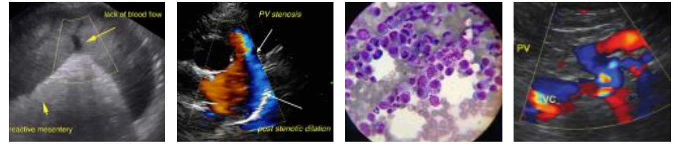


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Jimmy Herndon

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
17.5 Years

WEIGHT
8.4 Pounds

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

IMAGING PERFORMED BY
Dr. Trae Cutchin

HOSPITAL NAME
Friendship Springs VC

REFERRING VET
Dr. Trae Cutchin

INVOICE
21233

DATE
2/23/23

PRESENTING CLINICAL SIGNS

History: Patient presented with upper respiratory signs two weeks ago. Patient was improving from respiratory signs until three days ago, when he stopped eating.

Abnormal PE/Chem/CBC/UA Results: Preliminary lab work taken two weeks ago suggested azotemia, mild hypoalbuminemia, bacteriuria, slight pyuria. Give the mild degree of increases here, other disease is suspected of causing current anorexia.

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 sediment, mineral or calculi. 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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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.

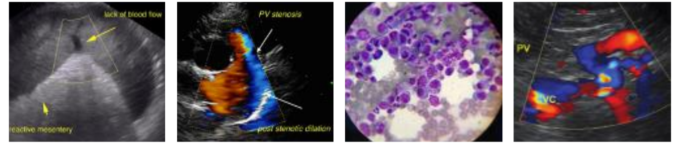
Liver

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended primarily anechoic content with mild echogenic to particulate gallbladder debris. The common bile duct was overtly normal without evidence of posthepatic obstructive criteria.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.27 cm width. The stomach was primarily empty with minor retained anechoic fluid and pockets of luminal gas.



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The intestinal walls demonstrated intact subtly prominent wall layering, owing to propensity for subtly prominent intestinal mucosa. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental duodenojejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

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

Intermittent, mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle perilymphatic to periintestinal hyperechoic omentum was present, suggestive of mild omental reactivity. No evidence of peritoneal effusion, which would suggest peritonitis. No omental masses noted.

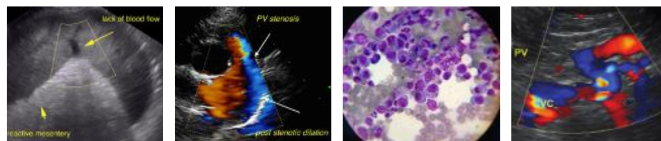
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Mild active to chronic active pancreatitis
- Subjective acute gastroenteritis pattern
- Associated intermittent primarily mild subjective benign/reactive mesenteric lymph nodes- suspect mild reactive lymphadenitis, secondary to inflammatory bowel episode
- Subjective mild nonspecific hepatomegaly, minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the gastrointestinal tract is suggestive of inflammatory criteria. A possibility of occult gastrointestinal infiltrative neoplasia cannot be definitively excluded yet thought less likely. Rather, acute inflammatory bowel episode with concurrent mild active to chronic active pancreatitis is suspected. Given the lack of reported hepatic enzyme elevations, the subjective mild hepatomegaly is of unclear clinical significance. Potential for triad disease may be a consideration if hepatic enzymes are elevated going forward or given the short half-life of hepatic enzymes in cats.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hospitalization with 48 hour supportive IV fluids, gastrointestinal support, empirical therapy for inflammatory bowel episode/pancreatitis and clinical reassessment +/- recheck sonogram, if clinically indicated, is recommended.



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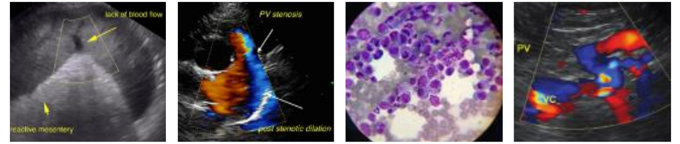
SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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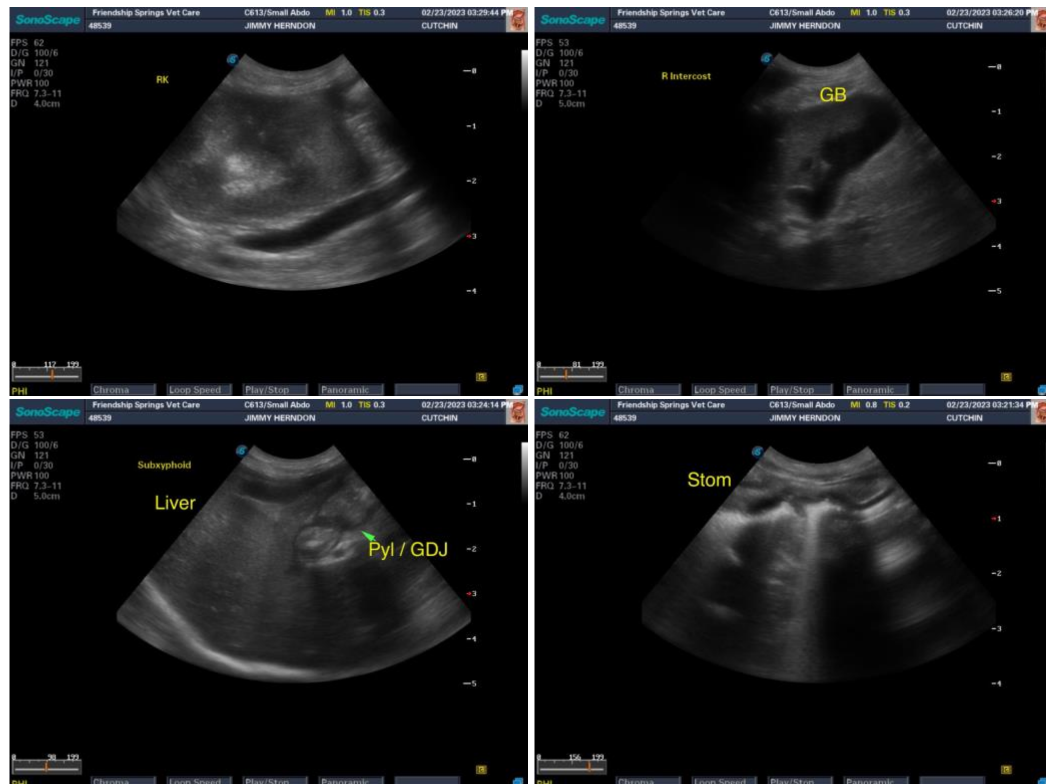

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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