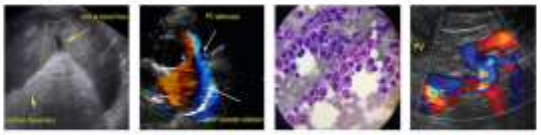




**PATIENT**

Buttons Gibson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Annville Cleona VA

**REFERRING VET**

Dr. Bardsley

**INVOICE**

12617

**DATE**

11.15.2021

## PRESENTING CLINICAL SIGNS

History: Chronic, intermittent vomiting for 3 years, 3# weight loss, PU/PD

Unremarkable CBC/Chemistry Panel

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 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 normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The right adrenal gland measured 0.40 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 0.8 cm width.

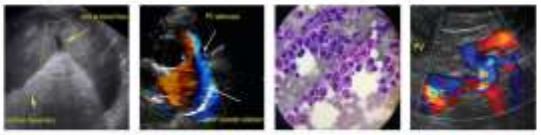
### *Liver/ Gallbladder*

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 with minor retained anechoic pyloric fluid was present. The pylorus wall width measured 0.30 cm. The gastric body wall width measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. Reginal peri ileocolic





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reactive mesentery was present. The jejunum wall width measured 0.24 cm. The ileocolic wall width measured 0.40 cm. The duodenum wall width measured 0.26 cm.

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

### *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 were evident.

### *Free Abdomen*

Mildly prominent to enlarged, focal medial iliac and multifocal colic 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 a colic lymph node size was 0.75 cm width. An example of a medical iliac lymph node size was 0.53 cm width. No effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Regional peri Ileocolic reactive mesentery and hypoechoic to prominent colic lymphadenopathy
- Focal concurrent hypoechoic to mildly prominent medial iliac lymphadenopathy
- Overtly normal gastrointestinal tract
- Mild age-related kidneys

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history including weight loss, structurally insignificant inflammatory enteropathy / gastroenteropathy with concurrent colic and focal medial iliac lymphadenopathy is suspected. The lymph nodes may indicate reactive hyperplasia, lymphadenitis, while the possibility of early neoplastic lymphadenopathy cannot be definitively excluded.

If accessible, ultrasound-guided FNA of an enlarged colic lymph node Is warranted for screening cytology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming no evidence of thoracic pathology on three-view chest radiographs, intestinal and lymphatic biopsies would be considered Ideal for further clarification and definitive diagnosis. Empirically, Metronidazole/Zithromax combination, given the potential for colic lymphadenitis, empirical cobalamin supplementation, hydrolyzed diet trial +/- Prednisolone therapy at a lowest effective dose to control clinical signs, could be considered with an assessment of clinical response.

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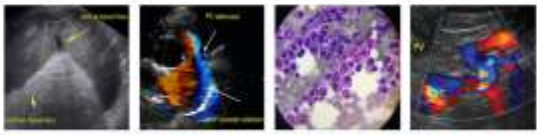

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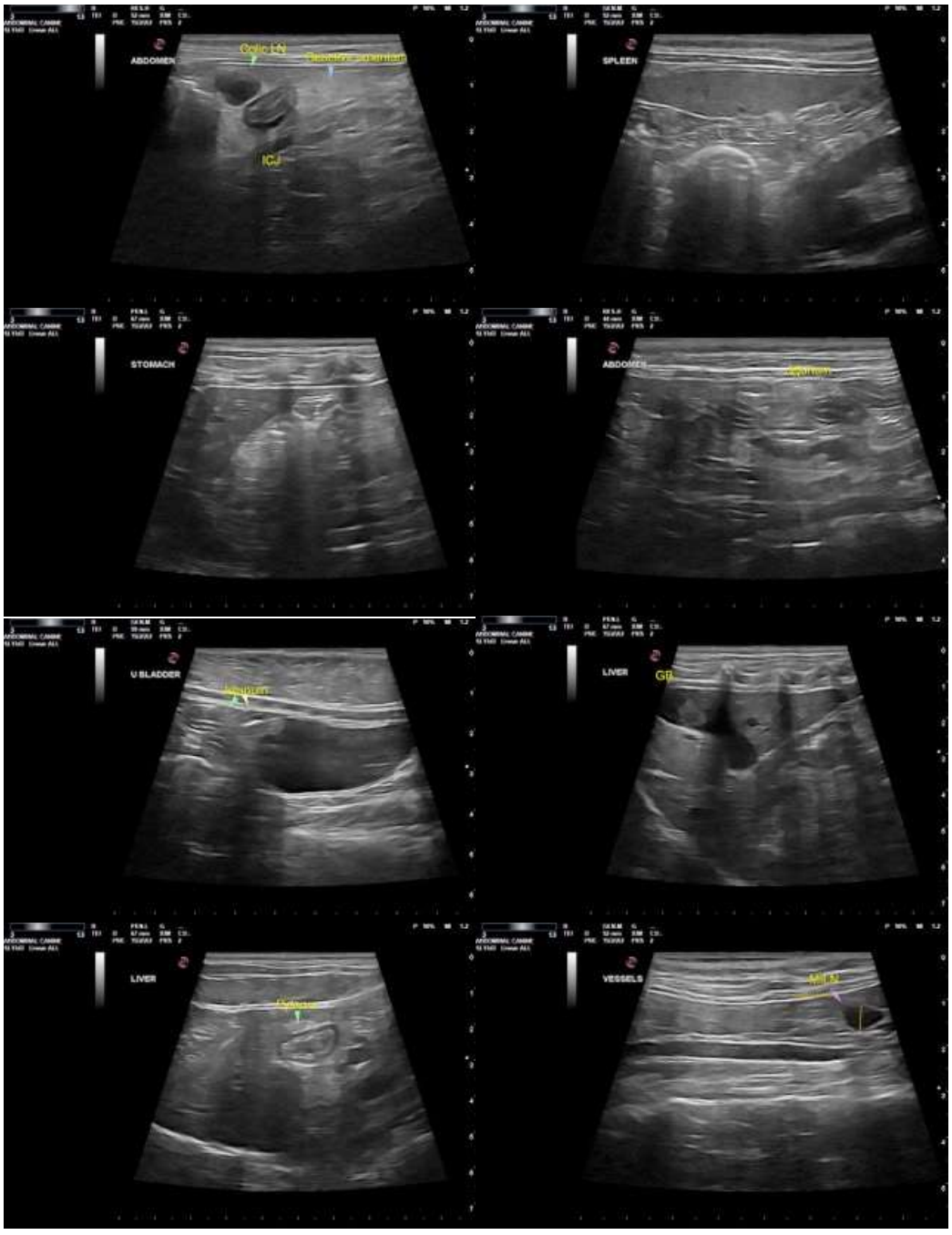

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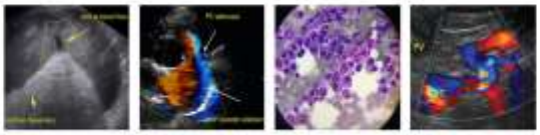

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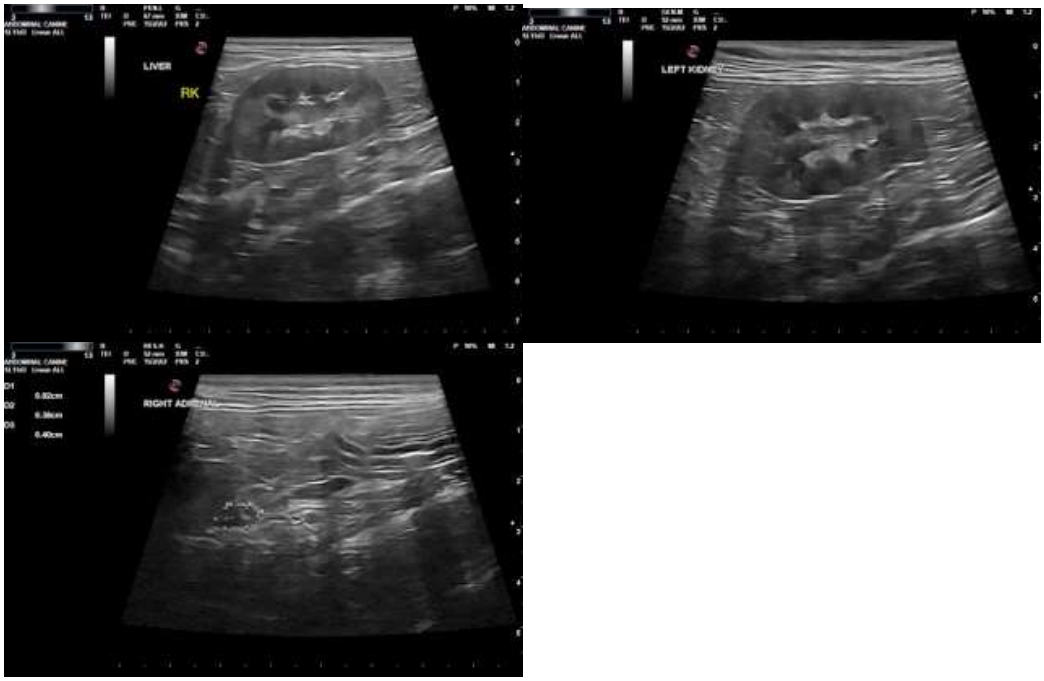


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
mac.daniel@sonopath.com