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Clinical Sonography & Telecytology
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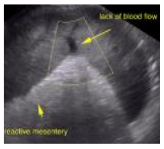
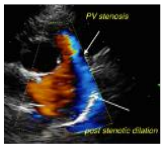
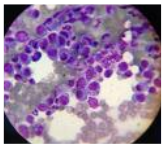
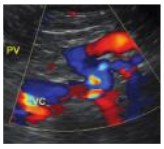

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kodiak Amero

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

11 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

History: Weight loss, anorexia, sporadic vomiting about 1 week duration. No diarrhea. Indoor cat. Pt had a previous peracute episode about six months ago but was also more distressed then. Signs resolved spontaneously with no significant therapy.

Abnormal PE/Chem/CBC/UA Results: CBC shows slight hemoconcentration and stress leukogram. Chemistries and T4 are wnl except mild decrease in cholesterol. UA is wnl. Spec fpl is pending.

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. Aortic trifurcation was normal.

The kidneys were normal in size and margination with a maintained 1:3 cortex to medulla ratio. Subjective mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation noted. No pyelectasia was present. Both kidneys measured 3.7 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width.

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

Spleen

The spleen exhibited subjective borderline enlargement, measuring 0.96 cm in width at the level of the hilus. Subtle asymmetrical medial capsule contour and minor parenchyma heterogeneity noted. No masses or nodules 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 lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Subjective propensity for mildly prominent to hyperechoic submucosa layer. No overt intestinal masses, loss of intestinal wall layering or mechanical/metabolic ileus. The duodenum wall measured 0.23 cm. The jejunum wall measured 018 cm. The ileocolic wall measured 0.28 cm.

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

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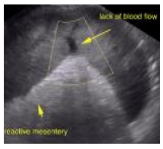
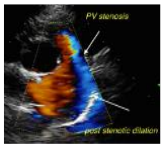
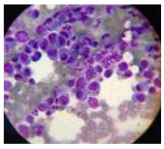
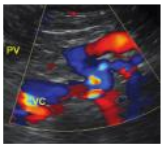

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Pancreas

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

Focal to intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.3 cm width. No effusion present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific, mild chronic renal changes
- Subjective borderline splenomegaly- nonspecific
- Intermittent to subjectively benign/reactive mesenteric lymph nodes
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective borderline splenomegaly may indicate patient variant, borderline enlargement owing to sedation (if clinically applicable), hyperplasia, hematopoiesis, incidental splenitis or other benign etiology. Given the patients weight loss, the potential for early splenic neoplasia is considered less likely yet cannot be definitively excluded. Sonographic monitoring of the spleen +/- screening FNA, using a 25-gauge needle and assuming normal clotting status, primarily to ensure only benign changes are present, could be considered.

At times, the sonographic gastrointestinal presentation does not correlate with gastrointestinal signs and weight loss, especially given the breed. Structurally insignificant inflammatory bowel, dietary indiscretion/food intolerance and low-grade to mild pancreatitis, which may present as sonographically normal, may be possible.

Pending Spec FPL, further assessment may include a full GI panel to include PLI/TLI/Cobalamin/Folate. Three-view chest radiographs suggested to rule out occult thoracic pathology as a contributing factor to the patients clinical signs and weight loss.

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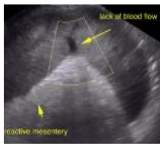
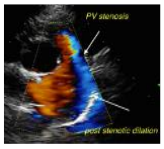
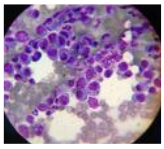
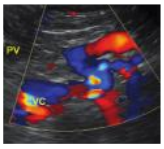

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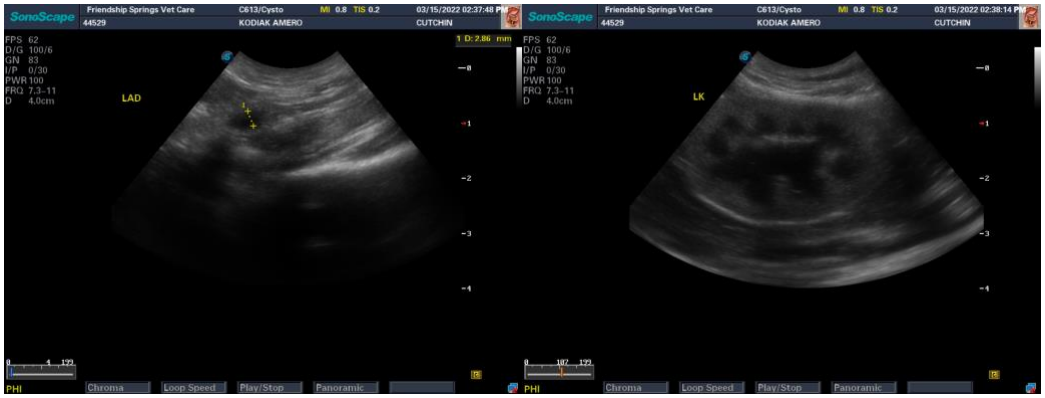

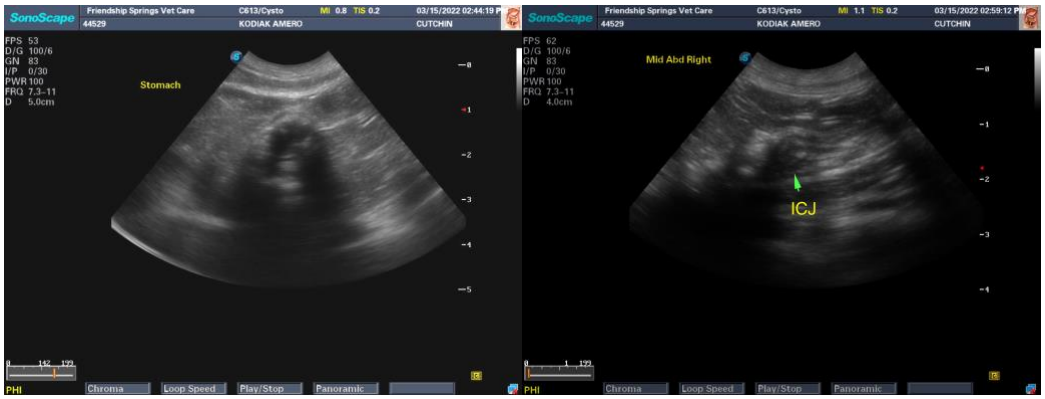

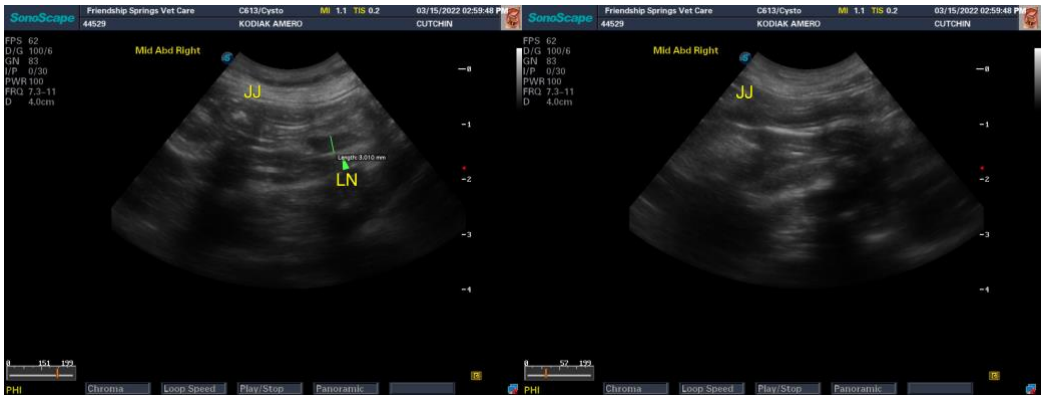

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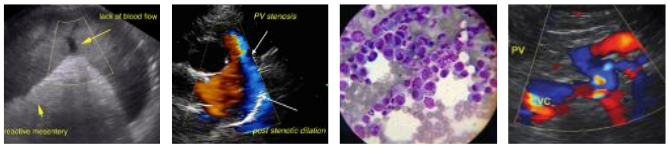

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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