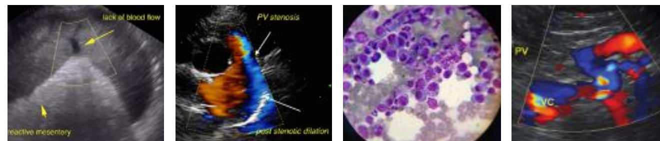
SonoPath

Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sweet Pea Walker

SPECIES

Feline

BREED

DLH

SEX

Spayed female

AGE

10 years

WEIGHT

2.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hour Animal Hospital

REFERRING VET

Dr. Gruffydd

INVOICE

10090ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Weight loss anorexic muscle wasting

Abnormal PE/Chem/CBC/UA Results: No abnormalities except mild elevation of SDMA, Icteric serum neutrophilia

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 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 left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

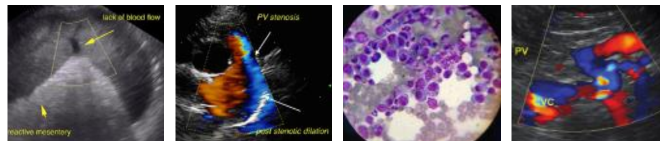
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary non expansive well demarcated hyperechoic nodule measuring 0.28 cm in diameter was observed. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The overall spleen measured 0.74 cm in width at the level of the hilus.

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. Possible minor non obstructive common bile duct dilation measuring 0.16 cm was observed. The degree of common bile duct dilation is not consistent with post hepatic obstruction.

Gastrointestinal

The stomach presented intact yet subtle prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta, obstruction or foreign material. The gastric wall measured 0.28 cm.



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The small intestine exhibited intact yet prominent wall layering with altered to segmentally indistinct muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.25 cm. The ileocolic wall measured 0.30 cm.

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

Pancreas

The left limb of the pancreas appears normal in size and contour with mildly hypoechoic to non-homogeneous parenchyma compared 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

Focally enlarged jejunocolic lymph nodes were present. An example of lymph node size was 0.68 cm in width. Perilymphatic and mild peri intestinal reactive mesentery was observed. No free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Enteropathy exhibiting altered to segmentally indistinct wall layering.
- Associated hypoechoic to prominent jejunocolic lymphadenopathy.
- Mild peri intestinal/perilymphatic reactive mesentery.
- Possible mild pancreatitis.
- Overtly normal liver and gallbladder, possible minor nonobstructive proximal common bile duct dilation.

Secondary findings:

- Probable benign splenic nodule-suggestive of myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is consistent with infiltrative enteropathy, considerations may include inflammatory vs neoplastic infiltrative enteropathy (i.e. IBD/eosinophilic enteritis vs round cell neoplasia such as lymphoma). Concurrent lymphadenopathy may indicate secondary reactive lymphadenitis while the potential for emerging neoplastic lymphadenopathy is possible.

Assuming normal clotting status, an ultrasound guided FNA of an enlarged jejunocolic lymph node using a 25g needle could be considered for screening cytology. Further assessment may include a GI panel to include PLI/TLI/cobalamin/folate. Full thickness intestinal and lymphatic biopsies is likely required for definitive diagnosis. Potential for triad disease is possible if future liver enzymes are elevated.

Empirically, medical therapy for IBD/triad disease would be reasonable.

Three view chest radiographs suggested to rule out occult thoracic pathology.

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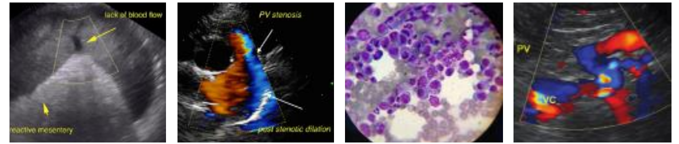

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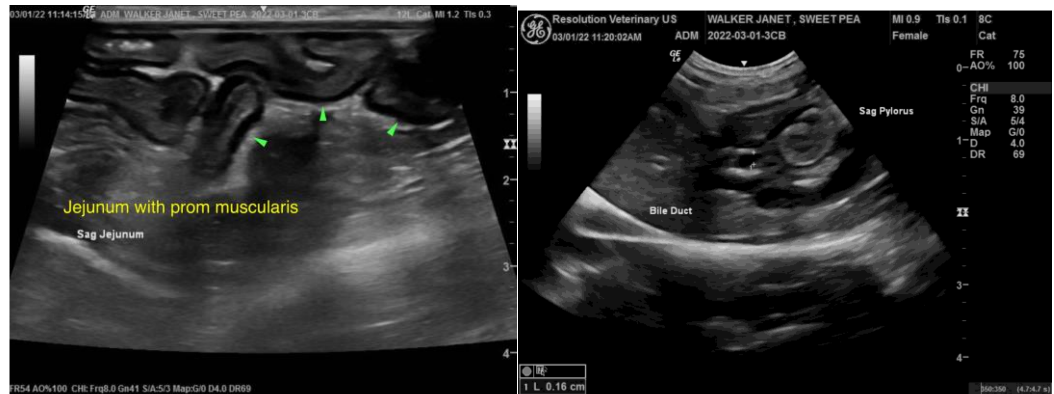

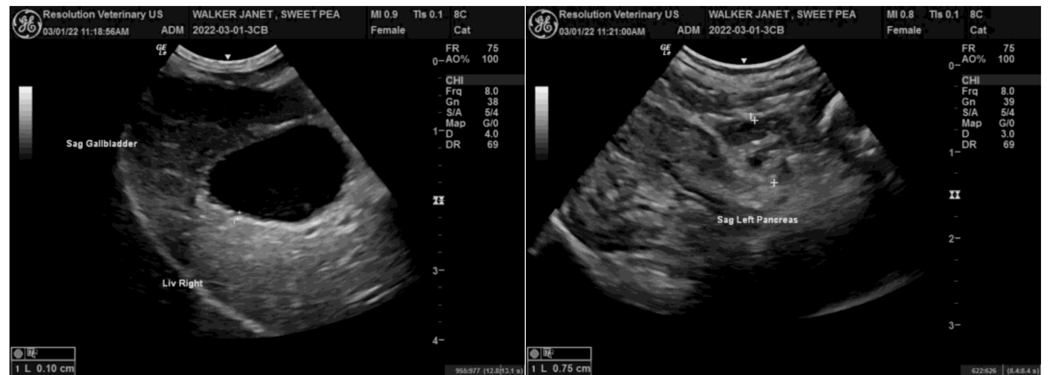

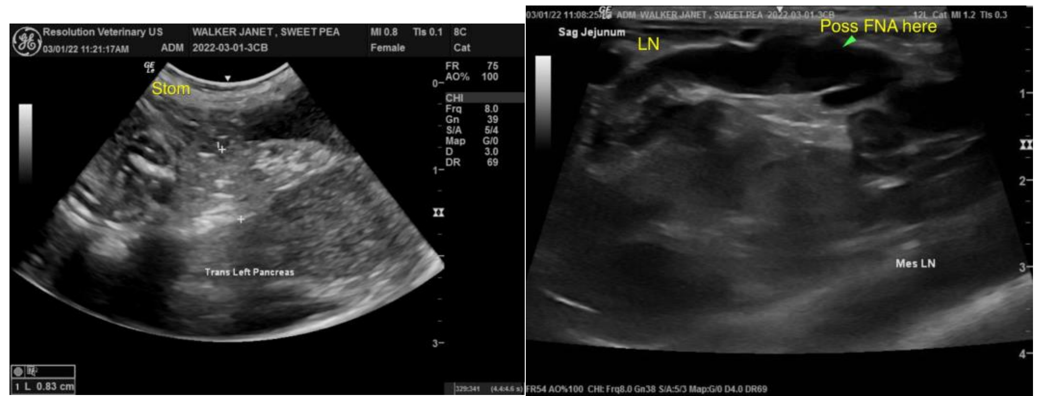

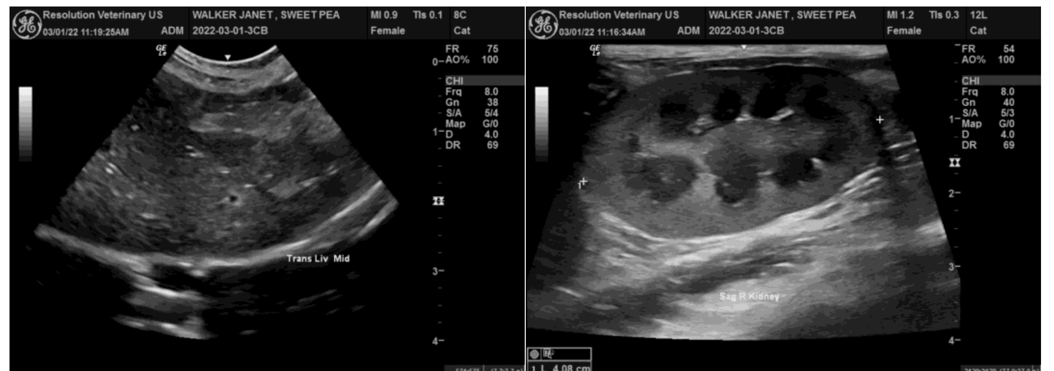

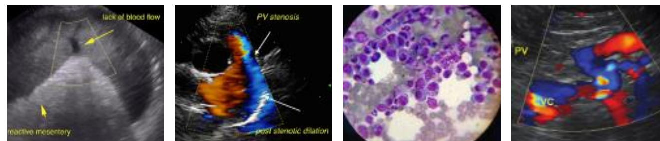

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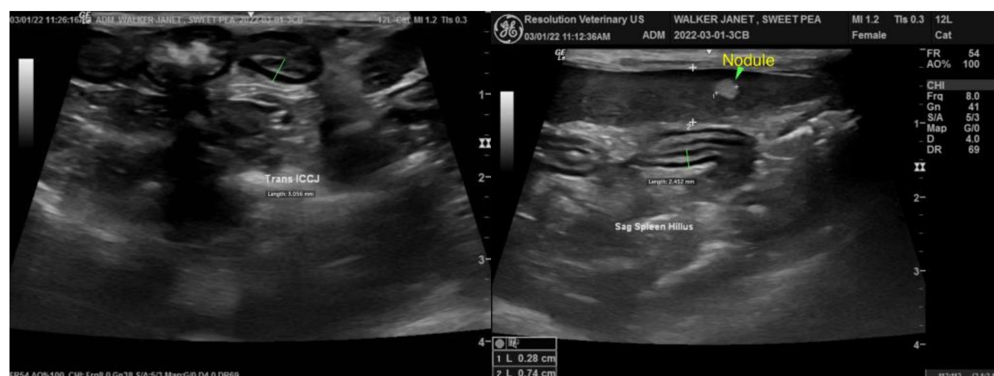

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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