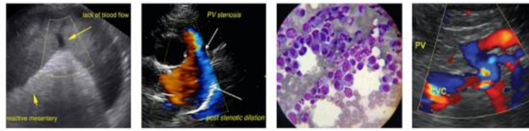


PATIENT
Reebok Faust

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2010

WEIGHT
9.37

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Lehigh Valley AH Allen

REFERRING VET
Dr. Hersh

INVOICE
12430ag

DATE
12/15/2022

PRESENTING CLINICAL SIGNS

Mild weight loss over 6 months, vomiting, anorexia, history of urinary obstruction.

Abnormal PE/Chem/CBC/UA Results: T4 2.9, CBC/Chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate mild cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. Mild cortical hypertrophy with increased cortex echogenicity and mild loss of corticomedullary border demarcation. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.33 cm width.

Spleen

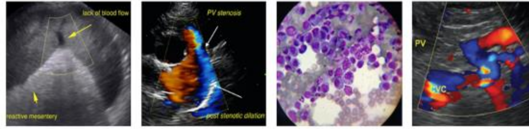
The spleen exhibited mild folding which is likely a normal patient variant with a primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and 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 0.79 cm in width at the level of the hilus.

Liver

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. The lumen of the stomach contained minor retained anechoic gastric fluid with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact generalized prominent wall layering with a prominent mucosa and muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured up to 0.3 cm width.

The colon exhibited segmental to generalized variably thickened descending colon with decreased mural echogenicity and loss of discernable wall layering. The descending colon wall measured up to 0.67 cm in width.

Pancreas

The left limb 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.

Free Abdomen

Focally enlarged mid abdominal 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. An example of lymph node size was 1.8 cm in diameter.

Perilymphatic to generalized mid abdominal hyperechoic mesentery was present along with intermittent scant pocket of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral chronic interstitial nephrosis with medullary rim sign
- Chronic active pancreatitis
- Enterocolopathy exhibiting prominent intact small bowel walls and segmental to generalized variably thickened colon
- Associated mesenteric lymphadenopathy, mid abdominal hyperechoic mesentery and scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enterocolic presentation may indicate inflammatory vs neoplastic infiltrative enterocolopathy i.e. IBD vs round cell neoplasia with dry form FIP considered less likely. Assuming normal clotting status, an ultrasound guided thickened colon and lymphatic FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Enterocolic and lymphatic biopsies may be required for a definitive diagnosis.

Empirical IBD/colitis protocol with as needed GI support would be reasonable.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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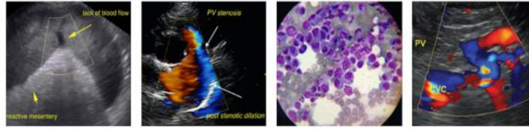

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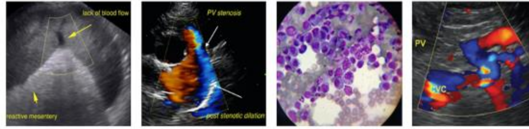

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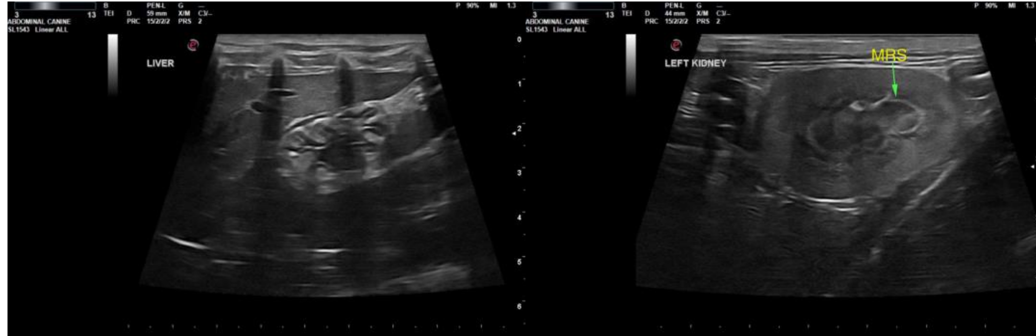

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com