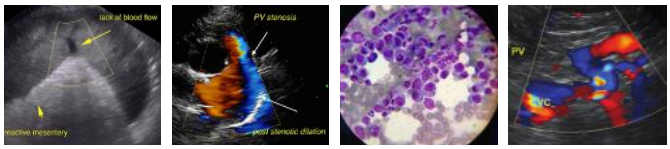
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Angel Lucas

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
12 yr

WEIGHT
7.26 lb

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

IMAGING PERFORMED BY
A. Rodriguez

HOSPITAL NAME
Foxfield Veterinary Services

REFERRING VET
Dr. Rodriguez

INVOICE
10636ag

DATE
05/16/2022

PRESENTING CLINICAL SIGNS

History: Wt loss. Unwilling to eat

Abnormal PE/Chem/CBC/UA Results: HCT: 22.6, RBC: 6,57, WBC: 3.55, Neut: 1.54, lymph: 0.38, mono: 1.4, Tbili: 2.2, T4: 1.3, Creat: 0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone to a depth of 2 cm. Anechoic urine was present in the lumen with mild urinary bladder 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.50 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 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. The spleen measured 0.63 cm in width at the level of the hilus.

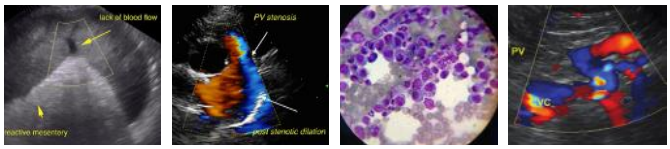
Liver

The liver exhibited the potential for mild generalized enlargement with uniform mildly increased parenchyma echogenicity exhibiting mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Scant peri hepatic free fluid was present. 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 minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with altered to inverted muscularis/mucosa ratio owing to generalized moderate to significantly thickened muscularis layer. No evidence of loss of intestinal wall layering or overt intestinal masses. The jejunum wall measured up to 0.4 cm in width. The ileocolic wall measured 0.48 cm in width.



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Normal visible colon wall layers were present with semi formed feces in the descending colon.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Multiple focally enlarged hepatic and 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 mild perilymphatic inflammation was evident. An example of lymph node size was 1.4 cm x 0.6 cm.

Scant peri hepatic free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Diffuse infiltrative enteropathy pattern exhibiting altered muscularis/mucosa ratio
- Subjective potential mild hepatomegaly, sonographically unremarkable gallbladder/CBD
- Associated hepatic and jejunocolic lymphadenopathy with mild peri lymphatic reactive mesentery
- Scant primarily peri hepatic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is consistent with infiltrative enteropathy with considerations including inflammatory (IBD/eosinophilic enteritis) vs neoplastic (lymphoma, mast cell neoplasia or other) infiltrative enteropathy. The associated lymphadenopathy may indicate hyperplasia, lymphadenitis or early neoplastic lymphadenopathy. Although no evidence of hepatic enzyme elevations were reported side from mildly elevated TBIL, the possibility of concurrent hepatopathy given the short half life of hepatic enzymes in cats cannot be excluded. Assuming normal clotting status, an ultrasound guided hepatic and lymphatic FNA for screening cytology could be considered. Full thickness intestinal +/- hepato-lymphatic biopsies would be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD therapy protocol would be reasonable. A guarded prognosis given the possibility of underlying neoplasia.

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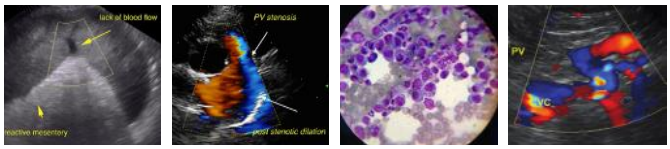

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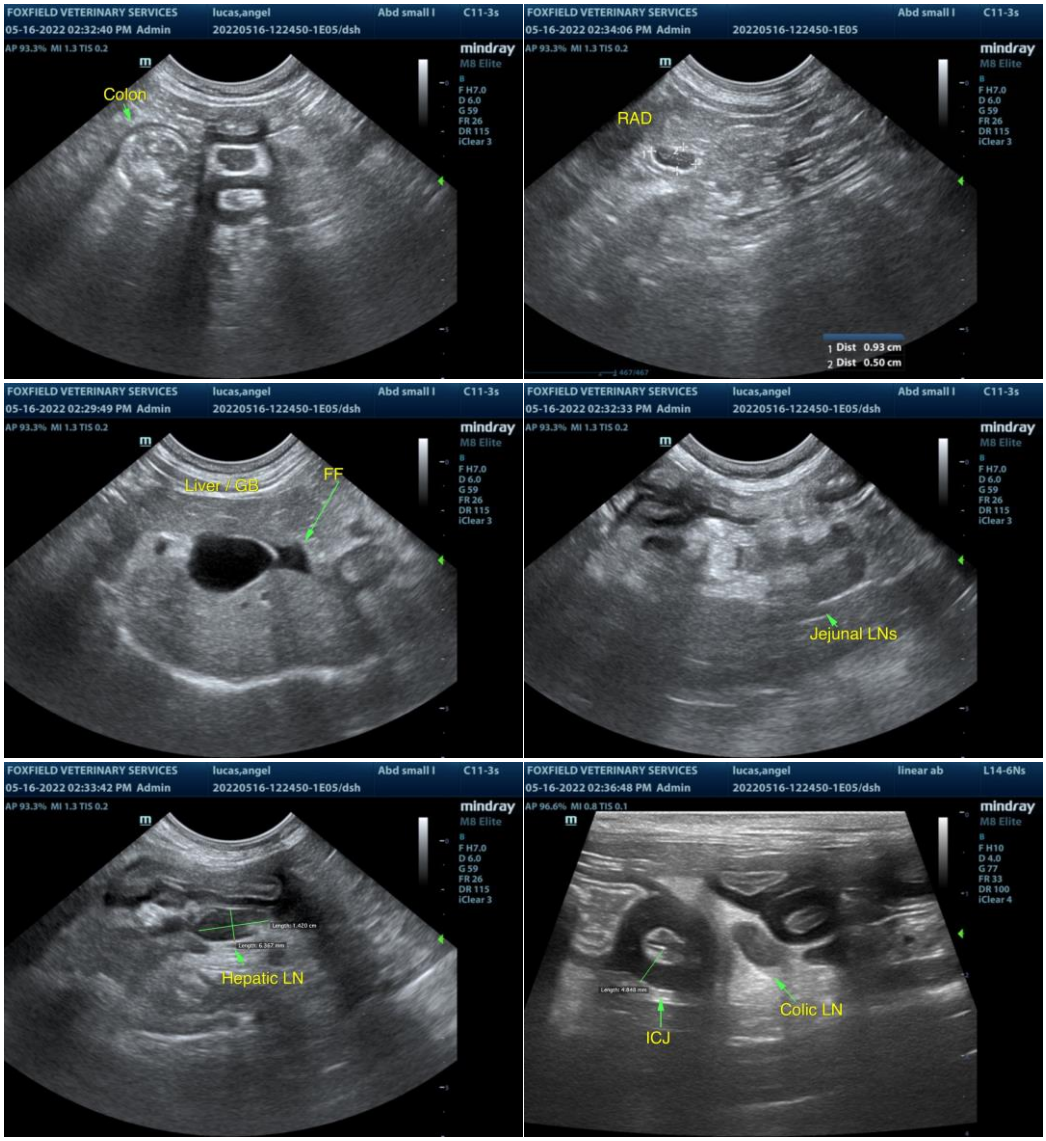

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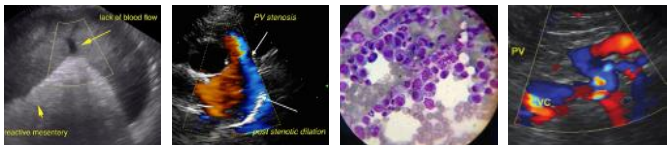

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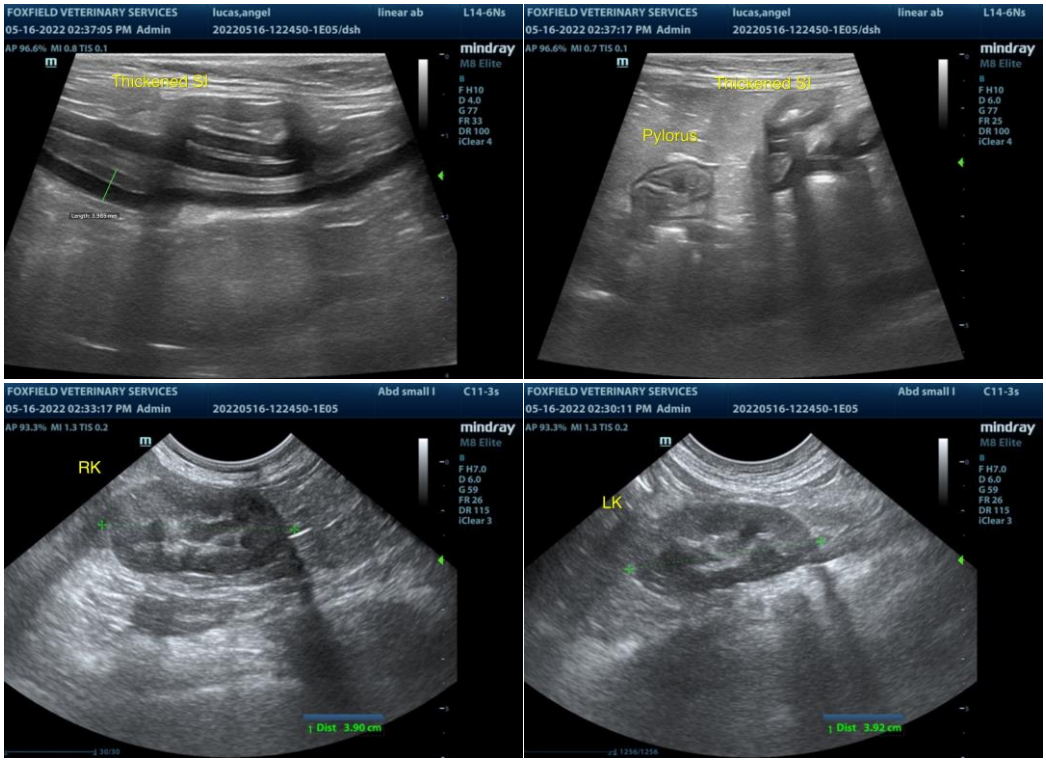

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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