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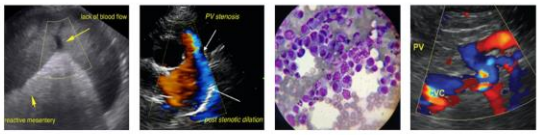


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Buttons Drexler

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

14 years

WEIGHT

6.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal Hospital

REFERRING VET

Dr. Bay

INVOICE

10270ag

DATE

04/01/2022

PRESENTING CLINICAL SIGNS

History: Decreased appetite, intermittent vomiting, possible ruptured ocular clobe Gabapentin

Abnormal PE/Chem/CBC/UA Results: unremarkable CBC Chem panel

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 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 0.76 cm width at the level of the hilus.

Liver/ Gallbladder

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 and mild nondependent nonmineralized gallbladder debris. The cystic and common bile ducts were normal.

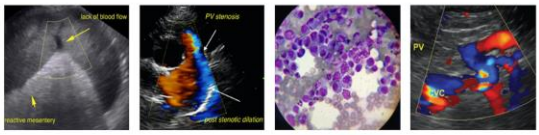
Gastrointestinal

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 in width.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.32 cm width. The ileocolic wall measured 0.43 cm in width.

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

Pancreas



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The left limb, right limb, and base of the pancreas presented hypoechoic to mildly nonhomogeneous echogenicity compared to adjacent mildly reactive 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 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 a lymph node measured 1.5 cm x 0.5 cm. Minor peri intestinal reactive mesentery was noted. No free fluid was observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy exhibiting prominent to altered yet intact wall layering.
- Associated subjectively benign to reactive mesenteric lymphadenopathy, suspect mesenteric hyperplasia or minor reactive lymphadenitis.
- Concurrent chronic active pancreatitis.

Secondary Findings

- Mild gallbladder debris-likely incidental likely owing to fasting or nonclinical cholestasis.
- Mild age-related kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the small intestine is consistent with infiltrative enteropathy, considerations may include inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis) while the possibility of neoplastic infiltrative enteropathy with round cell such as lymphoma which may present in a similar sonographic manner cannot be excluded. Potential for triad disease may be a possibility in this patient if there is previous history of hepatic enzyme elevations.

Full thickness intestinal +/- pancreatic and hepatic biopsies would be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically IBD protocol with as needed gastrointestinal support, monitoring the patient's weight and assessment of clinical response would be reasonable.

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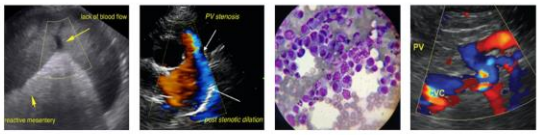

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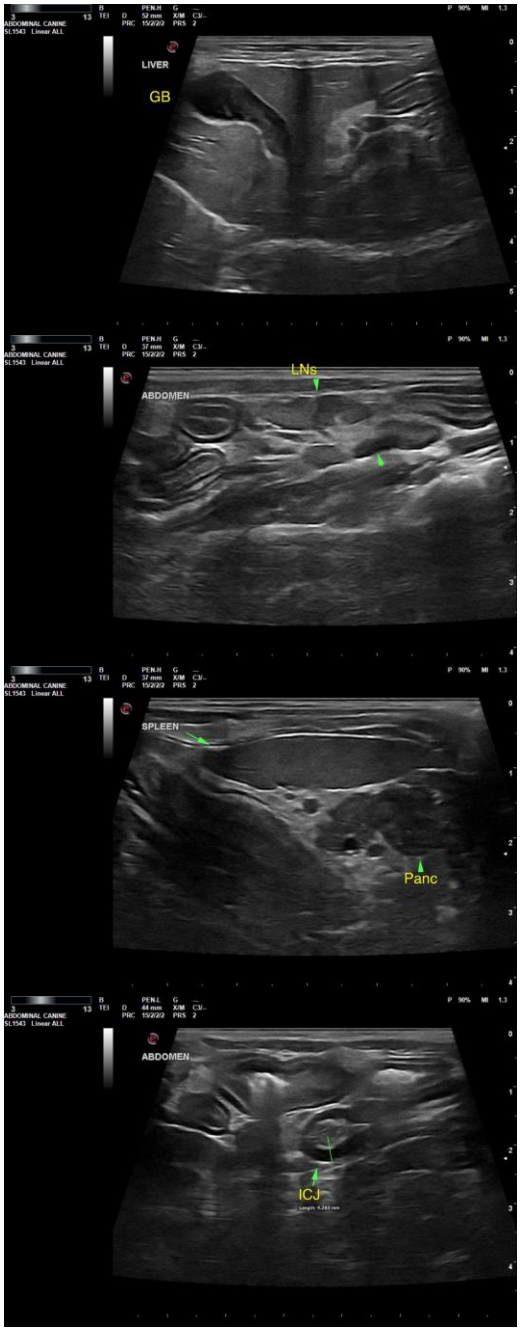

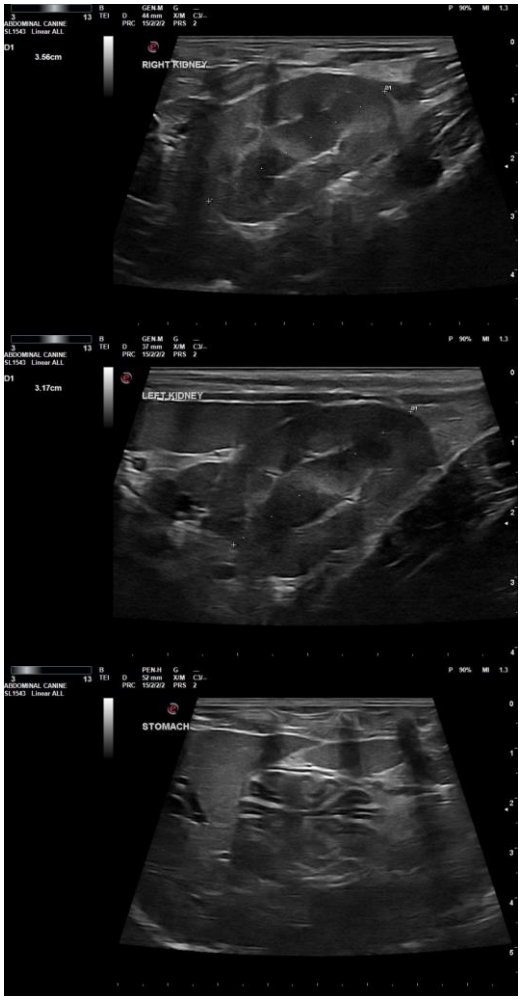

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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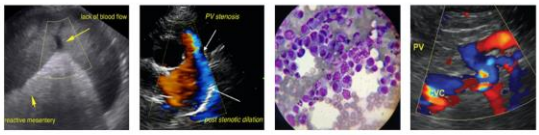

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