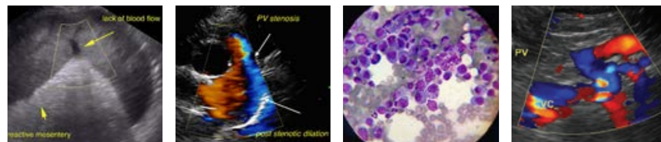
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Neener Leonardi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

12.94 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Rivera

INVOICE

33504

DATE

12/16/21

PRESENTING CLINICAL SIGNS

11/30/21 Reason for Visit: weight loss, decreased appetite History: 13y fs indoor multi cat home . Chronic treatment for atypical mycobacterial infection (Dr Hnot) has not been on anbtibiotics for over a month. Last der visit 09/2021 the weight loss was noted and bloodwork was recommended. Owner reports that for months Neeners appetite has been less robust . "She wont eat wet food at all and she used to love it" She cannot say to her mentation because she has always been a cat that "lays around" Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL T4 2.7 (0.8-4) (normal) Free T4 by Eqd 41.5 (10-50) (normal) Testing Performed: Radiographs Results: 1) Hypovolemia 2) Distention of the upper GI tract: r/o ingesta vs. infiltrating mural disease (IBD vs. neoplasia) 3) SI reduction of mid abd serosal detail which could be from artifact vs. potentially mild LN enlargement 4) Mild chronic bilateral renal disease Recommendations: AUS

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 were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm in width. No overt pathology in the area of the right adrenal gland, although not definitively visualized.

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.

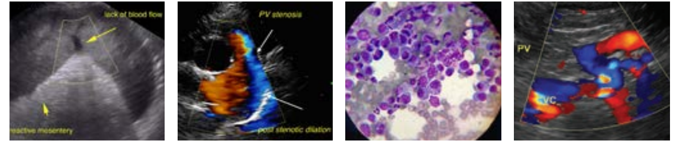
Liver

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 mild congealed debris. No evidence of inflammatory criteria. The common bile duct was normal.

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 small intestine exhibited primarily generalized intact wall layering, yet altered muscularis/mucosa ratio owing to segmental to generalized prominent muscularis layer. Segmental jejunal intussusception was present with the intussusceptum exhibiting potential for thickened wall layering and indistinct wall



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layer detail. Subtle evidence of regional peri intestinal omental reactivity noted within the area of the intussusception.

The colon exhibited sonographically unremarkable wall layering, yet generalized mild dilation with non-formed feces.

Pancreas

The left pancreatic limb exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Overt evidence of significant lymphadenopathy was not obvious. No evidence of peritoneal free fluid.

PRIMARY FINDINGS

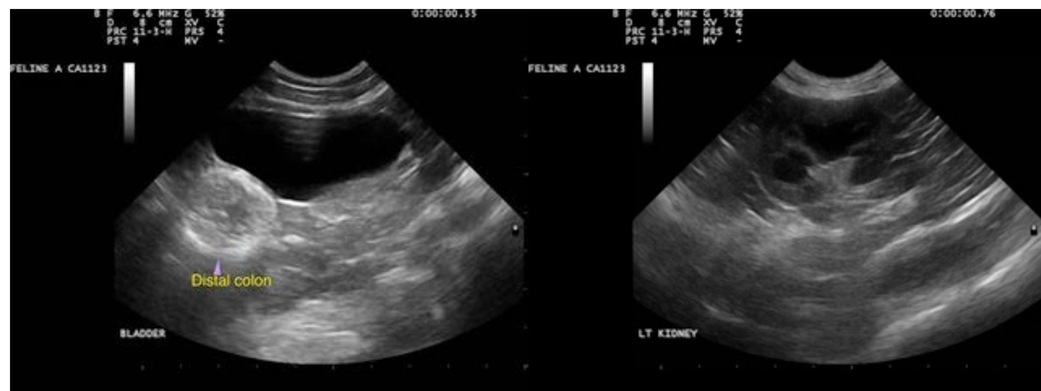
- Infiltrative enteropathy with jejunal intussusception
- Possible concurrent low-grade pancreatitis

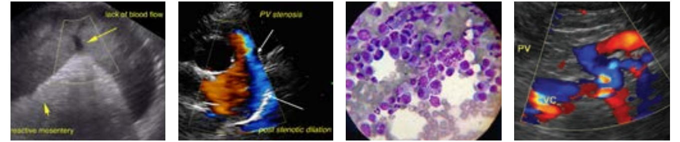
SECONDARY FINDINGS

- Mild age related kidneys
- Mild congealed gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the small intestine was consistent with infiltrative enteropathy. Considerations include inflammatory (IBD, eosinophilic enteritis) or neoplastic infiltrative enteropathy with round cells such as lymphoma, mast cell neoplasia, or other. Potential for intestinal mural mass associated with the intussusception may be possible. Disseminated mycobacteriosis may be considered a rare to unlikely differential diagnosis. Laparotomy for gross inspection of the intestinal tract, resection and anastomosis of the intussusception as well as multiple full thickness intestinal biopsies recommended.





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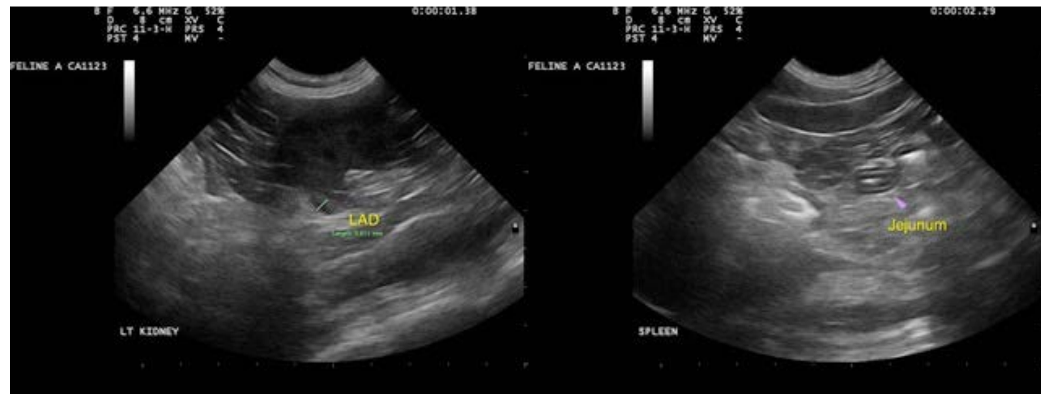

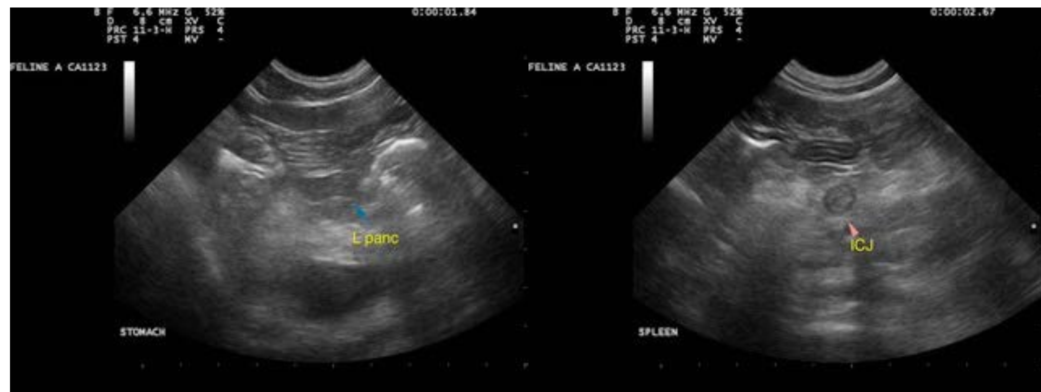

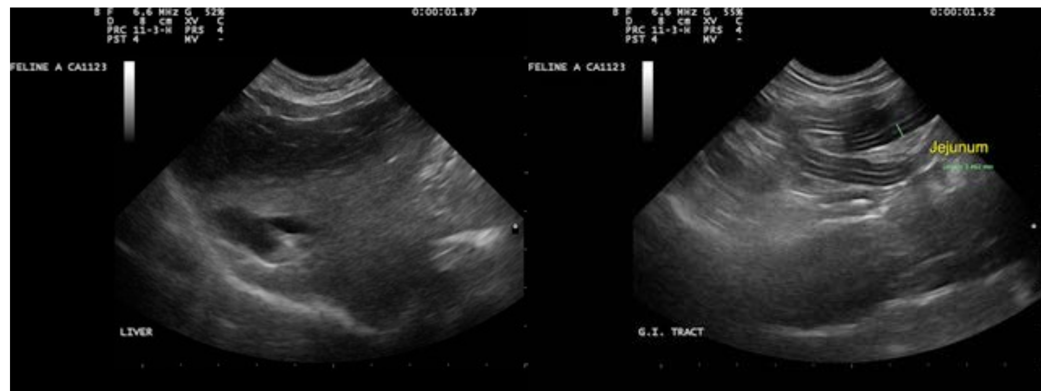

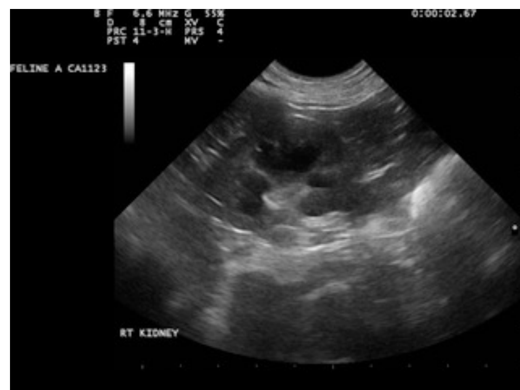

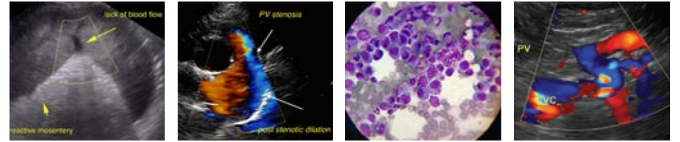

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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