

PATIENT

PRESENTING CLINICAL SIGNS

Boots Ciattei

Chronic diarrhea Diabetes- controlled Current Medications Prozac insulin 1 unit q12h, 0.25ml vitamin B12 SQ q1 week

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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 was noted.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

16 years

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex was mildly prominent exhibiting subtle increased echogenicity. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

10.3 lbs.

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were mildly prominent in size exhibiting uniform parenchyma and capsule symmetry. The left adrenal gland measured 0.46 cm width. The right adrenal gland measured 0.66 cm width.

Spleen

IMAGING PERFORMED BY

Jenna Walsh, CVT

The spleen exhibited overall normal size with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured 0.52 cm in diameter.

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

Liver/ Gallbladder

INVOICE

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The liver exhibited possible mild enlargement with normal to subtle uniform increased hepatic parenchyma echogenicity. No masses or nodules were noted. The gallbladder was non-distended in size sonographically normal gallbladder walls containing primarily anechoic content with a solitary mineral to small cholelith present. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

DATE

5/4/22



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Gastrointestinal

Boots Ciattei

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.

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The small intestine presented intact yet segmental to generalized prominent wall layering. The jejunum wall width measured up to 0.31 cm. The ileocolic wall width measure 0.48 cm.

BREED

DSH

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

MN

Pancreas

The pancreas exhibited subtle prominent size with areas of capsule asymmetry with mildly hypoechoic to nonhomogeneous parenchyma and minor pancreatic duct dilation.

AGE

16 years

Free Abdomen

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). An example lymph node measured 2.2 cm x 0.73 cm. Subtle perilymphatic reactive mesentery was present. No effusion was noted.

WEIGHT

10.3 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Intact yet mild segmental to generalized thickened small intestine
- Midabdominal nonspecific yet subjective benign mesenteric lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis likely
- Nonspecific chronic renal changes
- Mildly prominent bilateral adrenal glands (more prominent right adrenal gland) - nonspecific, patient variant, benign hyperplasia, no overt evidence of adrenal neoplastic criteria
- Nonobstructive small gallbladder cholelith with minor nonobstructive proximal common bile duct dilation
- Probable chronic active pancreatitis

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This proximal common bile duct dilation suggests age-related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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The small intestine exhibited subtle mural changes, which although may indicate a potential patient variant, are suggestive of underlying inflammatory enteropathy in conjunction with associated benign mesenteric lymphadenopathy. Some contribution to the chronic diarrhea in this patient may be secondary to dietary indiscretion / food intolerance or chronic active pancreatitis. Further assessment

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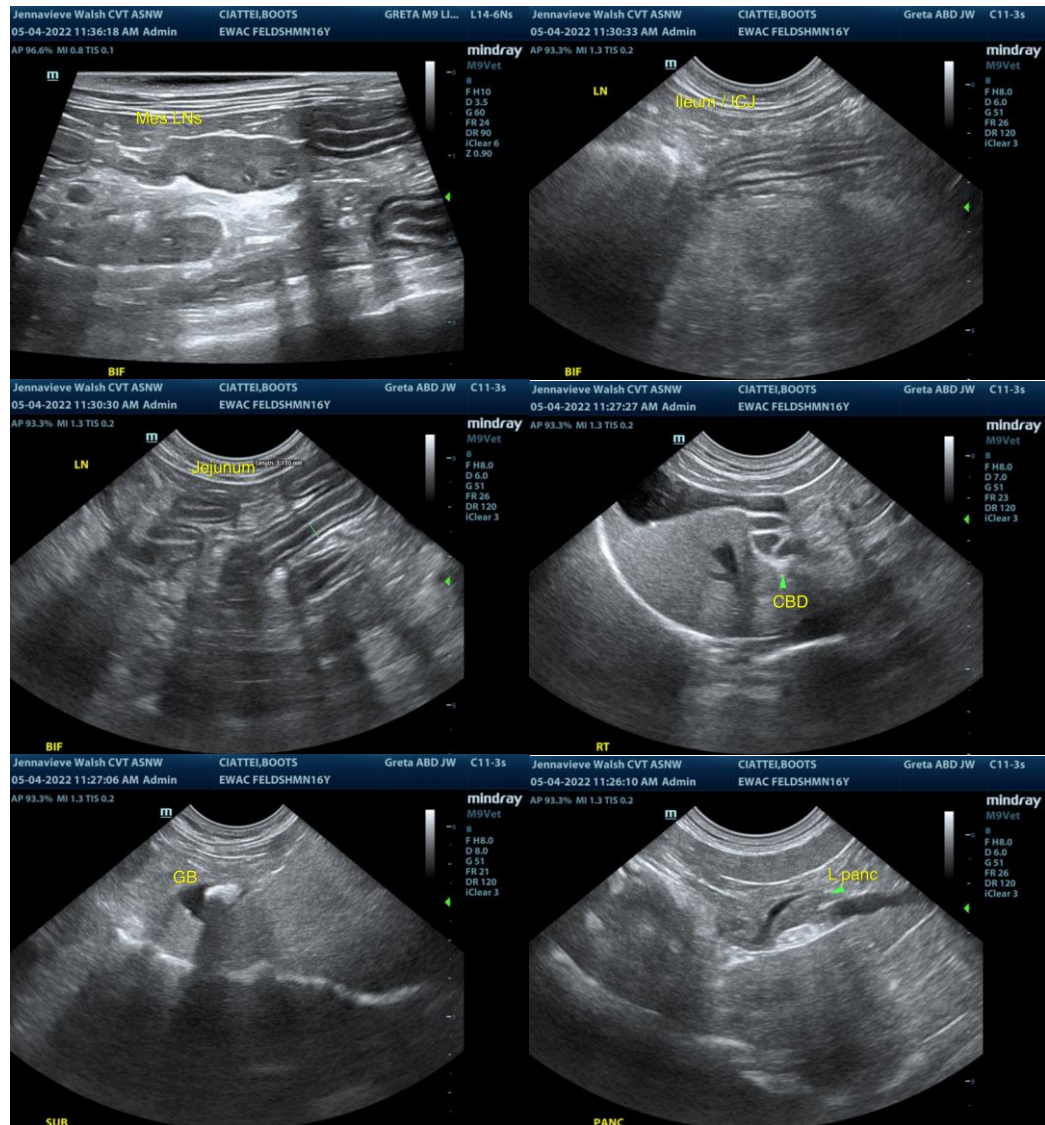
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may include a GI panel to include PLI/TLI/Cobalamin/Folate. Pending GI panel results, If elected, continued empirical cobalamin supplementation, hydrolyzed diet trial, and high colony count probiotic, could be considered.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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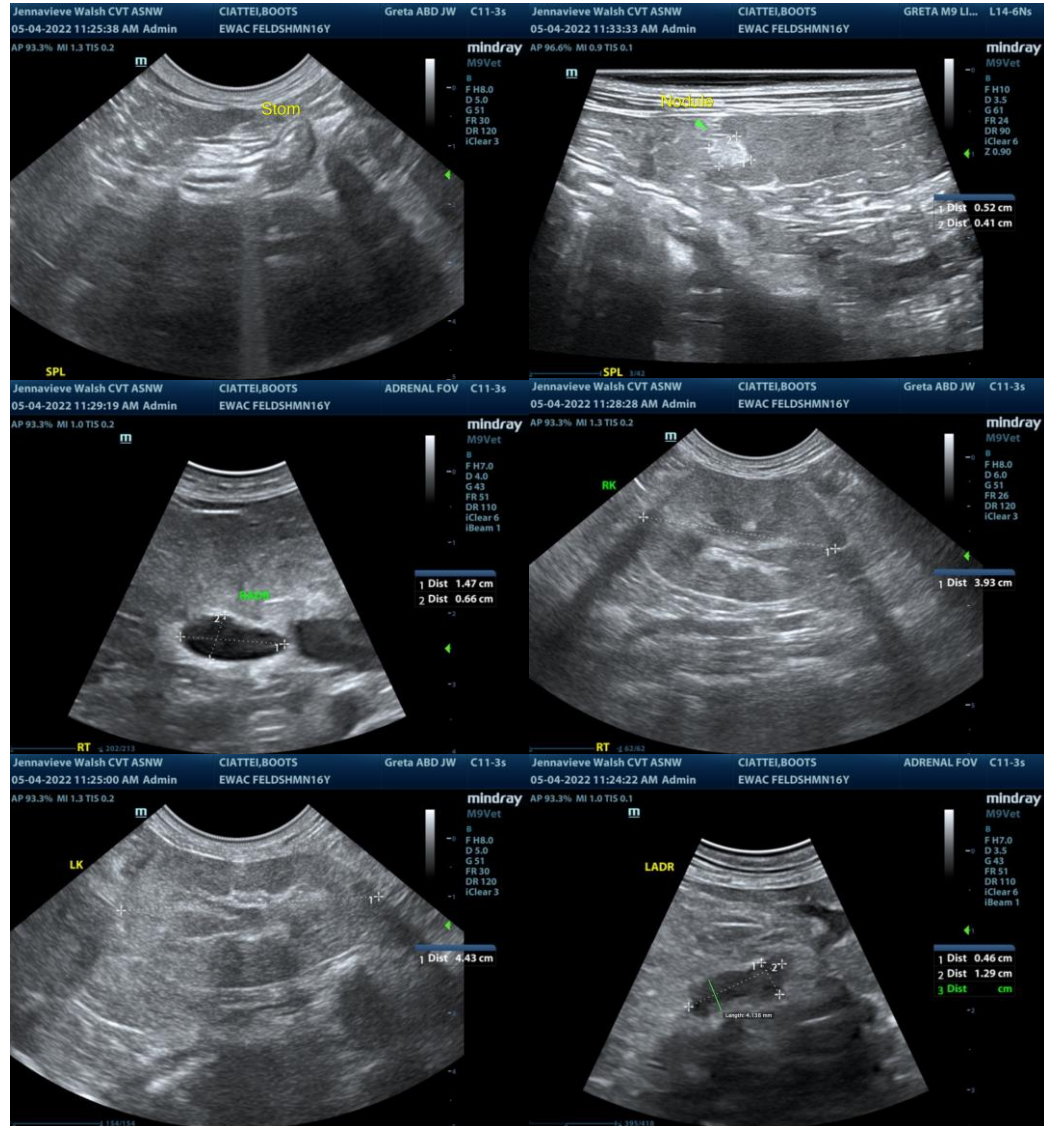
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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