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Clinical Sonography & Telecytology
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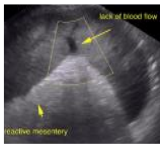
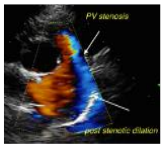
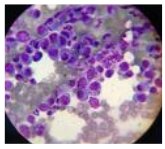
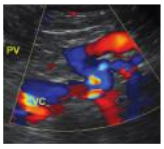





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Owen Kimball

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Perkins

INVOICE

20931

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Abdomen seems to be getting larger over the last month; routinely fed a home-made modified raw diet, +/- psyllium for constipation. Vomiting and diarrhea, most recently some blood streaks in it and vomit now has pink tinge. Decreased energy and appetite. Weight loss of 2 lbs.

Abnormal PE/Chem/CBC/UA Results: PE: Alopecia most of ventral abdomen (over-grooming type), abdomen feels "full" can't distinguish discrete mass. CBC: mild-moderate generalized leukopenia CHEM: mildly elevated ALT RADS: 2 faint nodular opacities in thorax; Abd: SI appear displaced ventrally on lateral views.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mild cortical hypertrophy was noted, exhibiting normal cortex echogenicity and mild loss of corticomedullary border demarcation. No pyelectasia was present. No evidence of renal neoplastic criteria. Both kidneys measured 3.9 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm.

The subjective right adrenal gland was enlarged in size, exhibiting mild rounded yet intact capsule contour. Subtle nonhomogenous yet nonmineralized parenchyma was noted. The subjective right adrenal gland measured 1.9 cm x 1.2 cm.

Spleen

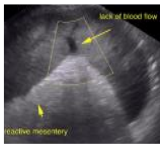
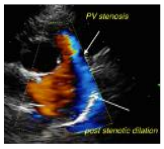
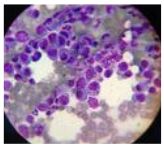
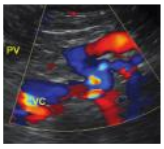
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact sonographically unremarkable wall layering. The gastric fundus and body were empty with mild luminal gas. Minor retained nonshadowing echogenic fluid/chyme was present

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in the antrum and pylorus without evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.22 cm.

The small intestine presented generalized intact wall layering with subjective segmental propensity for mild to variably prominent muscularis layer. The jejunum wall measured up to 0.31 cm. The duodenum wall measured 0.27 cm. The ileocolic wall measured 0.36 cm. No evidence of loss of intestinal wall layering, intestinal masses or mechanical/metabolic ileus.

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

Pancreas

The left pancreatic limb exhibited mild prominent size with capsule asymmetry and nonhomogenous focally cystic parenchyma.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subjective right adrenomegaly/right adrenal mass
- Mildly prominent nonhomogenous focally cystic left pancreas
- Intact yet segmentally prominent small bowel walls
- Mild retained pyloric fluid/chyme
- Sonographically unremarkable liver/gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the small intestine is suggestive of inflammatory infiltrative enteropathy, i.e., IBD/eosinophilic enteritis, while the possibility of early to mild neoplastic infiltrative enteropathy with round cells, such as lymphoma, mast cell neoplasia or other, which may present in similar sonographic manner cannot be excluded. Potential chronic pancreatitis could also be a contributing factor. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Triad disease, given the concurrent mildly elevated ALT in conjunction with the intestinal and pancreatic presentation is possible.

The right adrenomegaly/right adrenal mass is of unclear clinical significance given the lack of reported hypokalemia. Assessment of systemic BP for evidence of hypertension, monitoring of potassium levels +/- aldosterone level may be considered.

If possible, thoracoabdominal CT is likely ideal for further clarification of the area of the right adrenal gland with full thickness intestinal biopsies and potential right adrenalectomy required for a definitive diagnosis.

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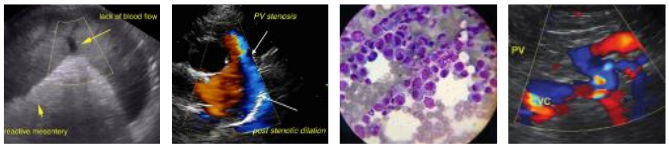

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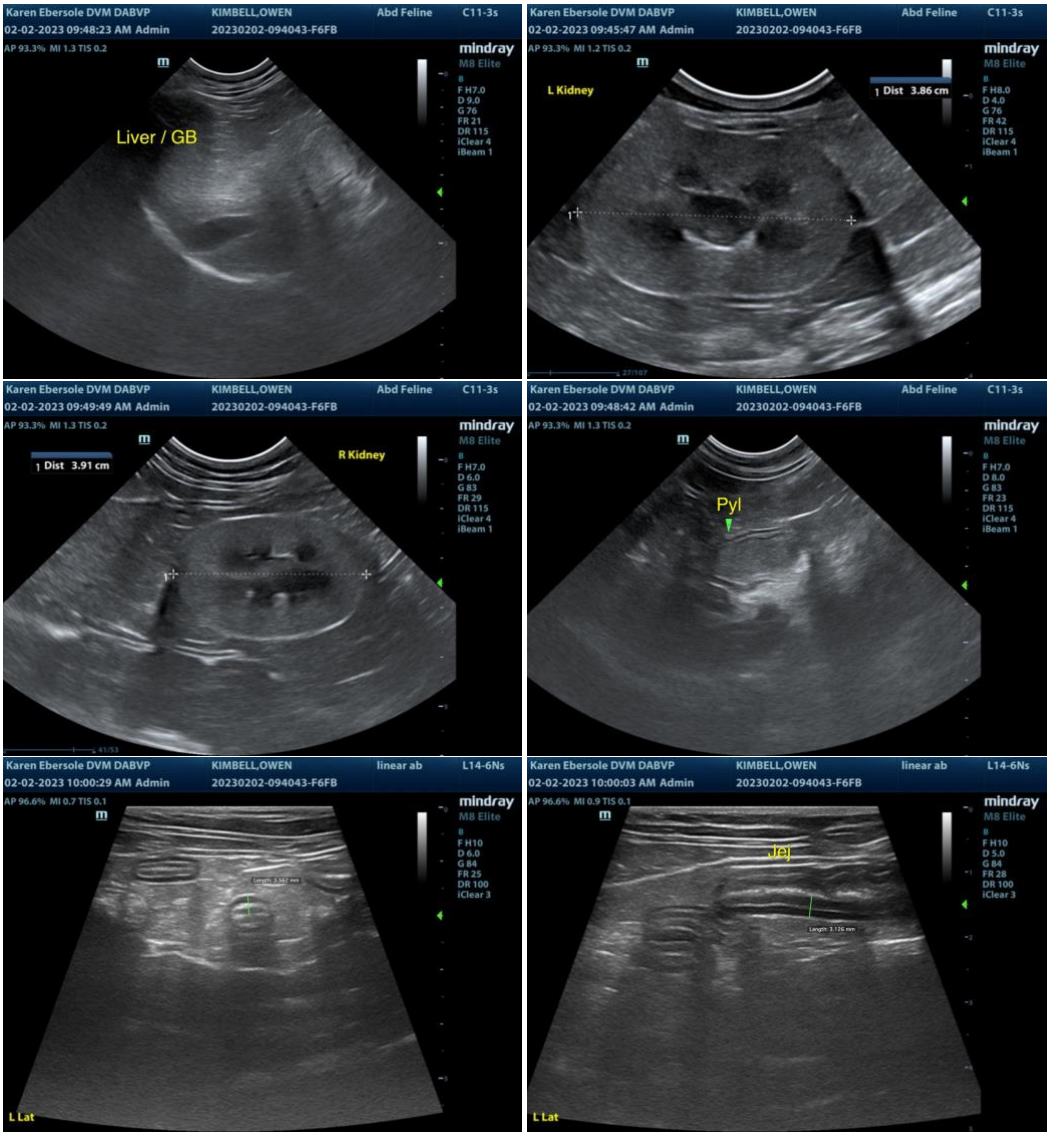

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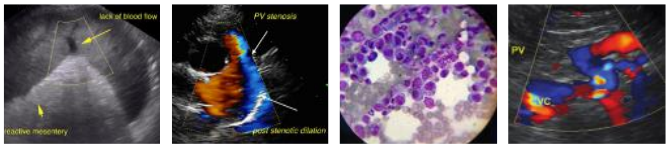

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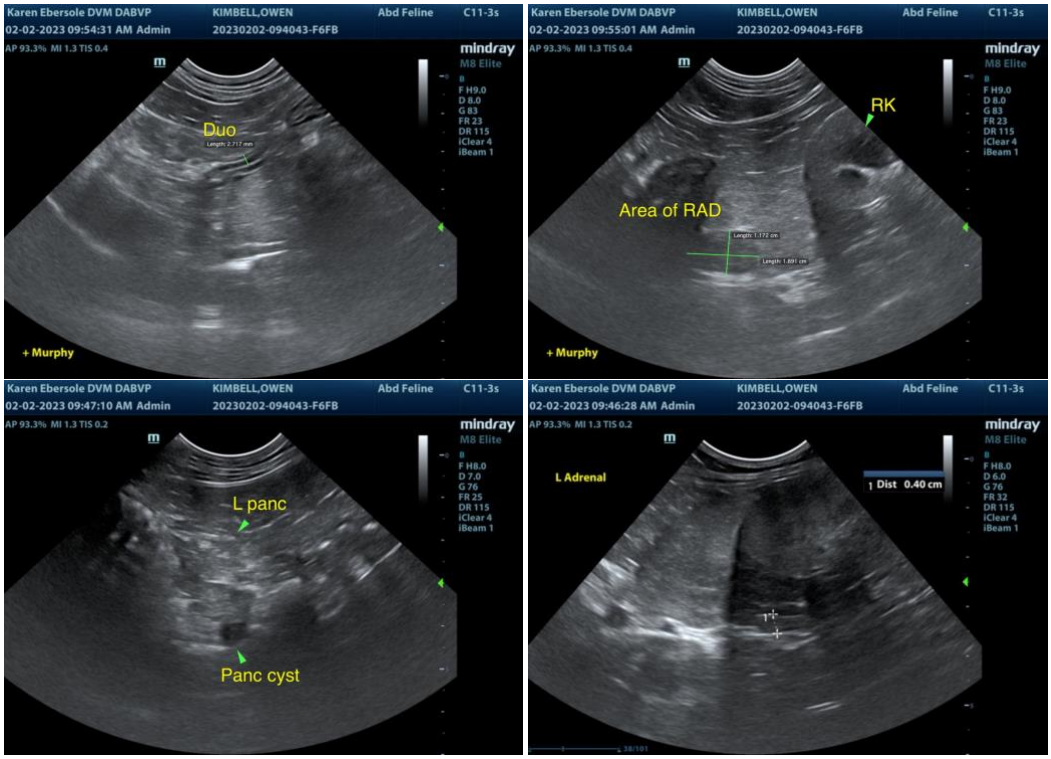

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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