


PATIENT PRESENTING CLINICAL SIGNS

Mama Luellen History: Lethargy, decreased appetite, polydipsia, weight loss. Currently taking felimazole, cerenia, mirtazepine, clavamox

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: 1/28/2022: Leukocytosis (19.8K/uL), monocytosis (0.733 K/uL), eosinophilia (2.5 K/uL), basophilia (0.37K/uL); hypoglycemia (58 mg/dL), SDMA(16 ug/dL), ALT 190 U/L, ALP 64 U/L. USG 1.014, Total T4 (6.5). Started on felimazole 2.5mg BID. 2/17/2022: monocytosis (1.2K/uL), hypoglycemia (68), SDMA (29ug/dL), creatinine (0.8mg/dL), ALT 204 U/L, ALP 94 U/L, Total T4 (WNL).

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Spayed Female 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.

AGE

15 Years

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.2 cm in length.

WEIGHT

3.6 kg

Adrenal Glands
INTERPRETED BY

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm.

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

IMAGING PERFORMED BY

Rachel Runnells, RVT

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 0.85 cm in width.

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kissinger

Liver

The liver was mildly enlarged in size. 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. Solitary, non-homogeneously echogenic to microcystic intraparenchymal nodule was present in the ventral liver. 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.

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The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

DATE

3/2/22

Gastrointestinal



PATIENT

Mama Luellen

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.

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The small intestine exhibited segmental prominent yet primarily intact wall layering owing to propensity for segmental prominent mucosa as well as mildly prominent muscularis layer. Decreased mural echogenicity was subjectively present. A segment of the small bowel exhibited ill-defined proliferative wall, consistent with probable segmental mural mass. This segment of intestine subjectively measured potentially 2.0 cm – 3.0 cm in length with wall width measuring 0.5 cm – 0.7 cm.

BREED

DSH

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

SEX

Spayed Female

The left limb, right limb, and base of the pancreas presented normal in size to mildly hypoechoic 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

AGE

15 Years

Multifocal, enlarged, hypoechoic jejunocolic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by perilymphatic to periintestinal reactive mesentery. An example of lymph node size measured 1.2 cm x 1.1 cm. Small pockets of very scant peritoneal free fluid were present.

WEIGHT

3.6 kg

ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate chronic renal changes
- Hepatopathy with nonspecific cystic intraparenchymal nodule- nodule is suggestive of probable benign cystic biliary adenoma, although potential for neoplastic criteria cannot be excluded.
- Mild gallbladder debris
- Suspect, low -grade pancreatitis
- Enteropathy, exhibiting segmental mural hypertrophy, including segmental indistinct proliferative wall with likely mural mass
- Hypoechoic to swollen jejunocolic lymphadenopathy
- Perilymphatic to periintestinal reactive mesentery, scant free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver may suggest acute on chronic cholangiohepatitis given the ALT elevation and presence of gallbladder debris with potential for mild cholestasis or vacuolar hepatic changes given the ALP elevation.

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The overall appearance of the small intestine is consistent with infiltrative enteropathy. Neoplastic criteria, such as lymphoma or other, with associated neoplastic to metastatic lymphadenopathy is favored, although potential for nonneoplastic severe inflammatory enteropathy with concurrent jejunocolic lymphadenitis may also be possible.

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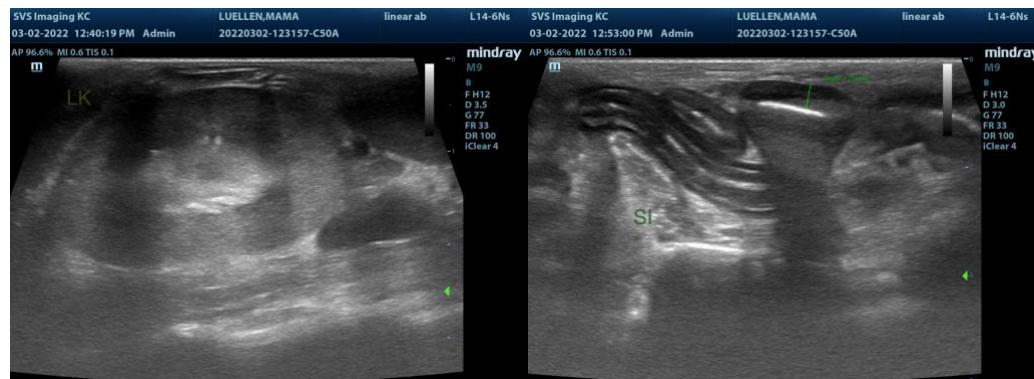
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Ultrasound guided FNA of an enlarged jejunocolic lymph node for screening cytology could be considered. Otherwise, intestinal and lymphatic biopsies would be required for a definitive diagnosis. Potential for triad disease could also be considered in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered. If additional diagnostics are not elected, empirical IBD/triad disease protocol would be reasonable. Guarded prognosis.





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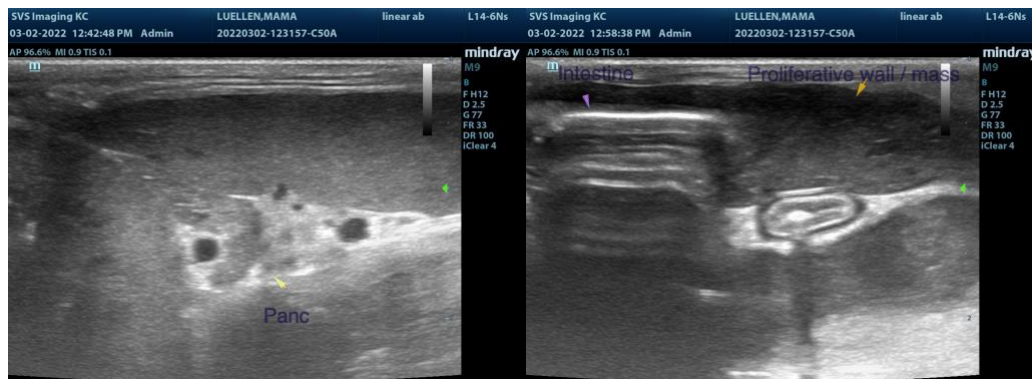
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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