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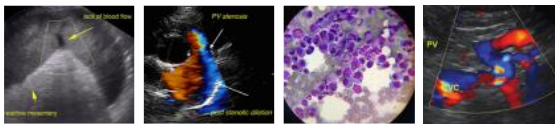


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Mochi Rush

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

13 y

WEIGHT

6.98 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Popuette

INVOICE

15594

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Vomiting off and on for one month, thin and possible mid abdominal mass. Current Medications Cerenia Primary Question/Differential to Be Answered in This Exam R/O neoplasia, reason for vomiting and weight loss.

Abnormal PE/Chem/CBC/UA Results: Anemia, regenerative, Low ALT and Alk phos and low total protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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. 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 3.9 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

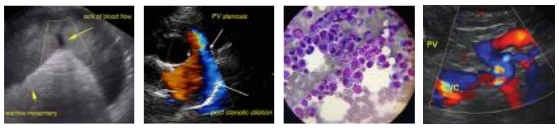
Bilateral mild prominent adrenal glands were present and likely a patient variant or stress hyperplasia. No evidence of adrenal neoplastic criteria, which is considered unlikely. The left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.40 cm width.

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.

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 to benign 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.



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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 width measured 0.25 cm.

The intestinal walls to the level of the ileocolic junction demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. No evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.34 cm width. The ileocolic wall measured 0.32 cm width.

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

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.

Free Abdomen

Mid-abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A borderline abnormal width: length ratio was noted (~0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.4 cm x 1.7 cm. Generalized hyperechoic mesentery was present. Small pockets of scant peritoneal free fluids were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

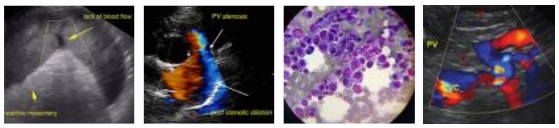
- Diffuse infiltrative enteropathy pattern
- Associated enlarged nonhomogeneous mesenteric lymphadenopathy
- Possible concurrent pancreatitis
- Generalized hyperechoic mesentery and scant peritoneal free fluid

Secondary Findings

- Mild chronic renal changes
- Minor hepatic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the small intestine may include inflammatory vs. neoplastic infiltrative enteropathy, i.e., IBD / eosinophilic enteritis vs. round cell neoplasia such as lymphoma, mast cell



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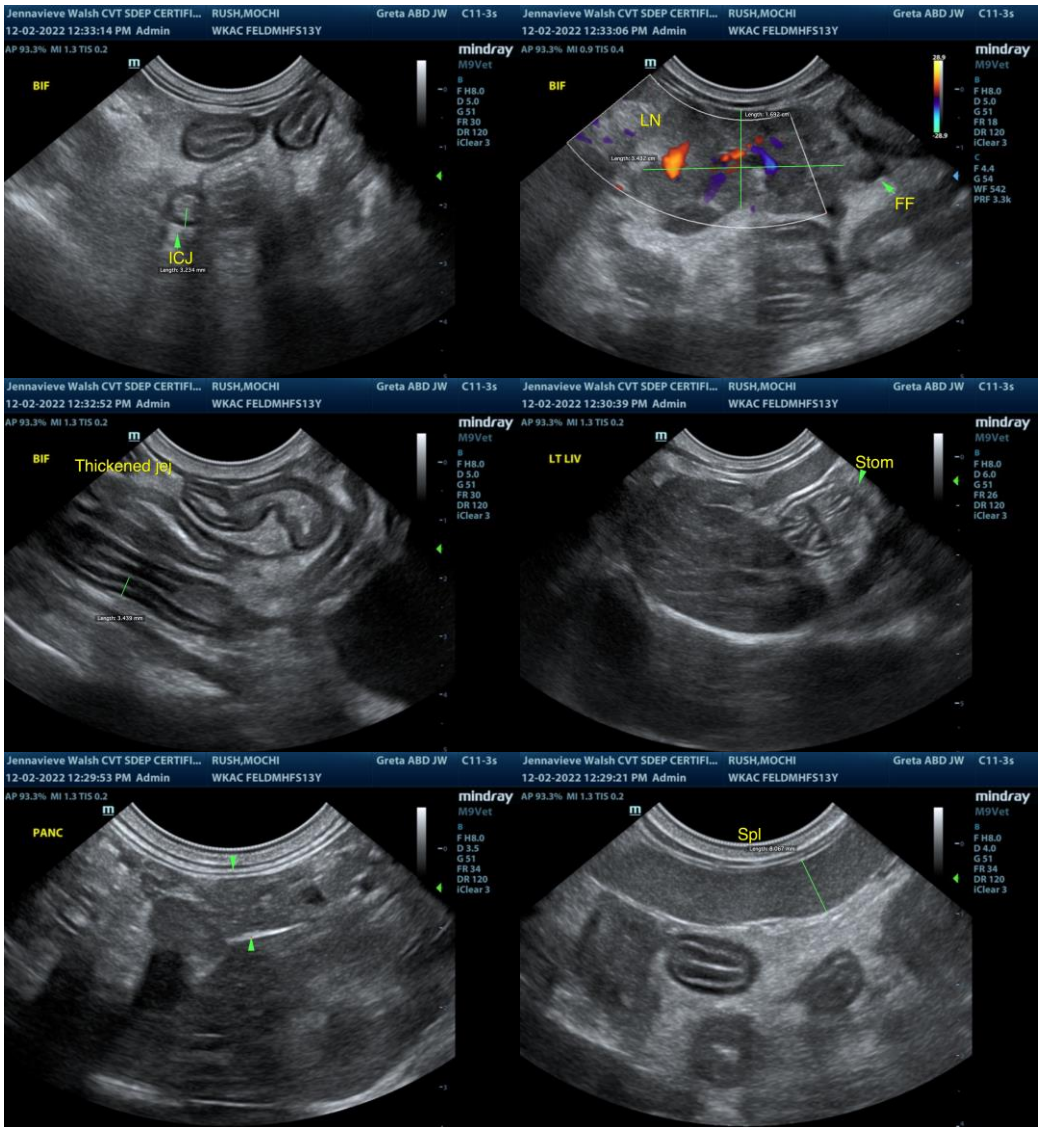
neoplasia, or other. Neoplastic infiltrative enteropathy and associated lymphadenopathy may be of primary concern, yet not definitive.

Dry form FIP is considered a less likely differential diagnosis. Associated mesenteric lymphadenitis or neoplastic lymphadenopathy is possible.

Further assessment may include lymphatic FNA cytology. Full-thickness intestinal +/- lymphatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for Triad Disease could also be considered if previous history of hepatic enzyme elevations, yet thought less likely. Empirically, IBD protocol, cobalamin supplementation, and as-needed GI support would be reasonable. A guarded to possible unfavorable long-term prognosis is indicated.



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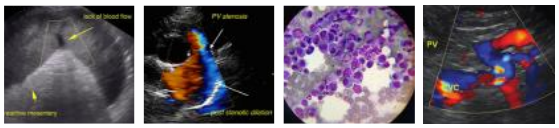

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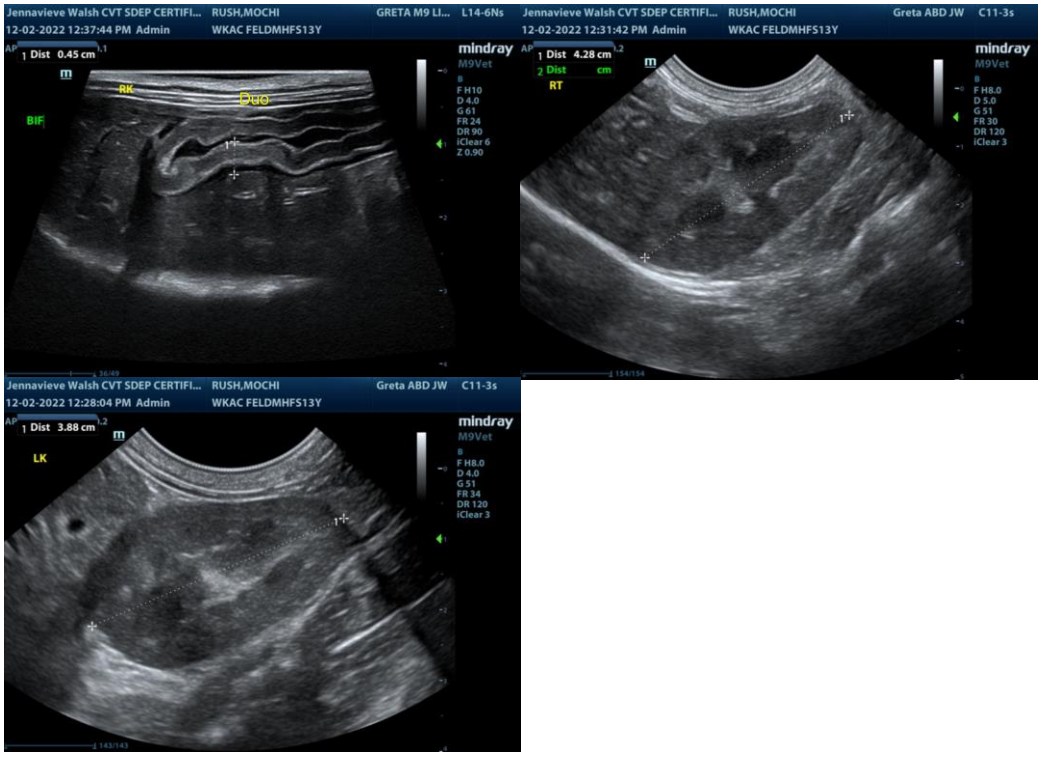

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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