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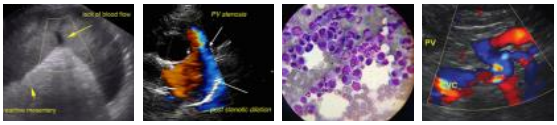

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Binion Le Pine

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

8 years

WEIGHT

6.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

10357ag

DATE

04/13/2022

PRESENTING CLINICAL SIGNS

History: Patient presented for lethargy, significant weight loss and daily vomiting (no specific pattern, happens sporadically). Otherwise no major concerns. O unsure if P defecating consistently, as she shares box with other cat. P has also shown significant flatulence at home. Exam findings 3/30/22: 1. Weight loss, abdominal distention - r/o internal organ changes (renal, thyroid, pancreatitis, hepatopathy, etc) vs infectious vs inflammatory/autoimmune vs neoplastic vs other 2. Moderate dental tartar/calculus (grade 2-3) 3. Mild diffuse dandruff 4. Otherwise normal on exam

Abnormal PE/Chem/CBC/UA Results: CBC - elevated WBC and neutrophils (WBC 22.77, Neu 19.40), stress leukogram (NEU 85.2%, LYM 7.9%), mild microcytic, hypochromic anemia (HCT 30.8%), thrombocytopenia (PLT 41K) -- artifact, blood smear confirms PLT clumping and RBC morphology wnl - Chemistry - mildly decreased TCHOL (50), otherwise wnl - SDMA - mildly **elevated** at at 15 ug/dL - T4 - normal at 1.5 ug/dL - UA (cysto, pale yellow) - USG >1.050, pH 6.0, GLU 1+, PRO/KET/BIL/BLD neg, UBG wnl, WBC and RBC <1/hpf, Non-squamous epi cells <1/hpf, otherwise wnl; Sediment microscopy unremarkable - FeLV/FIV - neg/neg Current Medications Gabapentin 50mg BID PRN, Cerenia 4mg SID PRN, Gas X baby drops (0.3-0.5 mL PO TID PRN)

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 3.8 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

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 0.58 cm in width at the level of the hilus.

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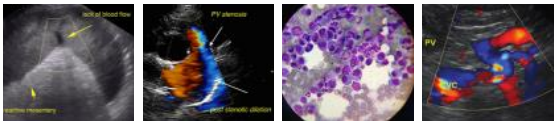

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Liver

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 yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.26 cm in width.

The small intestine exhibited diffuse altered wall layering owing to variable mural hypertrophy as well as mild variable mural echogenicity. Discernable wall layer detail was primarily present despite altered muscularis/mucosa ratio. Segments of small intestine exhibited indistinct areas of hypoechoic mural proliferation to intestinal mural masses. The duodenum wall measured 0.27 cm in width. The jejunum wall measured 0.30 cm up to 1.2 cm width in the areas of small intestinal wall proliferation. Intact wall layering noted at the level of the ileocecocolic junction measuring 0.39 cm in width. Segmental subjective metabolic ileus without overt area of obstruction or foreign material was observed.

Normal visible colon wall layers were present with apparent semi formed to soft 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

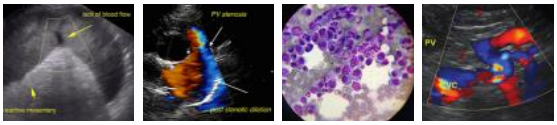
Marked nonhomogeneous mesenteric lymphadenopathy was present in the mid abdomen adjacent to the mesenteric root vasculature measuring 5.3 cm x 3.1 cm. Additional concurrent mild colic lymphadenopathy was present with generalized reactive mesentery and mild volume free fluid.

ULTRASONOGRAPHIC FINDINGS

- Diffuse enteropathy exhibiting altered wall layering and suspect inefficient peristalsis, segmental areas of small intestinal mural proliferation to mural masses.
- Marked nonhomogeneous mid abdominal mesenteric lymphadenopathy with concurrent minor colic lymphadenopathy.
- Generalized reactive mesentery and mild volume peritoneal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for definitive diagnosis, the small intestine is consistent with infiltrative (inflammatory vs neoplastic) enteropathy with potential for granulomatous (FIP) enteropathy. Concurrent significant mesenteric hyperplasia, lymphadenitis or neoplastic or granulomatous lymphadenopathy is possible. Higher potential for neoplastic or granulomatous enteropathy and



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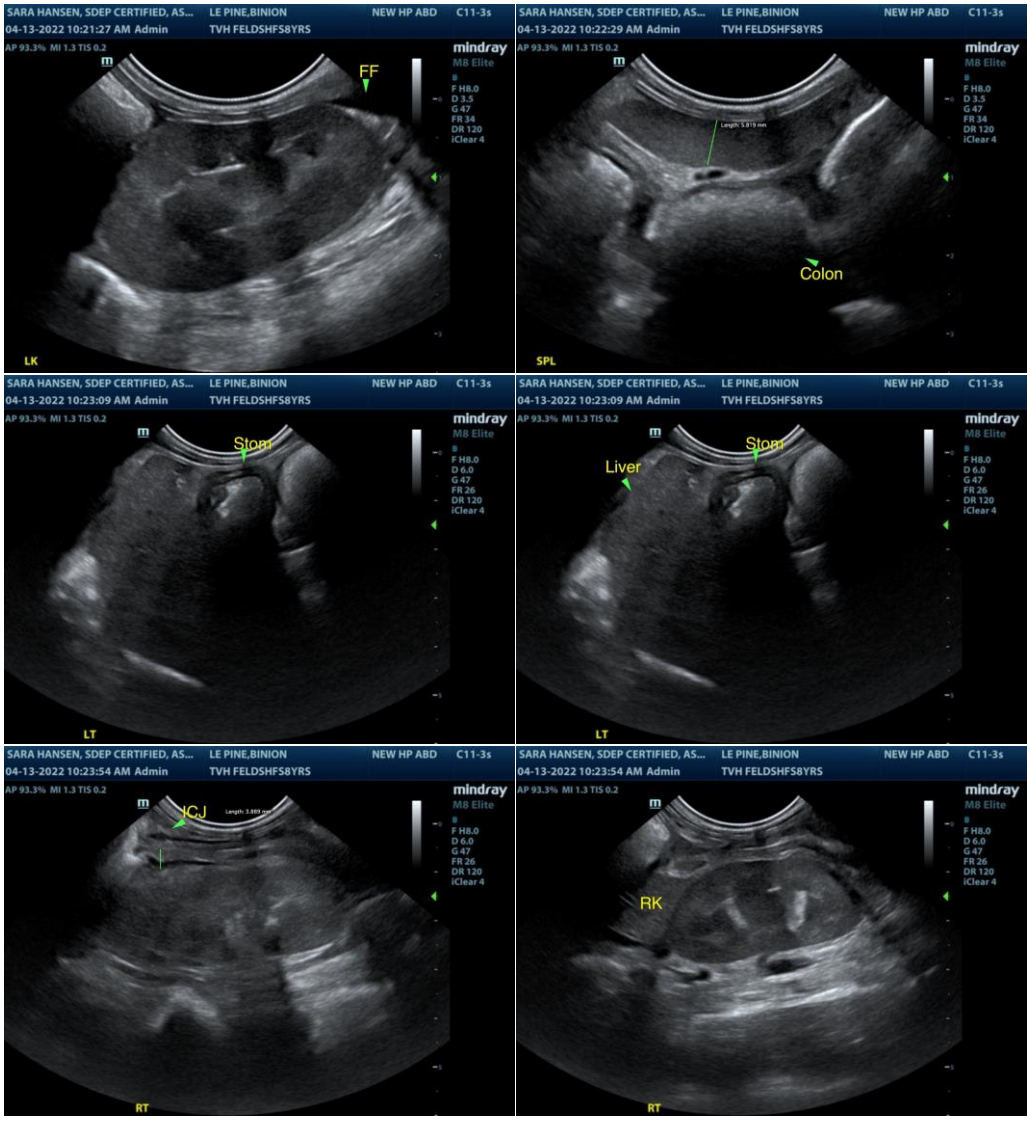
lymphadenopathy is suspected based on the intestinal and lymphatic presentation. Assuming normal clotting status, an ultrasound guided FNA of an enlarged mesenteric lymph node +/- area of intestinal mural proliferation for screening cytology could be considered. Full thickness intestinal and lymphatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Very guarded prognosis indicated.



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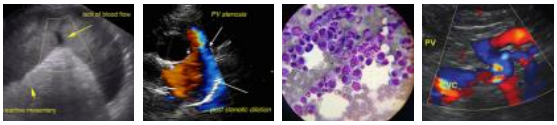

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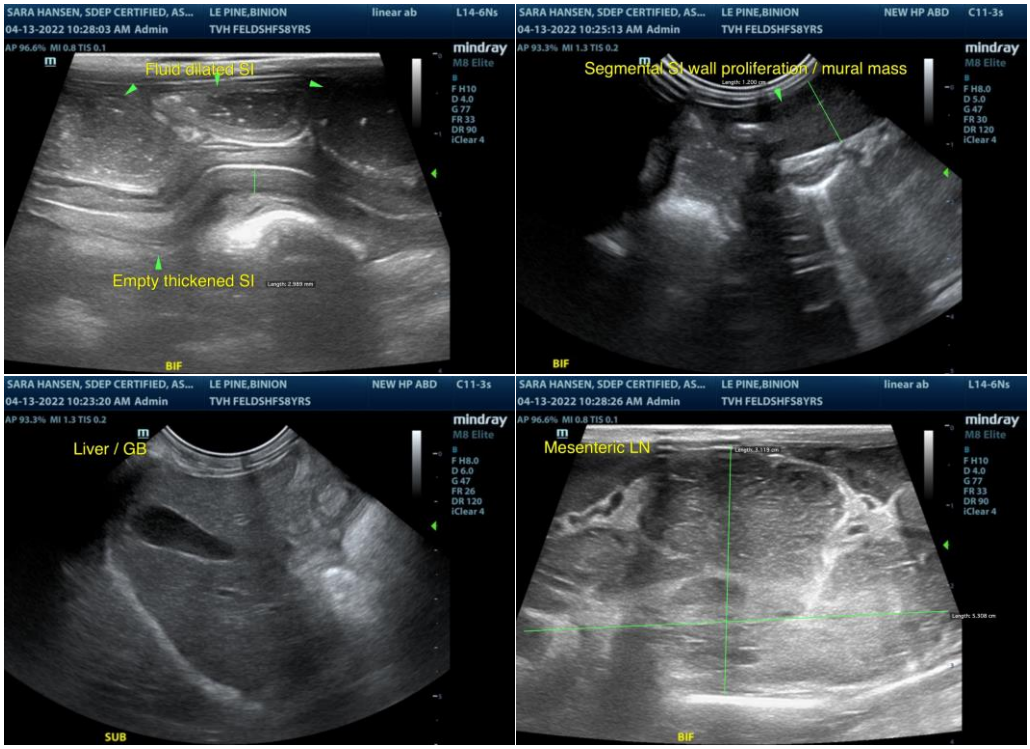

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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