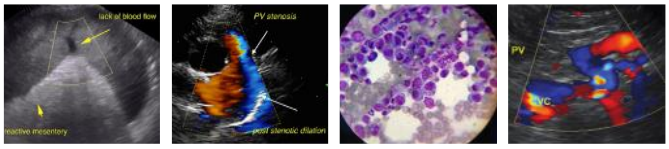
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Thumper Bruno

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14.5 y

WEIGHT

6.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

16719

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Tremendous weight loss, inappetence, on/off V/D Current meds: Flagyl, cerenia as needed, convenia, SQF, pepcid today

Abnormal PE/Chem/CBC/UA Results: 3/28/23 - neu 24705, wbc 30.5, mon 915, eos 2135

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, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

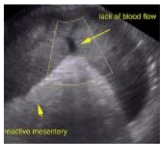
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

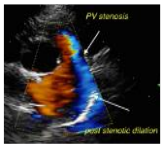
Liver/ Gallbladder

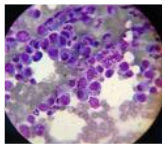
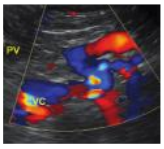
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size containing anechoic content with mild hyperechoic nonorganized debris. The proximal to mid common bile duct was mildly dilated and tortuous containing anechoic content without overt post hepatic obstruction. The common bile duct measured 0.15 cm diameter.

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.





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The small intestine presented generalized intact wall layering with subjective propensity for subtle to mildly prominent segmental muscularis and mucosa layers. No evidence of visualized loss of intestinal wall layering or intestinal masses to the level of the ileocolic junction. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.25 up to 0.30 cm width. The ileocolic wall measured 0.35 cm width.

Normal visible colon wall layers were present with subjective semi-formed to possible soft fecal matter.

Pancreas

The left limb of the pancreas extending into the pancreas base 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

Intermittent midabdominal mesenteric lymph 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). No omental masses or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with associated minor benign / reactive mesenteric lymphadenopathy
- Mild chronic active pancreatitis pattern left pancreatic limb
- Mild hepatic remodeling
- Gallbladder debris with nonobstructive proximal common bile duct dilation - age-related common bile duct changes, suspect mild cholangitis
- Chronic renal changes
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes without evidence of significant mural pathology based on mild gastrointestinal ultrasonographic changes and concurrent chronic active pancreatitis pattern, IBD, or other chronic inflammatory enteropathy with potential for Traiditis are considered most likely. A definitive diagnosis would require sampling for histopathology including full-thickness intestinal biopsies.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the weight loss. Urine C/S on a sterile urine sample is suggested if evidence of inflammatory debris on urinalysis.

Potential for occult to low-grade intestinal neoplasia may present in a similar sonographic manner and cannot be definitively excluded. Empirical IBD / Triaditis protocol with as-needed gastrointestinal support, assessment of clinical response, and monitoring of body weight going forward would be reasonable.

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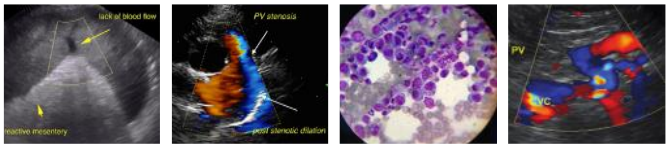

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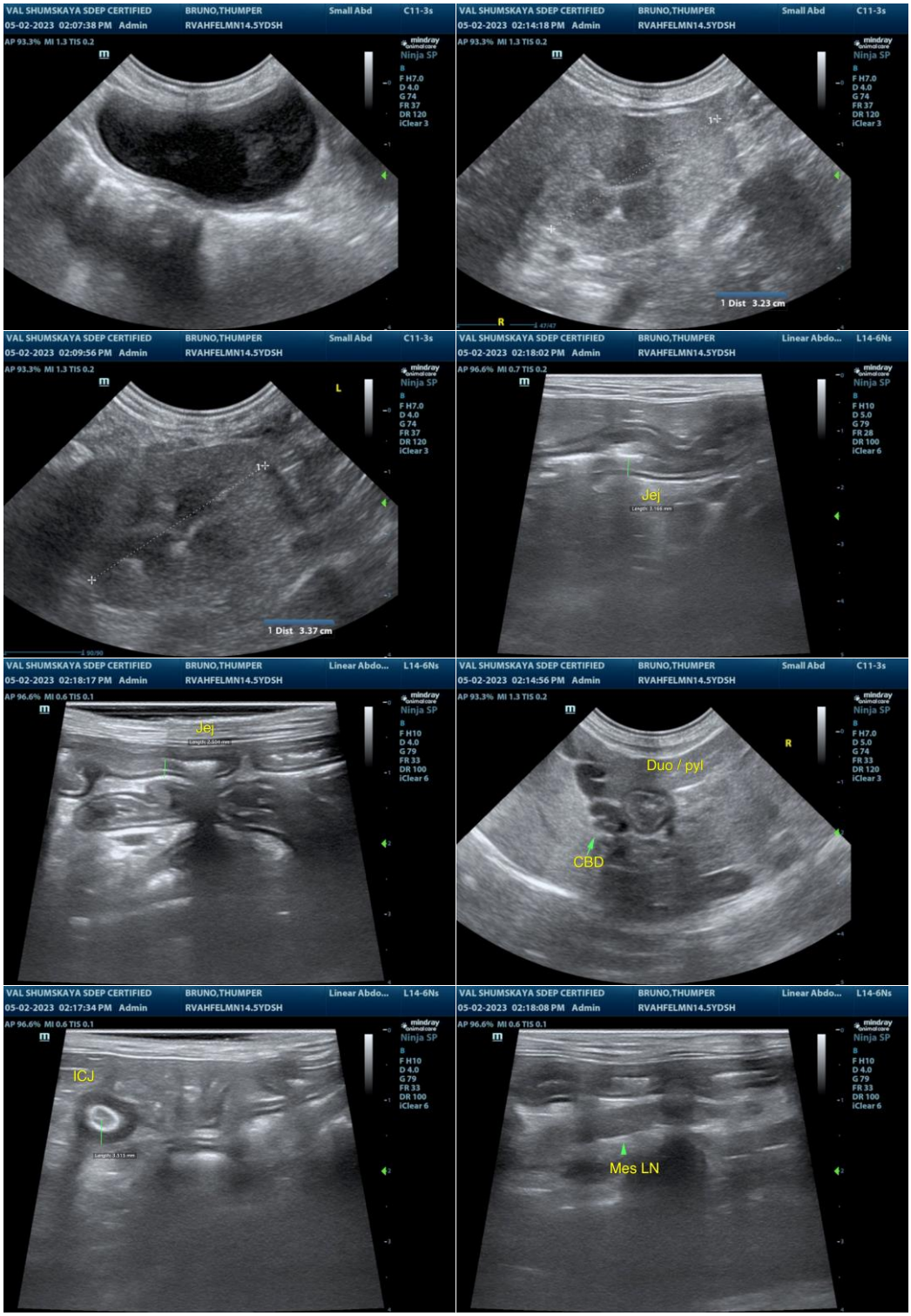

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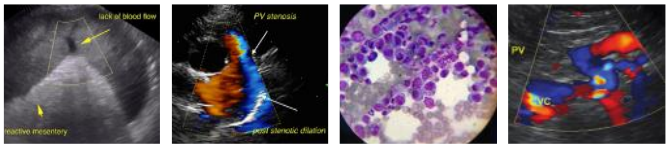

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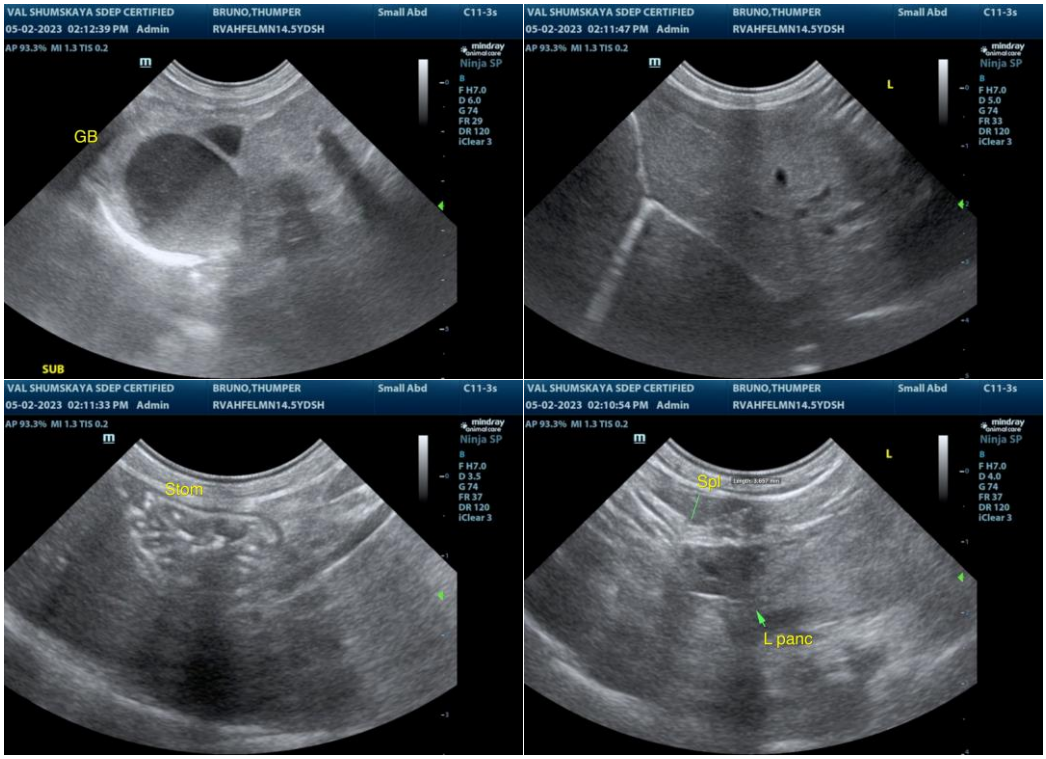

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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