



PATIENT PRESENTING CLINICAL SIGNS

Kiki Simons History: ongoing vomiting and weight loss, labs not helpful

SPECIES Current Medications amoxiclav

Feline

BREED

DSH

SEX

Female

AGE

9 years

WEIGHT

6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Companion Pet Clinic

REFERRING VET

Dr. Mills

INVOICE

10045ag

DATE

02/16/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 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 moderately increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 2.8 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 0.33 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm in width.

Spleen

The spleen was normal in size and overall contour. The spleen parenchyma exhibited subtle hypoechoic micronodular 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.95 cm in diameter.

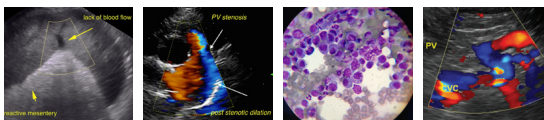
Liver

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

Gastrointestinal

The stomach exhibited regional mild mural hypertrophy exhibiting decreased mural echogenicity and loss of discernable wall layering subjectively in the area of the mid gastric body, antrum and potential pylorus. An example of the area of wall layering measured 0.58 cm in width.



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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segments of small intestine exhibiting mild non homogenous mural hypertrophy and loss of discernable wall layering. An example of the segmentally thickened intestinal wall measured 0.34 cm in width. Associated areas of metabolic to potential mild paralytic ileus noted in the areas of the thickened intestine.

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

Enlarged, hypoechoic mid abdominal jejunal lymph nodes were present as well as mildly prominent to subtle gastric lymph nodes. An example of a lymph node measured 0.34 cm in width. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Associated peri intestinal to peri lymphatic reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

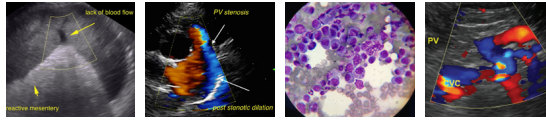
- Moderate chronic renal changes.
- Subtle micronodular spleen.
- Regionally thickened stomach walls with loss of discernable wall layering.
- Segmental to generalized enteropathy exhibiting segmental mural hypertrophy with loss of discernable wall layering-likely associated metabolic to mild paralytic intestinal ileus.
- Associated hypoechoic to swollen gastric, jejunal and likely colic lymph nodes.
- Suspect concurrent pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for definitive diagnosis, the regionally thickened stomach and segmentally thickened small intestine in conjunction with hypoechoic to swollen lymphadenopathy is concerning for neoplastic infiltrative gastroenteropathy and concurrent lymphadenopathy. The potential for inflammatory or less likely granulomatous etiologies for the gastric and intestinal changes as well as the lymphadenopathy are possible yet considered less likely given the sonographic appearance.

Assuming normal clotting status, ultrasound guided FNA of an enlarged jejunal lymph node +/- gastric or intestinal mural FNA for screening cytology is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs to rule out occult thoracic pathology also warranted.

Intestinal and lymphatic biopsies likely required for definitive diagnosis. Empirical IBD/chronic pancreatitis protocol with as needed gastrointestinal support would be reasonable.



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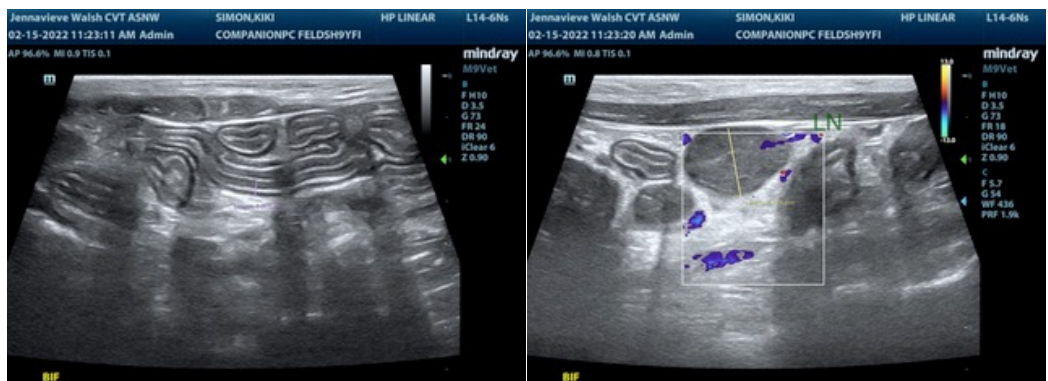
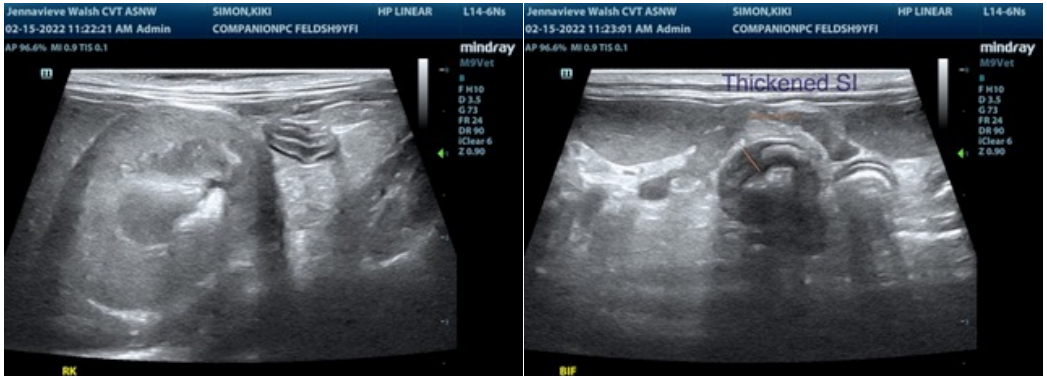
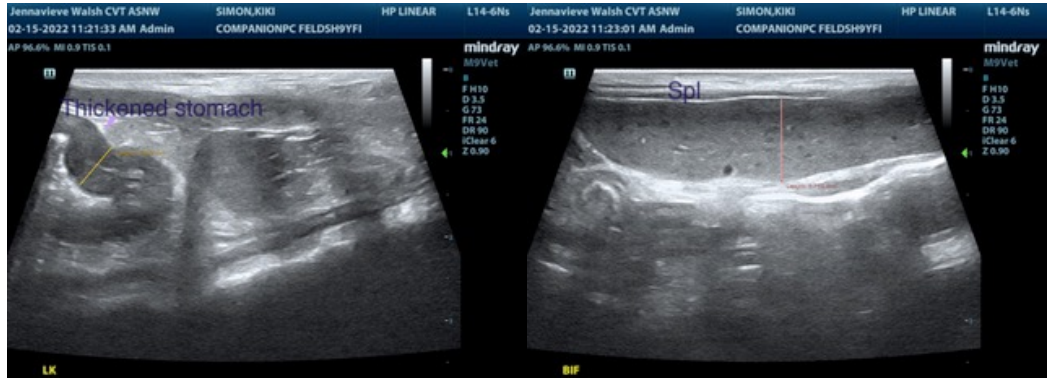
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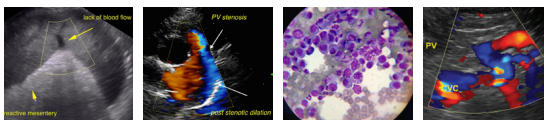
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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