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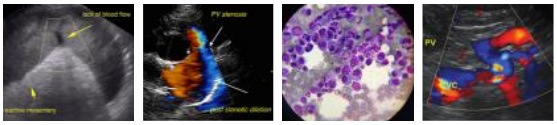


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lex Smith

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

SIlver Creek AC

REFERRING VET

Silver Creek AC

INVOICE

13952

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Pet is losing weight. Hyperthyroid-stable. Current Medications Methimazole, proviable

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 was 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. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both adrenal glands were visualized and were sonographically unremarkable. The right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.37 cm. No overt evidence of adrenal enlargement or tumors.

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

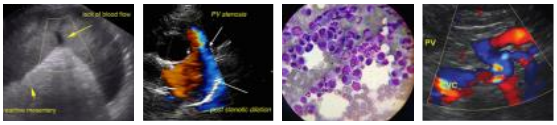
The liver exhibited subjective generalized enlargement. Primarily uniform parenchyma, exhibiting normal echogenicity was present. A solitary, moderately sized to large cyst was present in the mid to deep liver, directly adjacent to the gallbladder with suspect secondary caudal gallbladder displacement. The cyst was thinly walled, containing anechoic fluid and without evidence of overt peripheral inflammation, measuring 4.4 cm in diameter.

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 presented intact wall layering with generalized propensity for prominent muscularis layer. The jejunum wall measured 0.3- 0.36 cm. The duodenum wall measured 0.30 cm in width.

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



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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

A solitary focally enlarged mesenteric lymph node was present in the mid left abdomen. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle evidence of perilymphatic reactive mesentery was present. The lymph node measured 0.9 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific bilateral chronic renal changes
- Moderately sized to large hepatic intraparenchymal cyst with suspect caudal gallbladder displacement
- Low-grade pancreatitis pattern
- Enteropathy, exhibiting generalized mildly prominent muscularis layer- consistent with infiltrative enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis), while the possibility of neoplastic infiltrative enteropathy with round cells, which may present in similar sonographic manner, such as lymphoma, cannot be definitively excluded. Concurrent low-grade pancreatitis is suspected. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate as well as three-view chest radiographs to rule out occult thoracic pathology as a contributing factor to the patients weight loss. Full thickness intestinal biopsies would be required for a definitive diagnosis.

Assessment of hepatic enzyme levels recommended. Sonographic monitoring of the hepatic cyst, which may indicate parenchymal cyst, hepatobiliary cyst, cystic biliary adenoma or other for evidence of progression is recommended.

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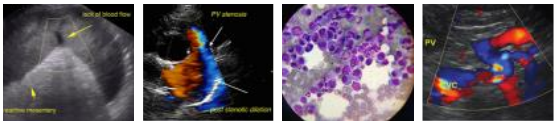

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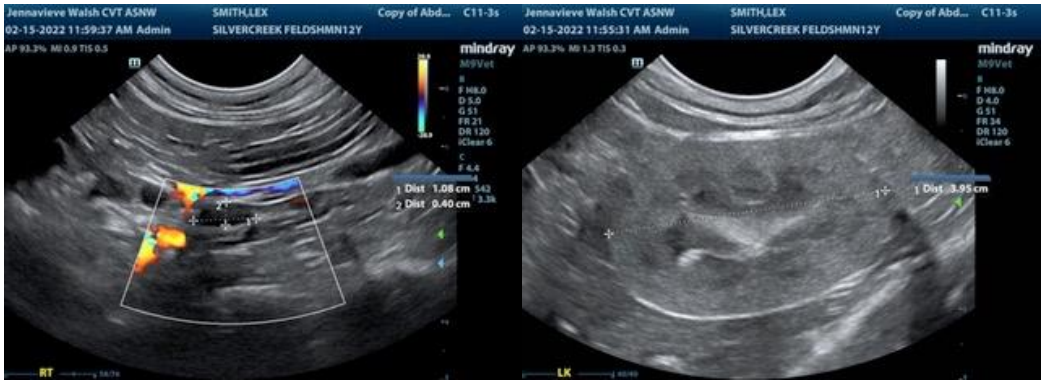

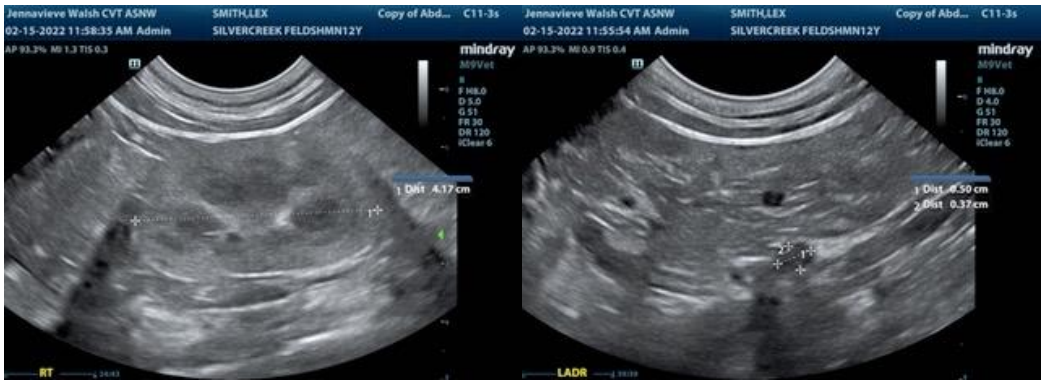

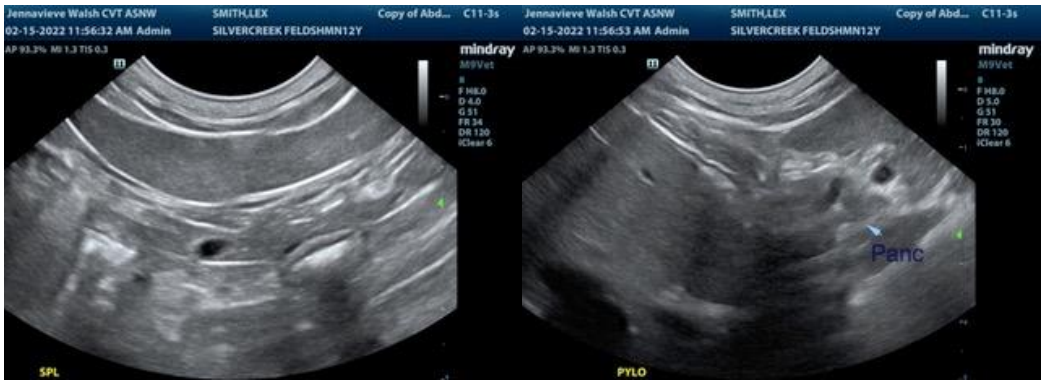

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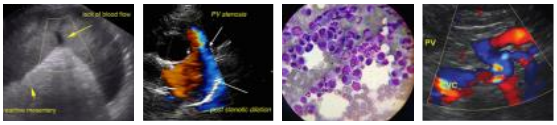

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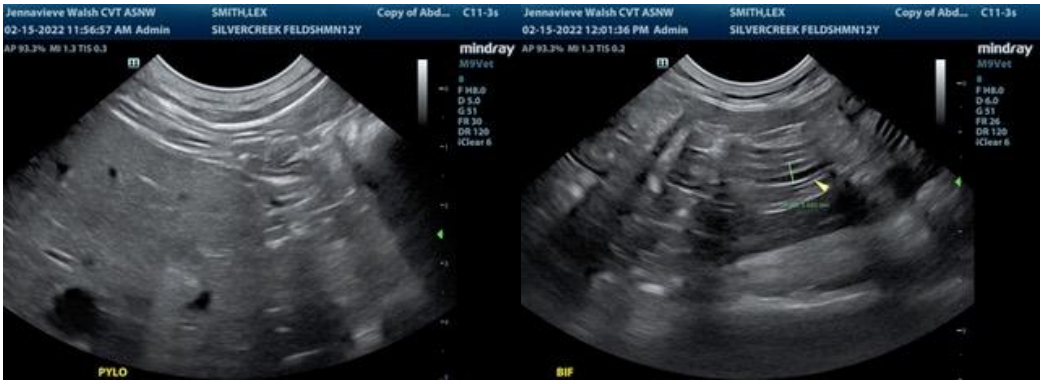

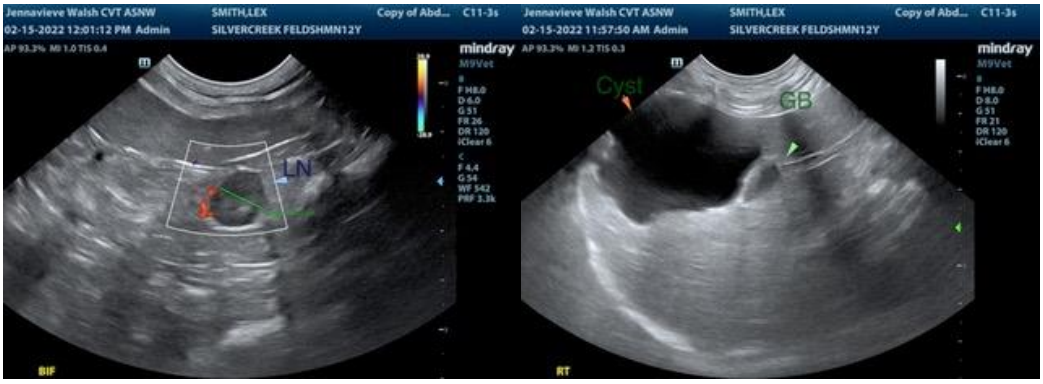

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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