

**PATIENT**

Colby Rose

**PRESENTING CLINICAL SIGNS**

Cat presented for wellness last week. O states he has lost weight, is picky about food and vomits a couple of times a week.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Has lost almost 30% of body weight since last year, BCS of 3.5 out of 9. Enlargement of cervical, prescapular and inguinal LN noted during exam. CBC shows neutropenia, low HCT. Serum chemistry shows elevated ALT and ALP. T4 normal. Urinalysis unremarkable. FNA cytology submitted to IDEXX came back as: Reactive hyperplastic lymph nodes.

**BREED**

Siamese Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

**AGE**

15yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

**WEIGHT**

6lb

**Adrenal Glands**

No overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited borderline to mild enlargement with a finely textured parenchyma exhibiting decreased echogenicity. 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 0.95 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Sarah Pender CVT

**Liver**

The liver was mildly enlarged with non-homogenous parenchyma exhibiting moderate 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 gallbladder appeared to be divided into two separate compartments consistent with bilobed gallbladder which is a normal variant in a cat. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Elliot

**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 measured 0.25 cm in width.

**INVOICE**

12107ag

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Segmental mildly prominent yet intact jejunal wall layering was present. No evidence of intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.28 cm in width. The jejunum measured 0.30 cm in width. The ileocolic wall measured 0.38 cm in width.

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11/07/2022

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

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**Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**SPECIES**

Feline

**Free Abdomen****BREED**

Siamese Mix

A small pocket of scant peritoneal free fluid was present in the cranial abdomen between the stomach and caudal liver.

**SEX**

MN

Focally enlarged medial iliac 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 lymph node size was 2.8 cm x 0.84 cm.

Mild generalized increased omental echogenicity was present.

**AGE**

15yr

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic to prominent medial iliac lymphadenopathy
- Non-specific hepatopathy-vacuolar hepatopathy, inflammatory/immune mediated disease, non-obstructive cholestasis, occult neoplasia considered less likely
- Bilobed gallbladder-normal variant in a cat
- Mild pancreatitis
- Intact yet segmental prominent small bowel walls
- Mild chronic renal changes
- Mild splenomegaly exhibiting parenchyma hypoechogenicity

**WEIGHT**

6lb

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Based on the GI and pancreatic presentation with concurrent hepatopathy, IBD or other chronic inflammatory enteropathy as well as triaditis is a top differential. However, potential for emerging neoplastic criteria involving the liver, spleen, GI tract and medial iliac lymph nodes is of concern.

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Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent FNA cytology of an enlarged lymph nodes could be considered to compare with previous lymphatic cytology. A definitive diagnosis would likely require hepatic/pancreatic and GI biopsies.

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Empirically a triad disease therapy protocol with as needed GI support and assessment of clinical response with potential recheck sonogram if clinically indicated would be reasonable.

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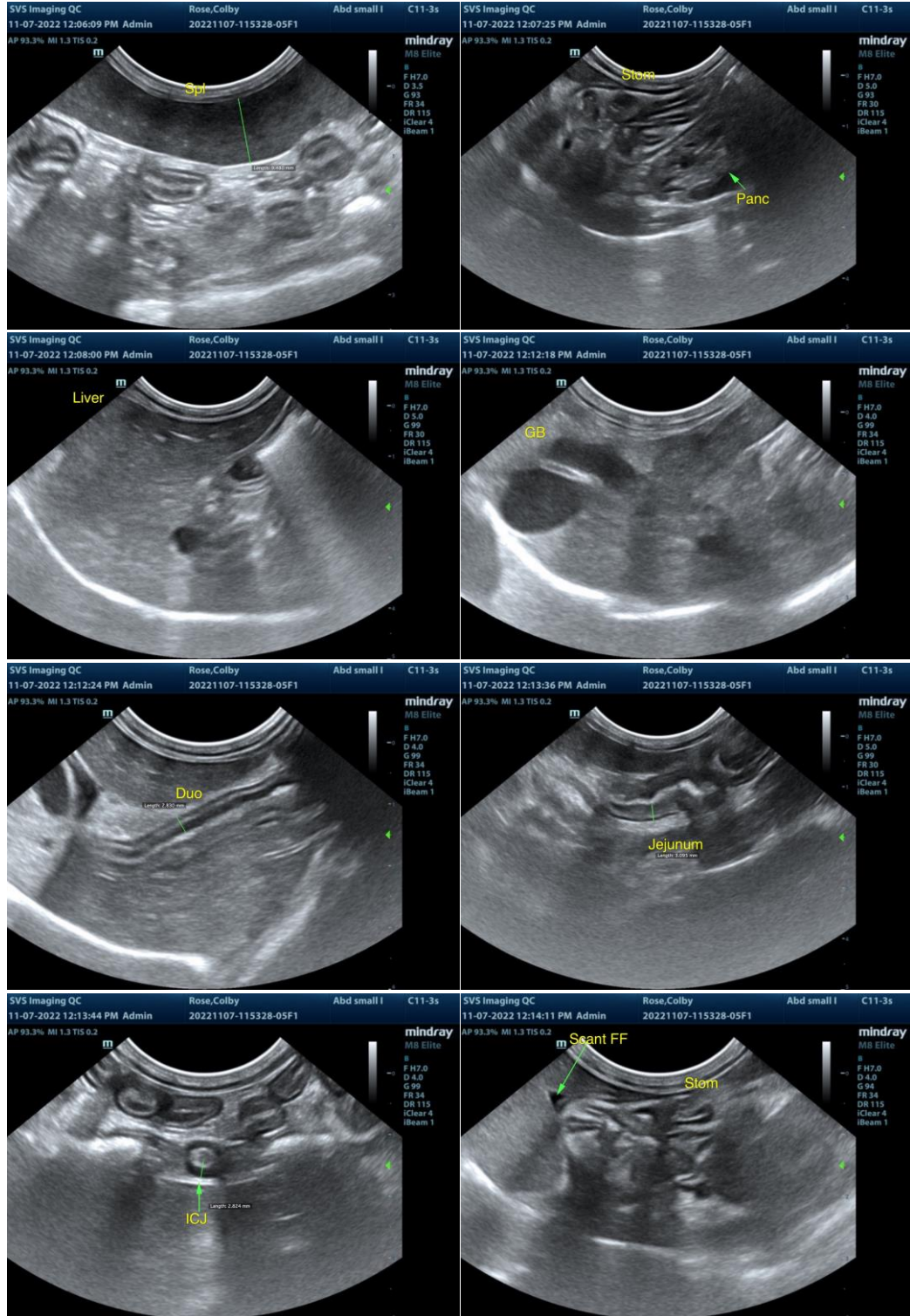
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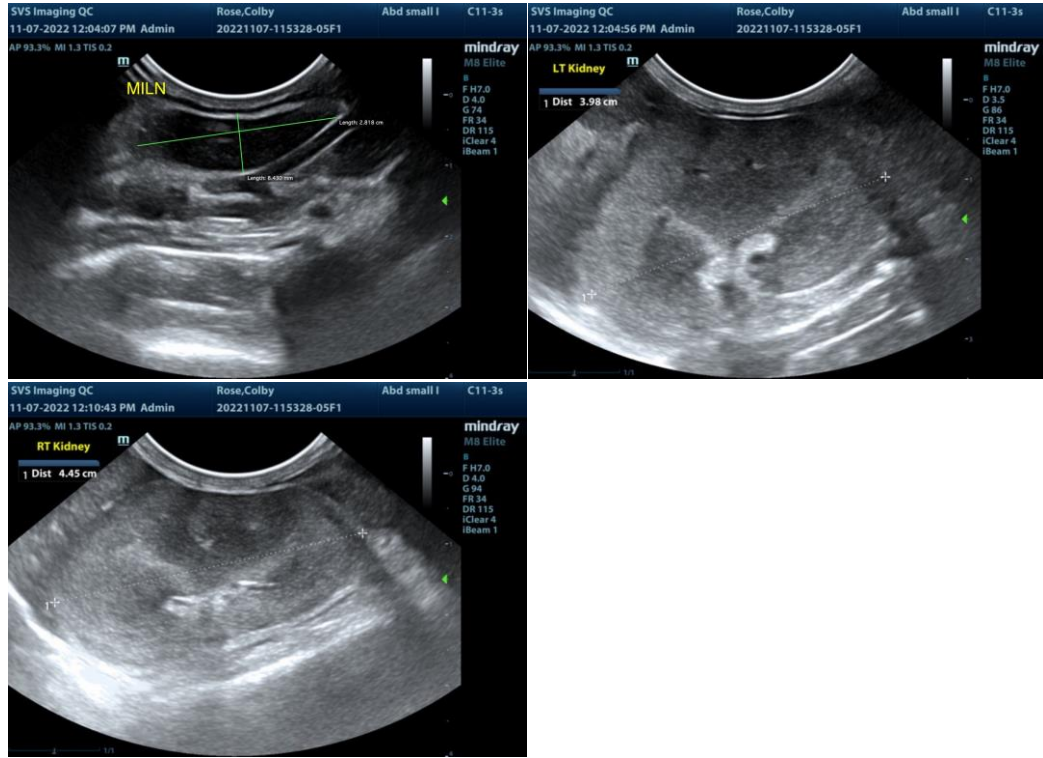
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**AGE**

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**WEIGHT**

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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.

**INTERPRETED BY**

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

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

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