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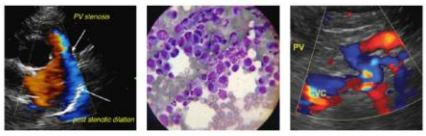

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rudy Capo

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17yr

WEIGHT

6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

DePorre Veterinary Hospital

INVOICE

12546ag

DATE

12/27/2022

PRESENTING CLINICAL SIGNS

Since 2021 - weight loss, intermittent anorexia, chronic diarrhea, vomiting on a weekly basis.

Abnormal PE/Chem/CBC/UA Results: With recent examination on 12/13/2022: Heart murmur 2/6; abdomen has mild bloating with a thickened feel to small intestines, severe dental disease, BCS 3-4/9. Abnormal lab values - mild normochromic, normocytic anemia, glucose 68 (72-175), total protein 6.0 (6.3-8.8), triglyceride 18 (20-90), creatine kinase 851 (64-440). Urine had lower specific gravity (1.021), 1+ protein and 75 RBC/hpf. No evidence of bacteria or WBCs in urine. Thyroid was normal at 2.9. Fecal sample was negative for parasites.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. Mild dystrophic medullary mineralization and minor bilateral pyelectasia was present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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. The spleen measured 0.92 cm in width at the level of the hilus.

Liver/Gallbladder

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 with minor echogenic luminal debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured – cm diameter.

Gastrointestinal

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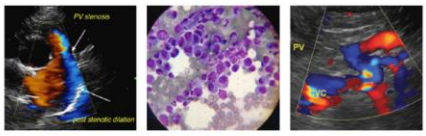

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm in width.

The small intestine presented intact generalized prominent wall layering with a prominent mucosal layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.34 cm width.

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

Pancreas

The pancreas was normal in size with minor capsule asymmetry and heterogenous parenchyma. Mild pancreatic duct dilation was present.

Free Abdomen

Intermittent small pocket of scant free fluid was noted.

Several to multiple enlarged 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 to generalized inflammation was evident. An example of lymph node size was 1.7 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy
- Associated mesenteric lymphadenopathy
- Suspect chronic pancreatitis
- Intermittent scant peritoneal free fluid

Secondary

- Bilateral chronic renal changes with mild dystrophic medullary mineral and bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal presentation is suggestive of chronic inflammatory enteropathy i.e. IBD/eosinophilic enteritis given the chronicity of GI signs. Potential for neoplastic enteropathy such as lymphoma or less likely dry form FIP and associated mesenteric lymphadenitis, hyperplasia, granulomatous lymphadenopathy or early neoplastic lymphadenopathy possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status, a mesenteric lymph node for screening cytology could be considered for further assessment. Biopsies would be required for a definitive diagnosis. Empirical IBD protocol and 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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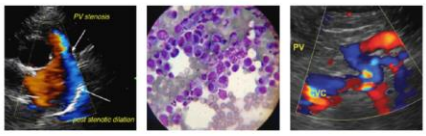

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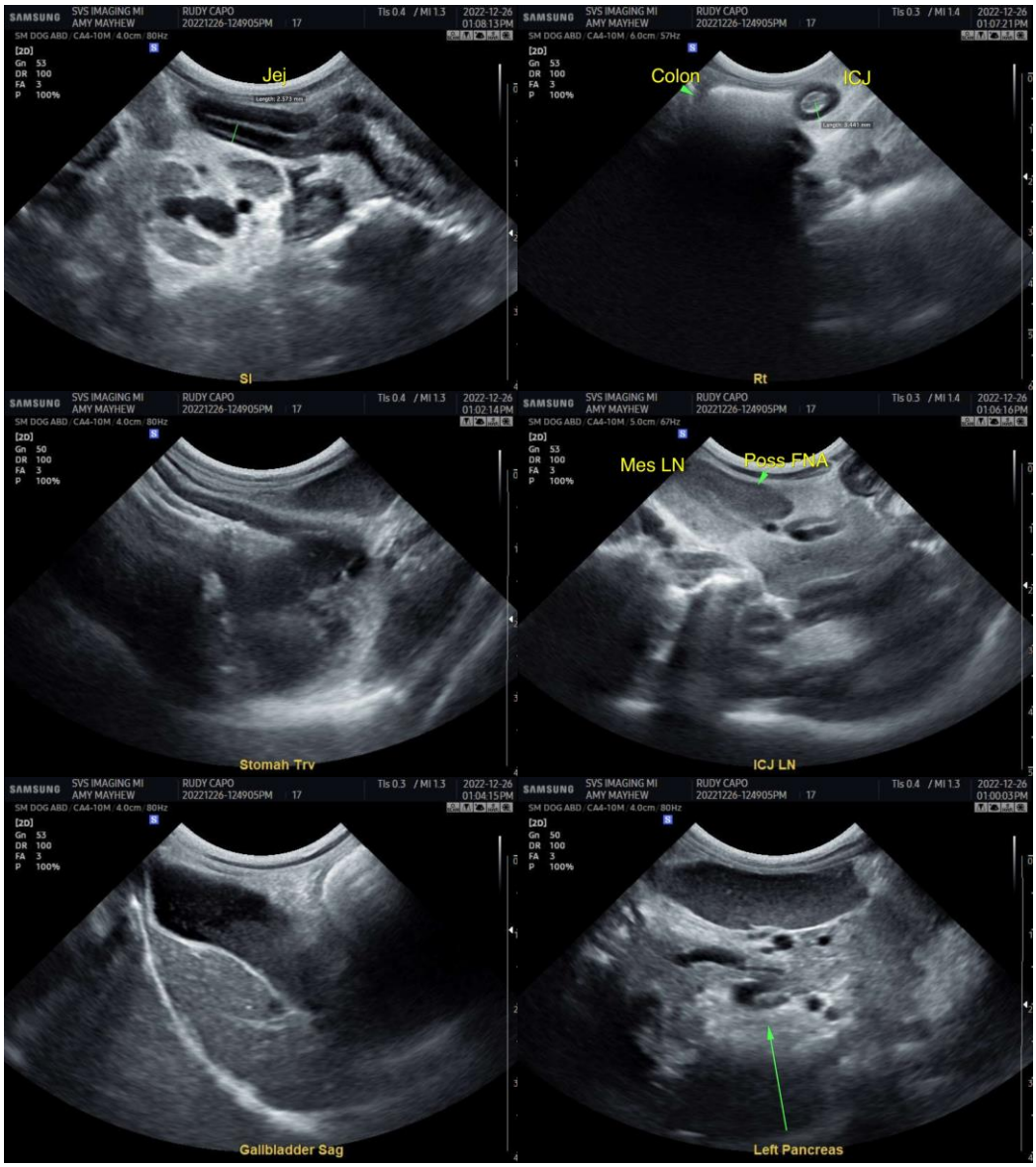

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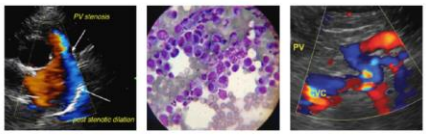

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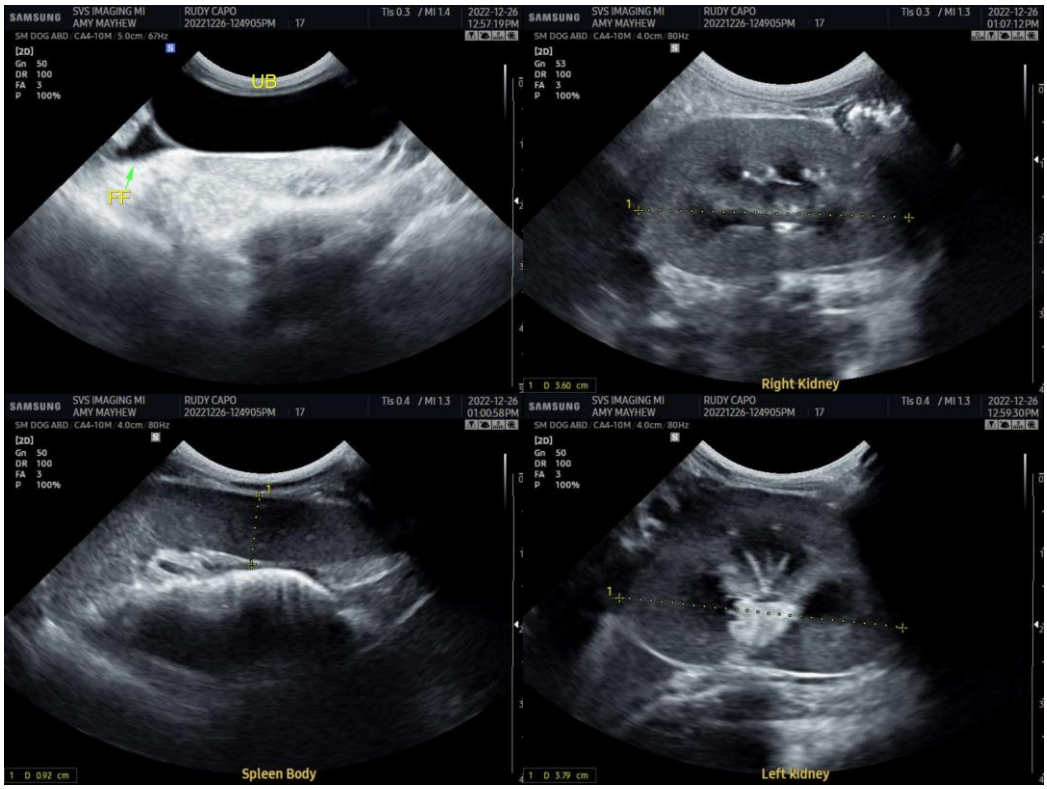

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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