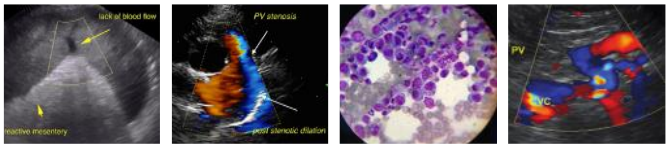
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Fancy Link

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

17 years

WEIGHT

5.04

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

16519

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Mom said that she has lost over half of her weight in the past year. She has been vomiting and diarrhea it is on and off. She fed her several types of food blue true solution gi care, hills sensitive stomach and skin and Purina pro plan sensitive skin. Mom started switching the food on saturday. She has not had food since last night but she did vomit on the way here

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The area of the aortic trifurcation was free of pathology.

Borderline subnormal 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 mild to 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 3.0 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. No obvious pathology was noted in the area of the right adrenal gland.

Spleen

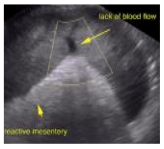
The spleen was overall normal in size measuring 0.62 cm in width. Generalized mild parenchyma heterogeneity with areas of subtle medial capsule asymmetrical contour were noted. Well-demarcated spherical uniform hyperechoic nodule was noted in the caudomedial spleen with mild symmetrical associated medial capsule distortion, measuring 1.4 cm in diameter. Concurrent similar appearing nondisruptive splenic intraparenchymal nodules were also present.

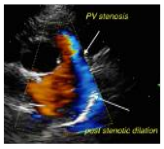
Liver/ Gallbladder

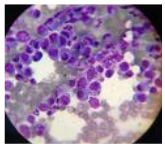
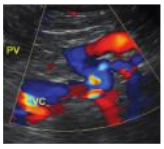
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented normal visualized wall layering. The stomach appeared to exhibit mild to possible moderate gas distention.





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The small intestine presented generalized intact wall layering with mild altered muscularis/mucosa ratio owing to propensity for mildly prominent muscularis layer. The small intestinal wall width measured 0.30 cm. The ileocolic wall width measured 0.33 cm. No evidence of loss of intestinal wall layering or intestinal masses was noted. No obstructive pattern was noted.

Normal visible colon wall layers were present with apparent formed fecal matter 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. Mild left limb pancreatic duct dilation was noted.

Free Abdomen

No omental masses, evidence of significant lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern - suspect chronic IBD
- Concurrent chronic active pancreatitis
- Moderate chronic renal changes
- Hepatic parenchymal remodeling
- Nonspecific yet subjectively benign well-demarcated uniform splenic nodule - suspect expansive myelolipoma, granuloma, hyperplasia, or similar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possibility of neoplastic infiltrative enteropathy with round cells i.e., lymphoma or similar, which may present in a similar sonographic manner as chronic inflammatory enteropathy, cannot be definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic pathology as a contributing factor. Full-thickness intestinal biopsies would be required for a definitive diagnosis. Potential for chronic Triad Disease may be considered if previous or current hepatic enzyme elevations are present. Empirical IBD or Triad Disease protocol with as-needed gastrointestinal supportive care and Prednisolone trial at the lowest effective dose to control clinical signs with continued monitoring of gastrointestinal response and weight going forward would be reasonable.

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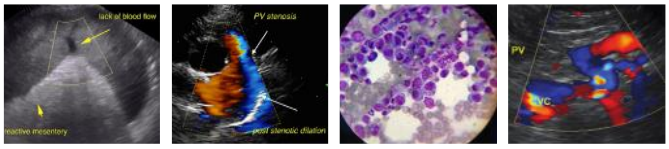

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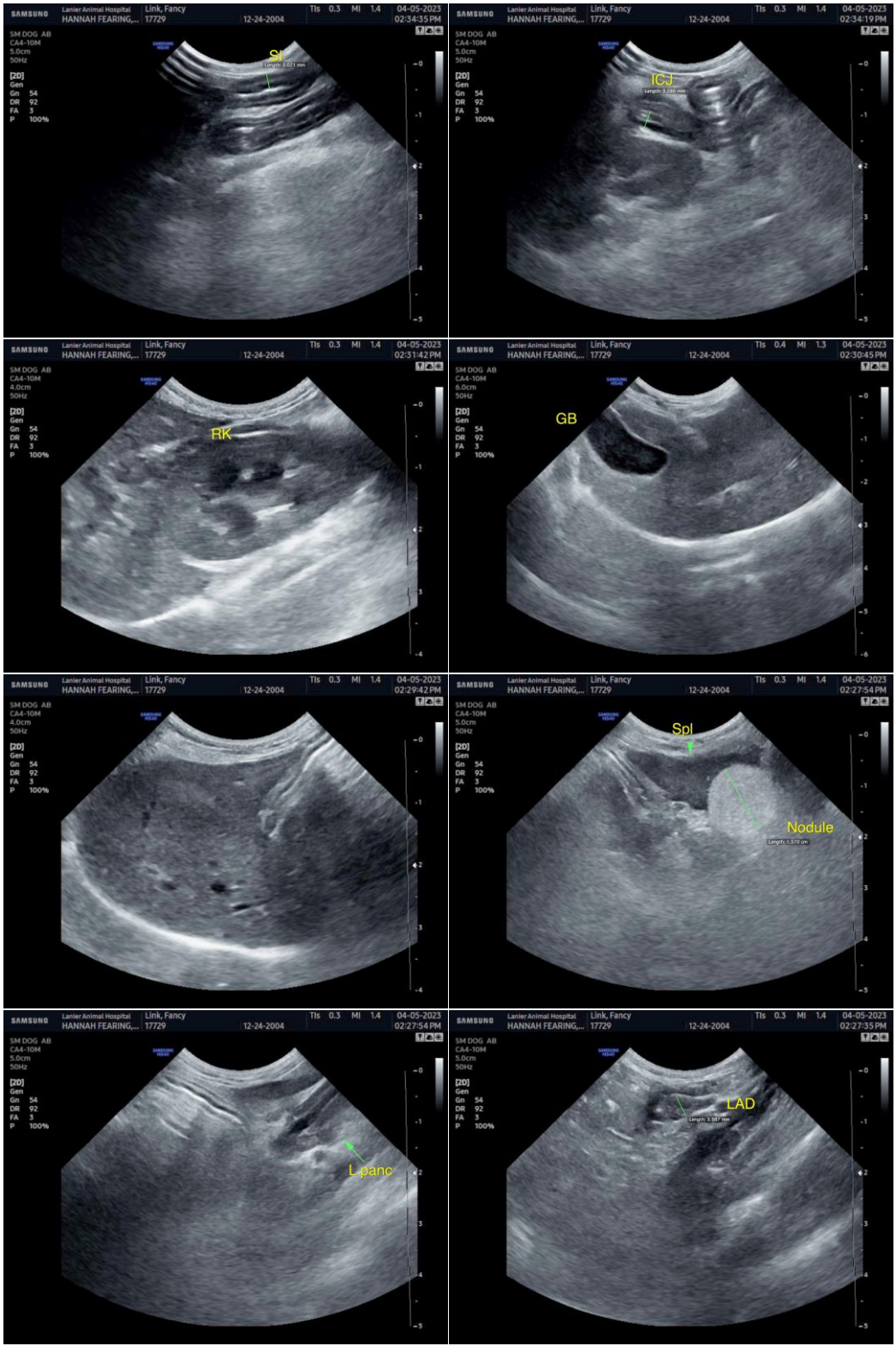

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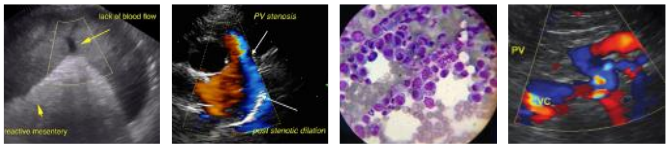

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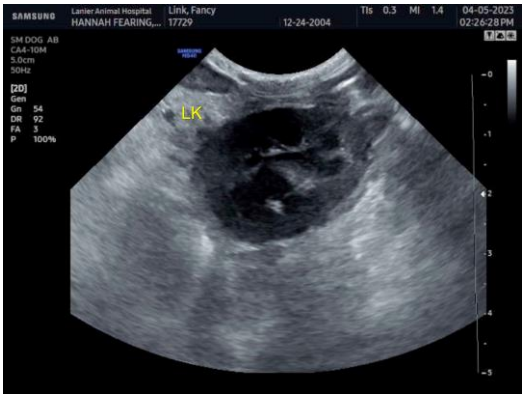

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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