

PATIENT PRESENTING CLINICAL SIGNS

Nina Raposo Hyporexia and vomiting. 3 lb weight loss. On Cerenia 16 mg, 1/2 t SID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Very mild non-dependent particulate sediment was present, likely indicative of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Siamese

The left kidney was subnormal in size with asymmetrical margination. Moderate loss of corticomedullary border demarcation noted with cortical infarcts. The left kidney measured 2.6 cm.

SEX

Spayed Female

Normal size and margination was present in the right kidney. 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 right kidney measured 3.7 cm.

AGE

10 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.39 cm.

WEIGHT

7.76 Pounds

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.

INTERPRETED BY

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

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, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. Gastric body wall measured 0.25 cm.

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Katherine Pietsch

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.33 cm. Ileocolic wall measured 0.52 cm.

INVOICE

33710

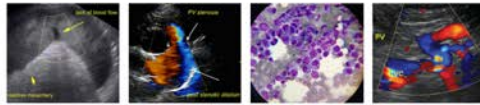
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

DATE

12/23/21

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 inflammation. No overt evidence of neoplasia.



PATIENT *Free Abdomen*

Nina Raposo Several enlarged jejunocolic lymph nodes were present. Example measured 2.6 cm x 1.1 cm. These lymph nodes were homogenous, mildly hypochoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

SPECIES

Feline

No effusion.

ULTRASONOGRAPHIC FINDINGS

BREED

Siamese

- Enteropathy exhibiting generalized thickened muscularis layer
- Associated jejunocolic lymphadenopathy
- Left kidney moderate chronic renal changes with cortical infarcts
- Right kidney mild chronic renal changes
- Low-grade active to chronic active pancreatitis
- Mild retained pyloric fluid

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

The small intestine is consistent with infiltrative enteropathy with considerations including suspected inflammatory infiltrative enteropathy (i.e., IBD/eosinophilic enteritis), while potential for neoplastic infiltrative enteropathy with round cells (i.e., lymphoma), which may present in similar sonographic manner, cannot be excluded. Associated lymphoid hyperplasia, reactive lymphadenitis, or potential early neoplastic lymphadenopathy possible.

WEIGHT

7.76 Pounds

Assuming normal clotting status, ultrasound guided FNA of a jejunocolic lymph node could be considered for screening cytology. Definitive diagnosis would require full thickness intestinal +/- lymphatic biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD/low-grade pancreatitis treatment protocol warranted if biopsies are not possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INTERPRETED BY

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 DABVP (Canine and Feline)

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HOSPITAL NAME

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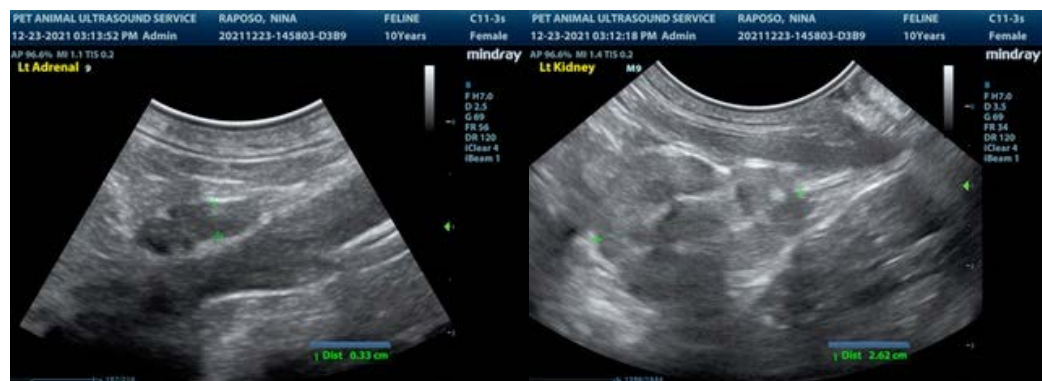
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PATIENT

Nina Raposo

SPECIES

Feline

BREED

Siamese

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Spayed Female

AGE

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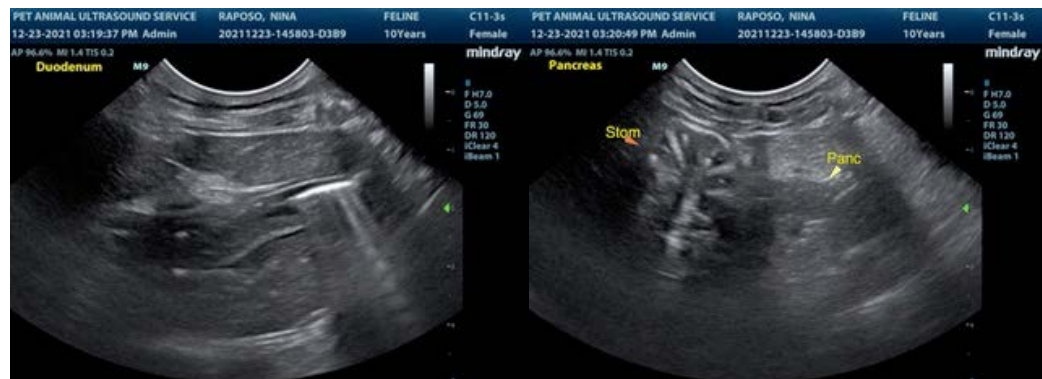
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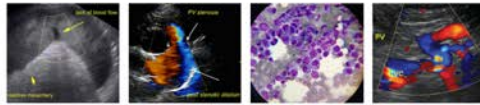
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PATIENT

Nina Raposo

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.

SPECIES

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.

BREED

Siamese

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

AGE

10 Years

WEIGHT

7.76 Pounds

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