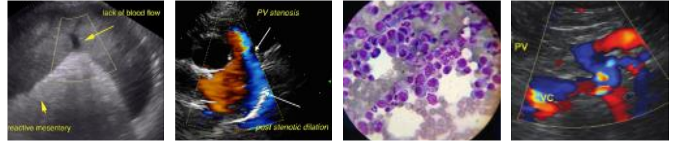
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Wilbury Colclough

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years 10 months

WEIGHT

2.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Service

REFERRING VET

Island Animal Hospital

INVOICE

10474ag

DATE

04/29/2022

PRESENTING CLINICAL SIGNS

History: Presented on April 22 for vomiting and losing weight. PE was unremarkable other than weight loss/thin. Bloodwork on April 22 showed elevated hepatic values with suspected pancreatitis. Currently on cerenia, 4 mg PO q 24 hours. FNA samples taken from spleen.

Abnormal PE/Chem/CBC/UA Results: 4/22/22: AST=162 (10-100) ALT=670 (10-100) ALP=409 (6-102) GGTP=11 (1-10) Tbili=20.1 (0-6.8) BUN=13 (5-12.9) (normal creat at 173 with RR=53-212) Precision PSL=159 (8-26) usg=1.024 2+ proteinuria 3+blood

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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renoliths and focal mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

Spleen

The spleen exhibited normal size with mild asymmetrical medial capsule contour and subtle parenchyma heterogeneity. A focal nonexpansive hyperechoic mid splenic nodule was observed, likely consistent with benign myelolipoma or hyperplasia.

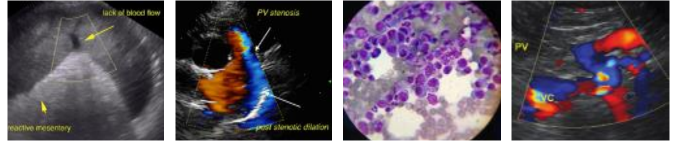
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 exhibited minor dilation containing anechoic content. The proximal common bile duct measured 0.2 cm in diameter. The dilated common bile duct did not appear to extend to the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental jejunal chyme with no signs of ileus, obstruction or foreign material. The jejunum measured 0.24 cm in width. The duodenum wall measured 0.26 cm in width. The ileocolic wall measured 0.30 cm in width.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity 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

No omental masses or peritoneal effusion was present.

Focal, 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).

ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis pattern
- Chronic active pancreatitis
- Overtly normal GI tract with mild gastric and segmental jejunal ingesta/chyme
- Chronic renal changes with nonobstructive medullary renolithiasis
- Mild irregular spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In light of the patient's clinical history as well as the hepatobiliary and pancreatic presentation although no evidence of structural GI pathology was present aside from minor gastric and jejunal stasis, triad disease is considered a top differential diagnosis for this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended +/- hepatic FNA for screening cytology primarily to assess for and identify inflammatory cell type. The splenic presentation is suspected to be benign or age related splenic changes with splenic neoplasia a less likely differential diagnosis. Correlation with pending splenic cytology is recommended. If not done, three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology. Sampling of the intestinal tract +/-liver and pancreas would be required for definitive diagnosis. Empirically triad disease therapy protocol would be reasonable with assessment of clinical response.

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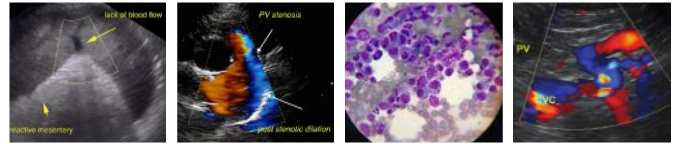

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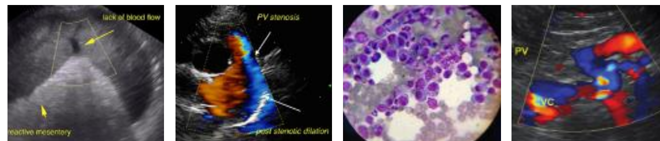

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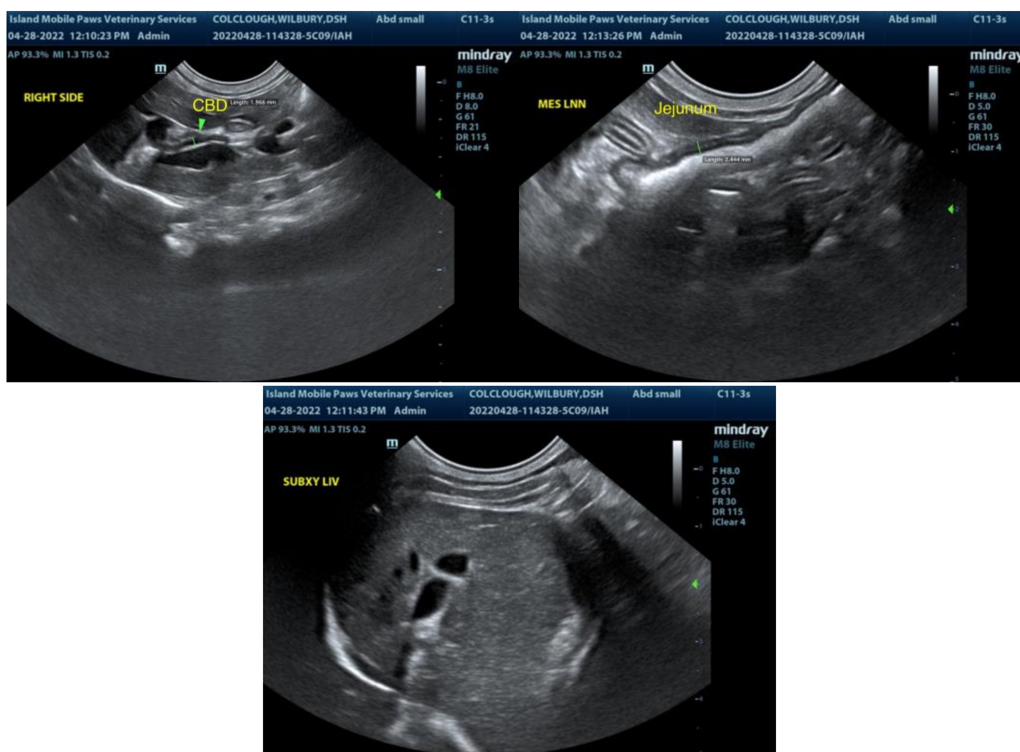

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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