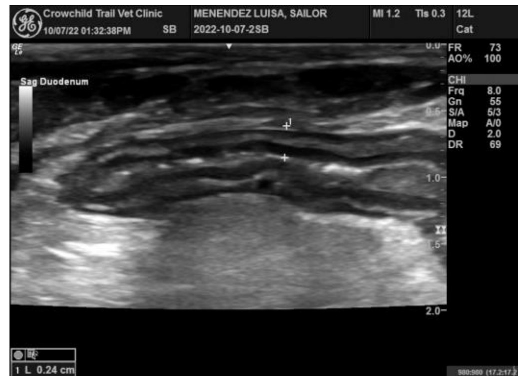

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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