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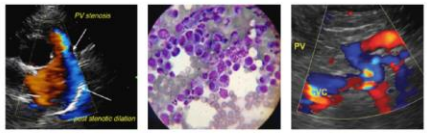

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Bandit Spindler

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

8 lbs. 5 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

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PRESENTING CLINICAL SIGNS

Weight loss.
Abnormal PE/Chem/CBC/UA Results: All bloodwork was within normal limits.

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. Nonspecific paracortical nodule was noted around the caudal medial aspect of the right kidney, along with regional hyperechoic caudomedial cortex echogenicity. The nodule measured approximately 1.3 cm x 0.61 cm. No overt evidence of concurrent retroperitoneal or subcapsular free fluid was noted. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width.

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.

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.

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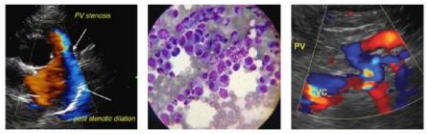

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Gastrointestinal

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 width measured 0.25 cm.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with focal to segmental propensity for mildly prominent to hypertrophied muscularis layer. The jejunum wall width measured 0.20 cm up to 0.45 cm wall width In areas of mild muscularis layer hypertrophy.

Normal visible colon wall layers were present with apparent formed 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 were evident.

Free Abdomen

Multiple 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 lymph node size was 1.9 cm x 0.55 cm. No evidence of overt peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Right kidney nonspecific paracortical nodule and associated hyperechoic caudomedial cortex
- Left kidney mild to moderate chronic renal changes
- Intact small bowel wall layering with focal to segmental mild muscularis layer hypertrophy
- Multiple mildly prominent hypoechoic to nonhomogeneous jejunocolic lymphadenopathy - hyperplasia, suspect reactive lymphadenitis owing to inflammatory enteropathy, minor potential for early neoplastic lymphadenopathy possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited focal to segmental mild mural changes suggestive of inflammatory potentially chronic inflammatory enteropathy. However, given the lack of reported gastrointestinal signs in this patient, this finding is nonspecific. The possibility of emerging neoplastic infiltrative enteropathy with round cells such as lymphoma in conjunction with the lymphadenopathy cannot be excluded and may be of potential concern, given the nonspecific right kidney paracortical nodule. This nodule may indicate focal to regional inflammation owing to cortical infarction or other inflammatory processes, although potential for emerging primary vs. metastatic neoplastic nodule is possible.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs to assess for thoracic pathology, +/- right kidney paracortical nodule and lymphatic FNA

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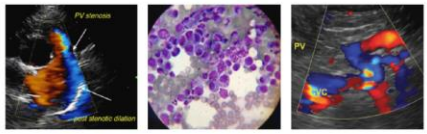

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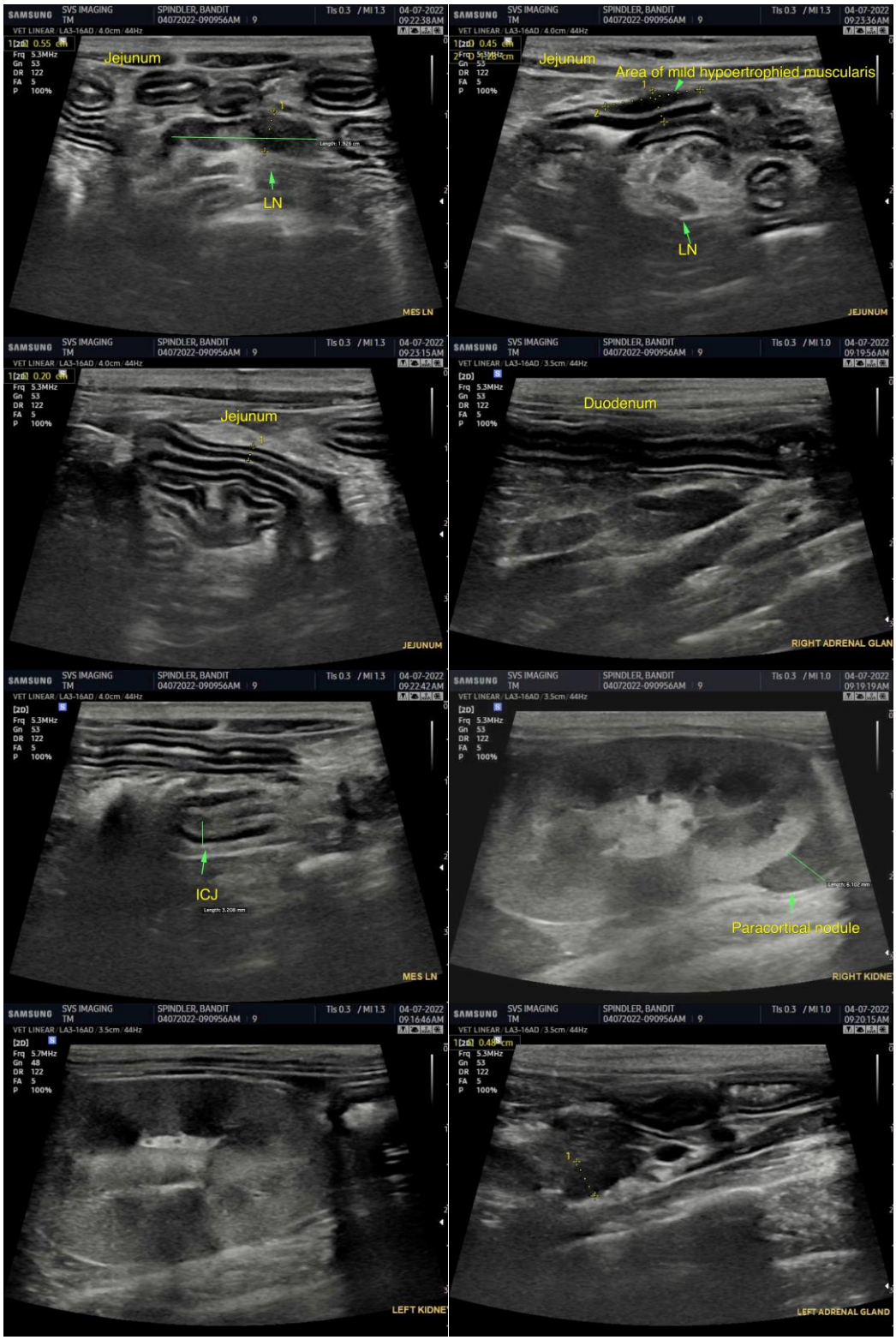
for screening cytology. Sonographic monitoring of the right kidney paracortical nodule, small bowel, and lymph nodes for evidence of progression Is recommended.



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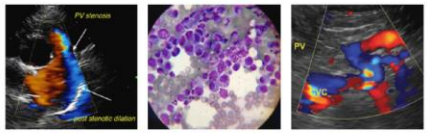

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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