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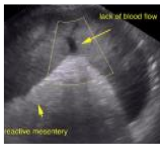
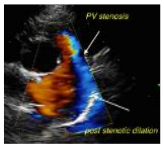
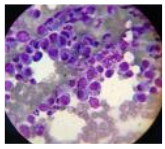
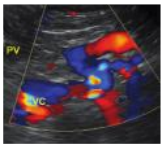
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Boston Frechin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

10.73 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios SDEP Attendee

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Travis Gibson

INVOICE

14894

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: P seen 4/12 for vomiting/wt loss dx: Stress induced gastroenteritis vs hyperthyroid vs flutd vs chronic f/b vs open 4/28 - Pet responded to treatment for 1 week after initial visit. Pet has since started vomiting again with muscle waisting over epaxial. Pet also now has a distended abdomen with potential fluid accumulation. Very painful gate and sensitive to palpation P not currently on any meds Abnormal PE/Chem/CBC/UA Results: 4/12 CBC- Slight anemic with suspected stress leukogram, Neutrophilia, monocytosis Chem- BUN, Crea, Phos slightly low FIV/FeLV- Negative both

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended, exhibiting subjective normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to pinpoint hyperechoic sediment was present with potential for suspended to congealed pinpoint mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortiv trifurcation was normal.

Both kidneys were mildly enlarged. 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.6 cm. The right kidney measured 4.7 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.

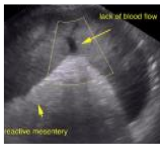
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

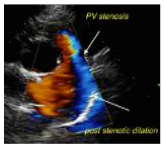
Spleen

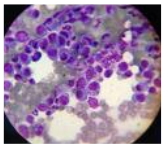
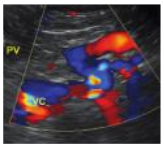
The spleen was normal in size. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. 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 spleen measured 0.46 cm in width.

Liver

The liver exhibited potential for mild enlargement. 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. 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 primarily anechoic content with mild luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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 generalized intact yet prominent to thickened wall layering exhibiting altered muscularis/mucosa ratio. No overt evidence of loss of intestinal wall layering or visualized intestinal masses. The jejunum wall measured up to 0.40 cm wall width.

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

Pancreas

The pancreas exhibited regional enlargement with capsule asymmetry, primarily in the area of the pancreas base and proximal left and right pancreatic limb caudal to the pylorus. Mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent reactive to hyperechoic peripancreatic omentum.

Free Abdomen

Multiple, variably sized to variable echogenic jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of jejunal lymph node size was 3.0 cm x 1.2 cm. An example of colic lymph node size measured 1.2 cm in diameter.

Generalized variably hyperechoic mesentery and moderate to marked volume peritoneal free fluid noted, exhibiting echogenic component consistent with cellular debris.

ULTRASONOGRAPHIC FINDINGS

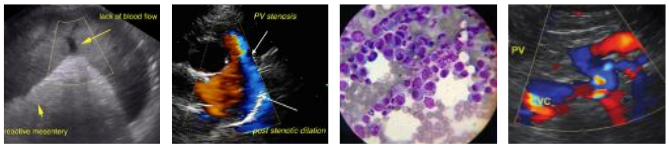
Primary Findings

- Bilateral mild renomegaly, exhibiting nonspecific prominent medullary rim sign
- Asymmetrically enlarged pancreas, exhibiting nonhomogeneous to subtle hypoechoic parenchyma- mild to moderate pancreatitis. Potential for emerging pancreatic neoplasia is though less likely yet cannot be excluded.
- Enteropathy, exhibiting intact yet prominent to thickened altered wall layering- consistent with inflammatory infiltrative enteropathy/IBD versus neoplastic infiltrative enteropathy with round cells (i.e., lymphoma or other) possible.
- Generalized variably hyperechoic omentum with moderate to marked volume peritoneal free fluid, exhibiting cellular component- septic effusion/peritonitis versus potential carcinomatosis, lymphomatosis or similar.

Secondary Findings

- Moderate pinpoint hyperechoic to mineralized urinary bladder sediment
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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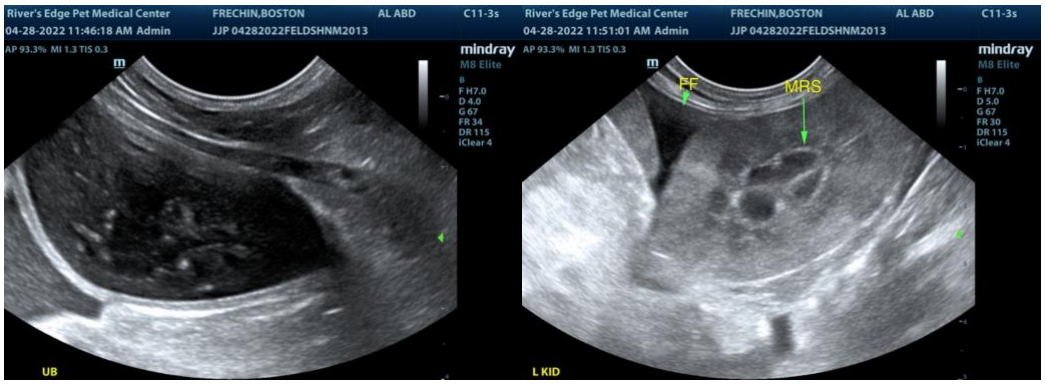
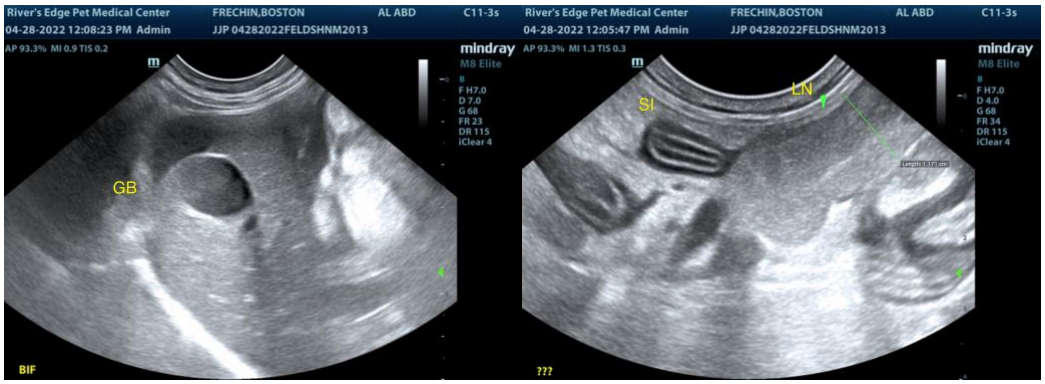
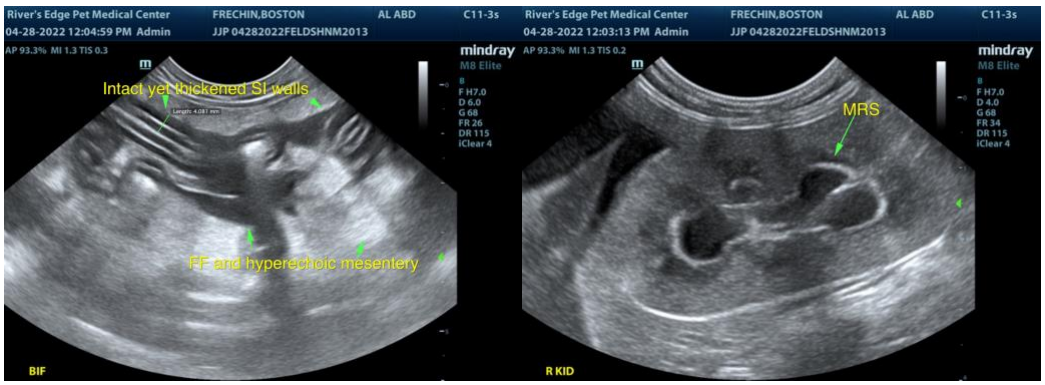
I recommend abdominocentesis for fluid analysis, cytospin cytology with rapid slide preparation to conserve cell integrity in order to optimize cytology interpretation +/- culture and sensitivity if evidence of inflammatory cells. FIP is technically a potential here, therefore, FIP diagnostics could be considered if clinically applicable. However, given the age of the patient, FIP is considered less likely.

Concurrent lymphatic +/- pancreatic FNA for screening cytology could be considered. The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis, lymphomatosis or similar may be of primary concern pending effusion analysis. Very guarded prognosis.







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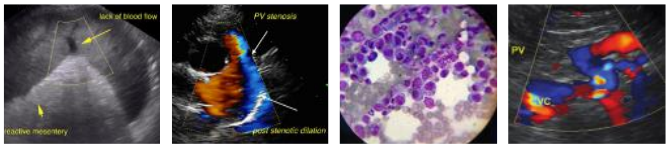

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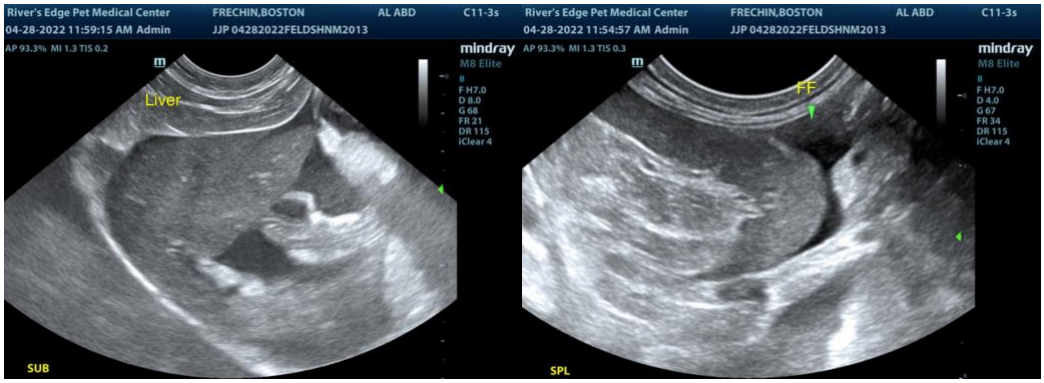

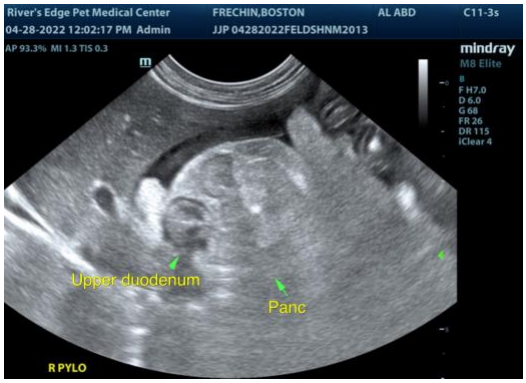

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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