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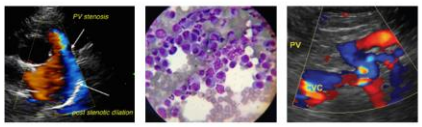
SVS IMAGING



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

PATIENT

Bella Littrel

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

9 years

WEIGHT

9.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Abby Bowers

INVOICE

10077ag

DATE

02/25/2022

PRESENTING CLINICAL SIGNS

History: P presented to my colleague yesterday for decreased appetite (only eating treats, not food) and vomiting for one week duration. Chronic history of hair loss on abdomen.

Abnormal PE/Chem/CBC/UA Results: P lost almost 3# since exam in October. PE was unremarkable. CBC was WNL other than 0 reticulocytes. Chem and T4 was WNL other than mild decrease in Total Protein (5.8) and Globulin (2.4), Alb/Glob ratio increased at 1.4, Amylase slightly low at 612. Radiographs were mostly unremarkable, although a gastric foreign body cannot be ruled out - there was a questionable opacity in the stomach

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 3.7 cm in length. The left kidney measured 3.8 cm in length.

The area of the aortic trifurcation appears normal and 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 0.44 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm in width.

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 wall layering with a normal wall layer ratio. The stomach was empty with no signs of fluid, retained gastric ingesta, obstruction or overt foreign material. Mild luminal gas primarily in the area of the antrum and pylorus was observed. The gastric body wall measured 0.25 cm.

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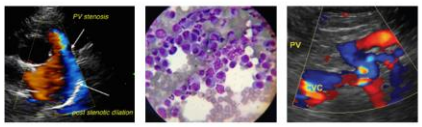

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The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. A segment of small intestine in the caudal abdomen cranial to the urinary bladder exhibited mild to moderate mural hypertrophy with subjectively decreased echogenicity and indistinct wall layering measuring approximately 2-3 cm in length with the wall width measuring 0.42 cm. By comparison, normal appearing jejunum measured 0.21cm wall width. Subtle evidence of reactive mesentery noted around the segmentally thickened small bowel. No evidence of pathology associated with the ileocecocolic junction with the ileocolic junction wall measuring 0.34 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Segmentally thickened caudal abdominal small bowel exhibiting hypoechoic mural echogenicity and loss of distinct wall layering-inflammatory with potential for emerging neoplastic etiology possible. Dry form FIP considered a less likely differential diagnosis.
- Sonographically unremarkable stomach and pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the segmentally thickened caudal abdominal small bowel, no overt evidence of abdominal visceral pathology including no evidence of overt gastrointestinal foreign material or active pancreatitis. Potential for low grad to chronic pancreatitis or structurally insignificant generalized gastroenteropathy could be present and without evidence of sonographic abnormalities.

Given this presentation, biopsies of the segmentally thickened small bowel +/- generalized gastrointestinal biopsies and potential for resection and anastomosis of the segmentally abnormal small bowel is required for definitive diagnosis.

Three view chest radiographs suggested to rule out concurrent thoracic or esophageal pathology as potential contributing factors to the patient's clinical signs.

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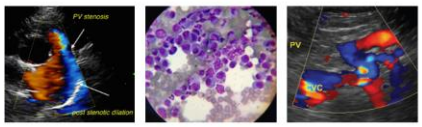

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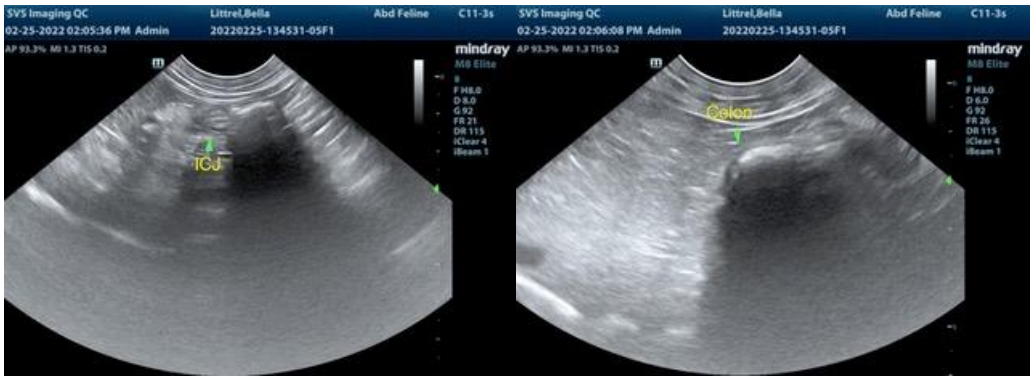

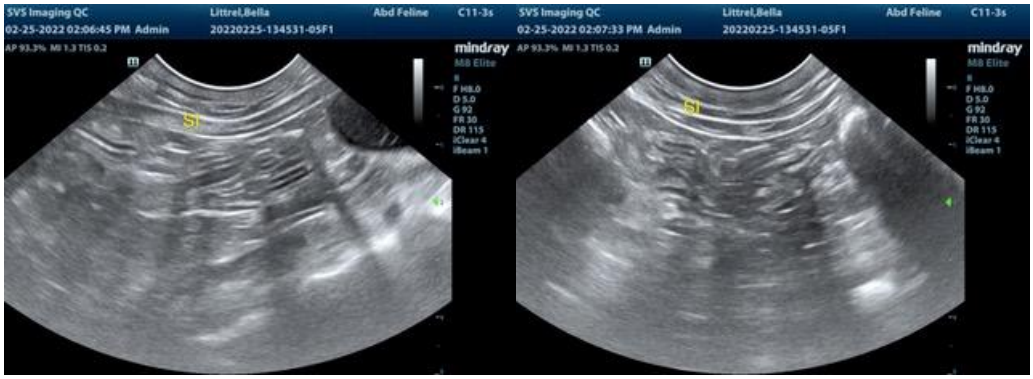

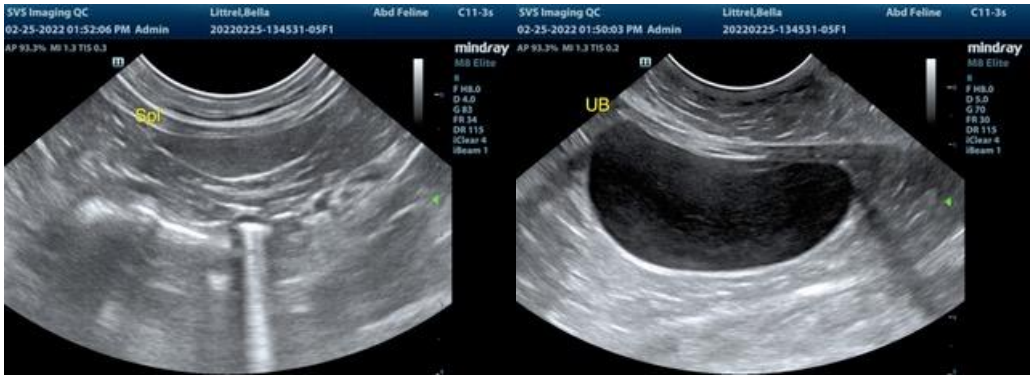

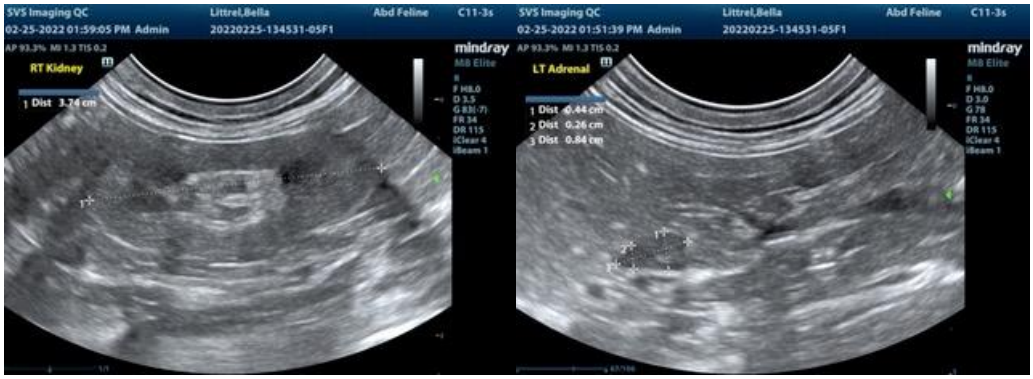

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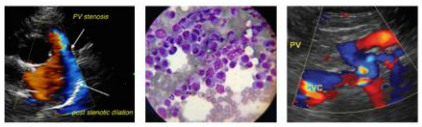

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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