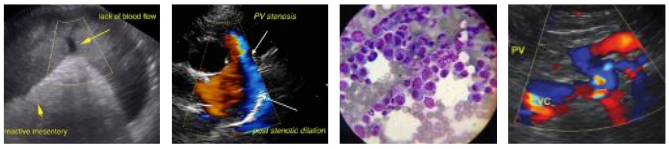
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nikki Constanini

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Kristin Pontenzone

INVOICE

13886

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Previously diagnosed with likely intestinal lymphoma vs. IBD - on Pred - still vomiting, recheck ultrasound today. Current meds: Prenisolone EOD and Pepcid.
Abnormal PE/Chem/CBC/UA Results: BNP 109, RBC 6.3 (HCT WNL).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

Normal size and margination were present in the kidneys. 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. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized potentially owing to suppression secondary to Prednisolone therapy. No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 0.61 cm width.

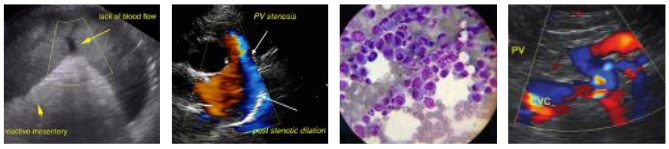
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained nonshadowing Ingesta / chyme. The gastric body wall width measured 0.20 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall width



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measured 0.35 cm. The jejunum wall width measured 0.35 cm. The ileocolic wall width measured 0.48 cm.

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 and focal pancreaticoduodenal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. The lymph nodes exhibited borderline abnormal width to length ratio (approximately 0.5). Evidence of mild perilymphatic reactive mesentery was evident. An example of a lymph node measured 1.8 cm x 1.1 cm. No effusion was noted.

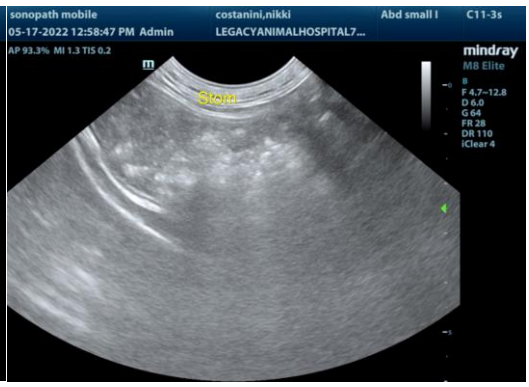
ULTRASONOGRAPHIC FINDINGS

- Subjectively static infiltrative enteropathy and associated jejunocolic and focal pancreaticoduodenal lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the small intestine and associated mesenteric lymphadenopathy was subjectively similar in appearance to the previous ultrasound without overt evidence of significant progression. Etiologies continue to include inflammatory vs. neoplastic infiltrative enteropathy with associated hyperplastic, inflammatory or potential early neoplastic lymphadenopathy. The possibility of low-grade to mild pancreatitis, often seen concurrently with an underlying intestinal disease in cats and which may present sonographically normal, cannot be excluded.

If not done, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Continued empirical therapy for IBD, which may include Prednisolone 1.0-2.0 mg/kg PO SID, empirical cobalamin supplementation, and as-needed gastrointestinal support, would be reasonable.



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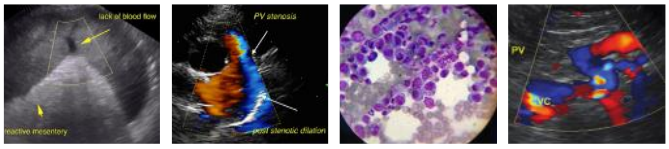

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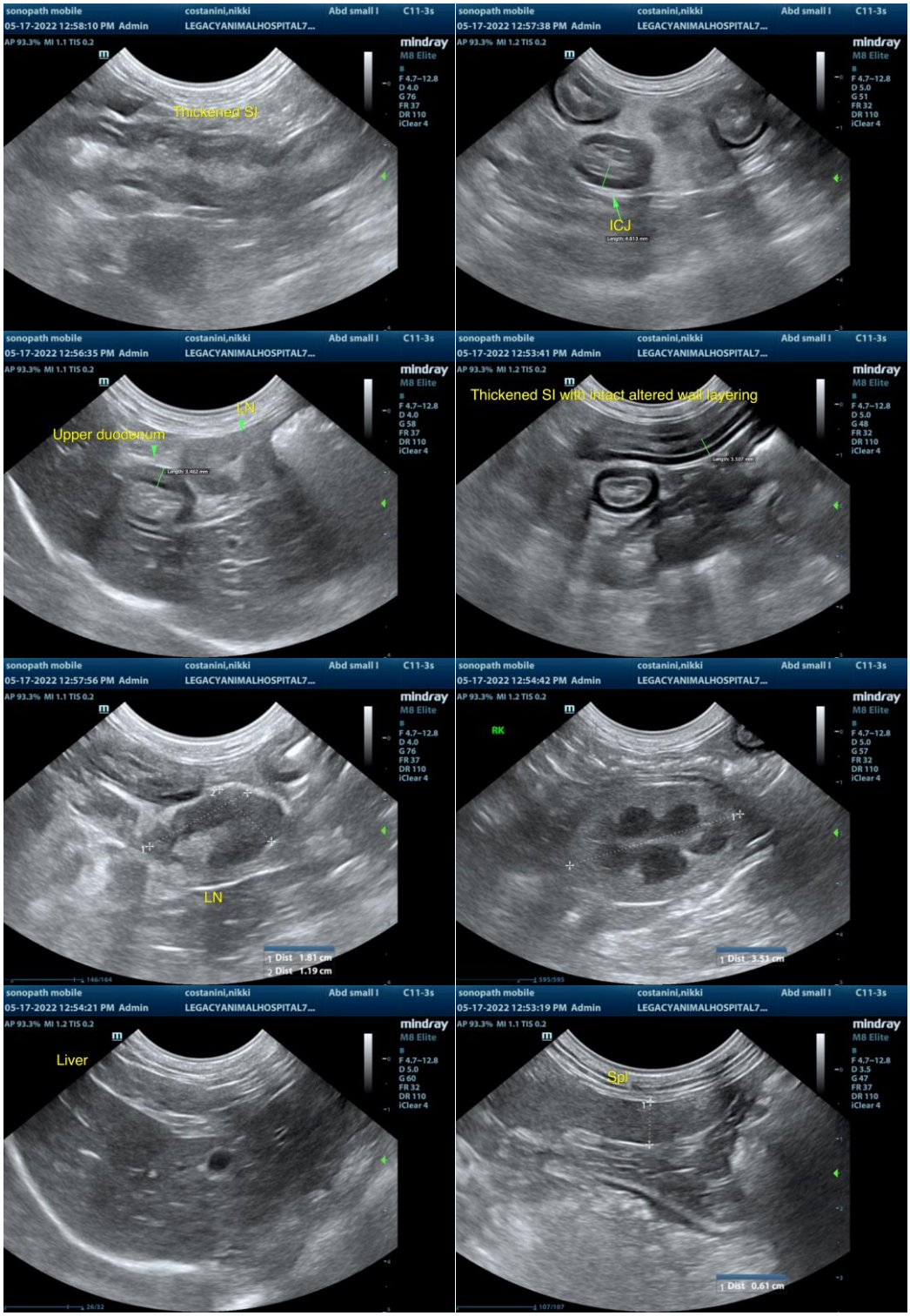

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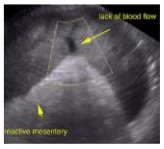
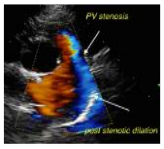
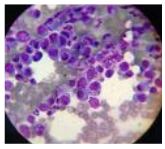
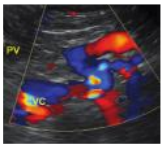

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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