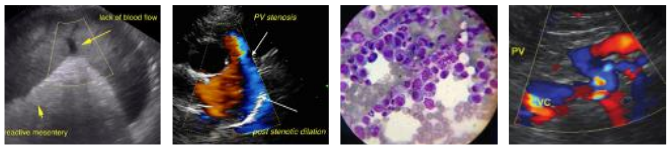
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jenga Bartlett

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16 Years

WEIGHT
3.19 kg

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

IMAGING PERFORMED BY
Dr. Andrew Holmes

HOSPITAL NAME
Cedarview AH

REFERRING VET
Dr. Andrew Holmes

INVOICE
37813

DATE
5/20/22

PRESENTING CLINICAL SIGNS

Decreased appetite for 2 days, hiding uncomfortable, and abdominal breathing noted by the owner.
haematology / biochemistry all within normal limits
Abnormal PE/Chem/CBC/UA Results: radiographic findings - Moderate to severe generalized cardiomegaly. Hypertrophic cardiomyopathy is a top consideration. Other cardiomyopathies and other acquired cardiac diseases cannot be excluded. There is no definitive evidence of congestive heart failure. 3. Severe colonic distention with abnormal positioning is concerning for possible colonic torsion, however severe distention associated with colitis or neurogenic dysfunction and atypical positioning due to adhesions is also possible. 4. Moderate to severe small intestinal dilation with some intestinal segments being of normal diameter. This is most consistent with mechanical obstruction possibly due to non-visible foreign material, mass, intussusception, or incarceration. It cannot be entirely ruled out that this is due to functional ileus associated with a diffuse enteropathy (IBD, intestinal lymphoma).

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 were noted.

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.

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.

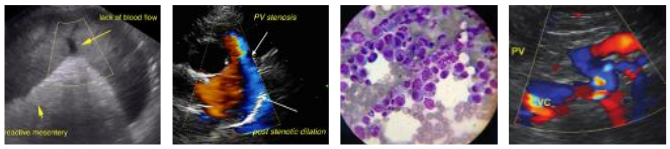
Liver

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio owing to generalized propensity for prominent muscularis layer. No overt



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evidence of loss of intestinal wall layering or intestinal masses. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.33 cm.

Normal visible colon wall layers were present with subjective semiformed to soft feces.

Pancreas

The visualized pancreas exhibited normal size and contour with subtle uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. Example measured 2.1 cm x 0.63 cm. 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.

Small pockets of intermittent scant peritoneal free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy – inflammatory (IBD/eosinophilic enteritis) versus neoplastic (lymphoma or other) possible.
- Associated mesenteric lymphadenopathy – hyperplasia, reactive lymphadenitis owing to inflammatory bowel, early neoplastic lymphadenopathy possible.
- Possible low-grade pancreatitis.
- Overtly normal colon containing semiformed to soft feces.
- Scant peritoneal free fluid.
- Mild gallbladder debris – likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI panel to include PLI, TLI, cobalamin and folate recommended for further assessment, especially if evidence of weight loss. Ultrasound guided FNA of a mesenteric lymph node could be considered for screening cytology +/- culture and sensitivity if clinically indicated. Full thickness intestinal biopsies likely required for definitive diagnosis. Correlation with full CBC/Chem panel and urinalysis recommended. Potential for triad disease if evidence of hepatic enzyme elevation and pending GI panel results. No evidence of colonic torsion or mechanical gastrointestinal ileus/obstruction.

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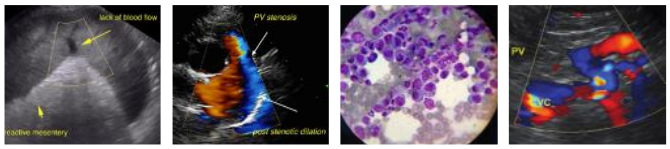

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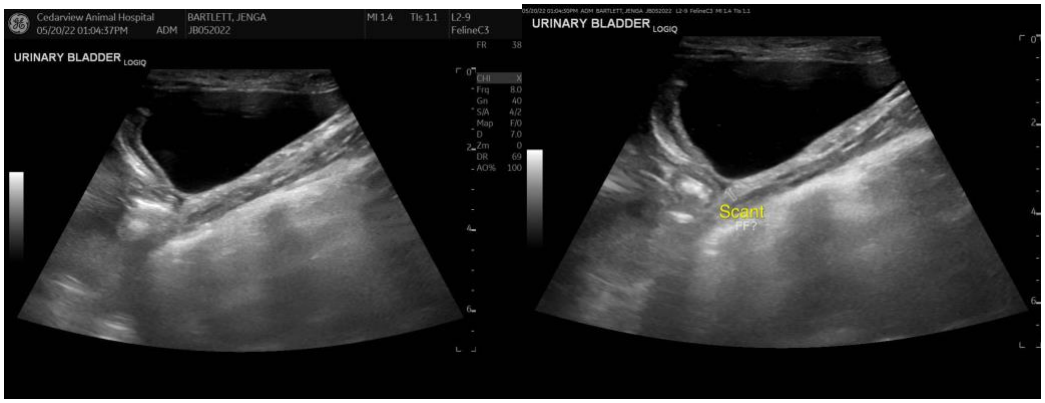

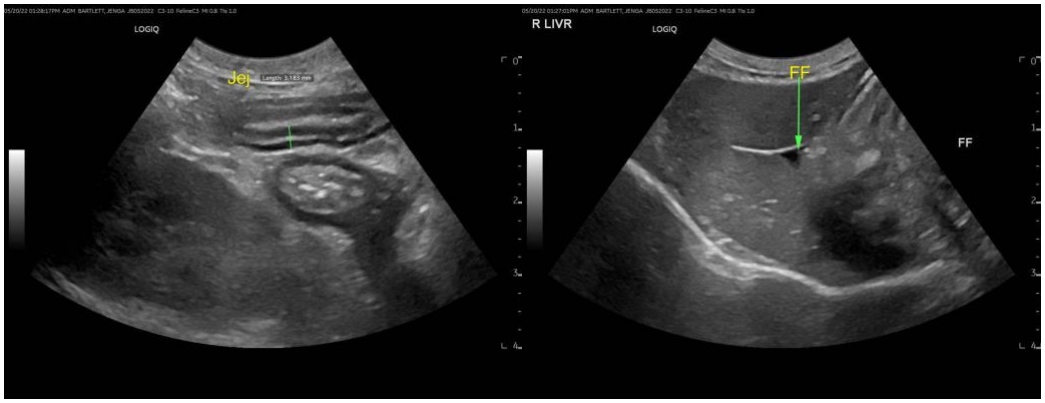

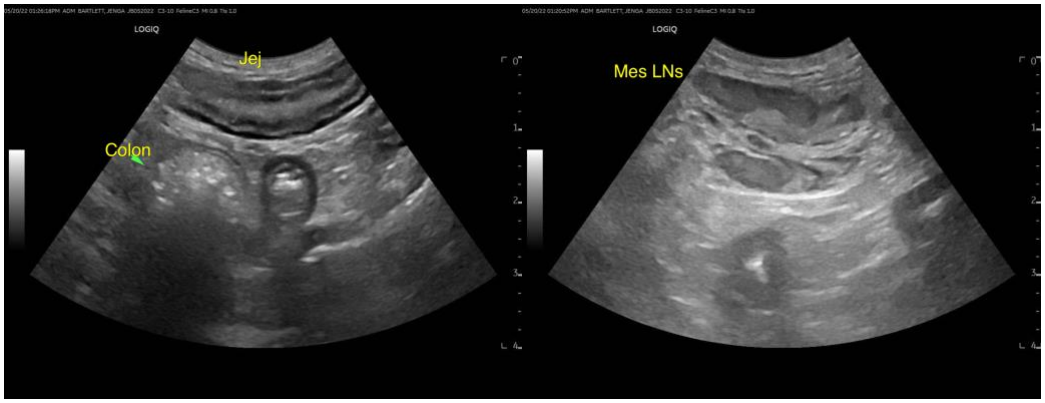

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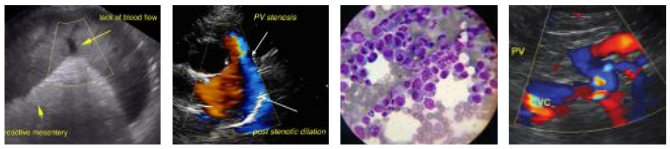

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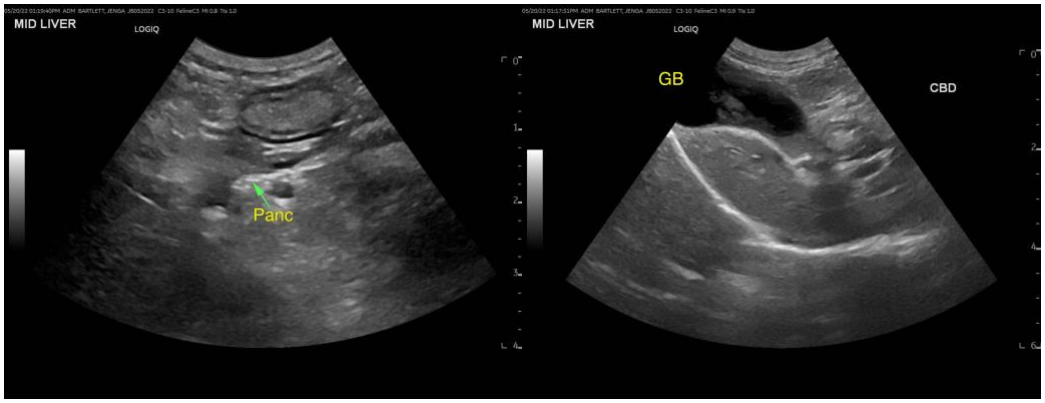

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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