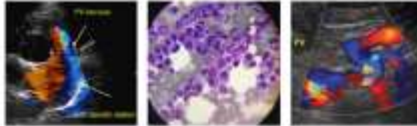
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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

PATIENT
Biggles Smist

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
17 years 5 months

WEIGHT
11.88 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
13347

DATE
2/15/22

PRESENTING CLINICAL SIGNS

Chronic history of diarrhea, vomiting, and weight loss. Has been on long term prednisolone as well as empirical therapies (B12, tylosine, probiotic). Currently on Ursodiol.
Abnormal PE/Chem/CBC/UA Results: Elevated Precision PSL 73 (8-26). UA pending Previous AUS (Nov 2021)noted the following: mildly tortuous cystic duct, irregular. margination of both kidneys with pinpoint mineralized areas throughout medullas, focal muscularis thickening within ileum at level of ICJ, jejunum diffusely fluid filled and mild thickening of the muscularis layer, colon thickened at 0.32cm, lymph nodes near ICJ prominent 0.53cm. No free fluid at the time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild, nondependent, particulate sediment was present. Small polyploid-like mass lesion appearing to originate from the ventral urinary bladder wall extending mildly into the urinary bladder measuring 1.1 cm diameter was present. Color doppler assessment of the mass lesion confirmed blood flow. The urethra was normal is structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A maintained 1:3 cortex / medulla ratio with mild uniform increased cortex echogenicity and mildly enhanced corticomedullary border demarcation was present. Minor medullary mineral was noted in both kidneys. Mild bilateral pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

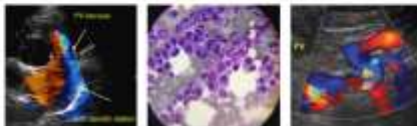
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited 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 0.95 cm width.

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 mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The stomach contained a mild amount of retained nonshadowing chyme and anechoic fluid.

The small intestine presented intact yet variably prominent wall layering exhibiting subjective decreased mural echogenicity. Segmental nonshadowing chyme was present in the small intestine with pockets of gas. The ileocolic wall width measured 0.49 cm. The duodenum wall width measured 0.33 cm. The jejunum wall width measured 0.22 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation was present.

Free Abdomen

Intermittent jejunocolic lymph nodes were present. These lymph nodes were mildly prominent. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.56 cm in diameter. Mild peri intestinal, perilymphatic reactive mesentery along with small pockets of scant primarily peri intestinal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Small urinary bladder mass lesion with particulate sediment
- Bilateral nonspecific chronic renal changes with minor pyelectasia
- Chronic gastroenteropathy with associated jejunal lymphadenopathy
- Chronic pancreatitis
- Peri intestinal, perilymphatic reactive mesentery and scant free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for urinary bladder polyp or focal cystitis is possible, concern Is warranted for emerging urinary bladder neoplastic mass such as transitional cell carcinoma. Sampling of the mass would be required for a definitive diagnosis. Sonographic monitoring for evidence of progression would be a more conservative approach.

Although biopsies are required for a definitive diagnosis, the gastrointestinal tract is consistent with chronic infiltrative enteropathy. Inflammatory vs. emerging neoplastic infiltrative enteropathy, given the chronicity of gastrointestinal signs, Is possible.

In addition to current conservative therapy, a hydrolyzed or potential higher fiber diet may prove beneficial. Reassessment of GI panel could be considered if not recently done.

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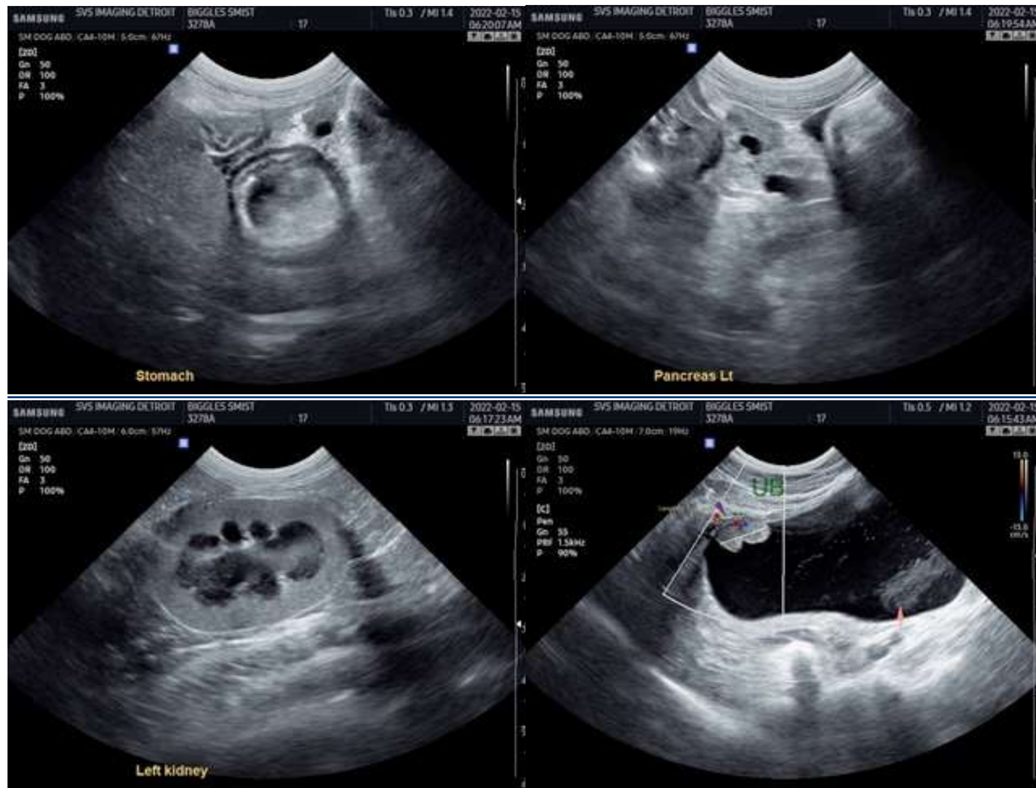

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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