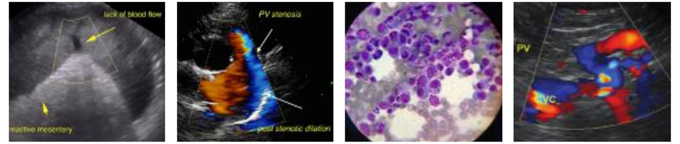
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Momma Bean Kaiser

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13 years

WEIGHT
3.5 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Bridgeland VC

REFERRING VET
Dr. Elock

INVOICE
17075

DATE
6/13/23

PRESENTING CLINICAL SIGNS

Had AUS back in Sept 2022 with suspicion of either inflammatory enteropathy or neoplasia. Intestinal biopsy confirmed lymphoma. She is undergoing therapy for this and has done well until more recently developed some difficult defecating. Follow AUS today to assess for further changes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate-mildly hyperechoic sediment 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.

No evidence of pathology in the area of the aortic trifurcation.

The left kidney was borderline subnormal in size with 1:3 cortex / medulla ratio. Mild nonuniform increased cortex echogenicity was present. Normal medullary volume was noted. There was no left kidney pyelectasia. The left kidney measured 3.0 cm in length.

The right kidney was normal in size with 1:3 cortex / medulla ratio. Mild nonuniform increased cortex echogenicity was present. Normal medullary volume was noted. There was no right kidney pyelectasia. The right kidney measured 3.5 cm in length.

Adrenal Glands

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

Spleen

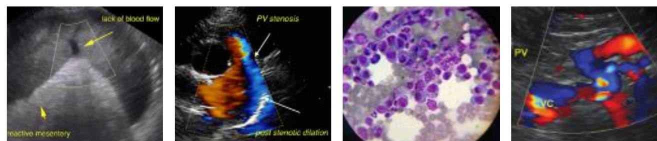
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.8 cm width at the level of the hilus.

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 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 wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present with no signs of ileus, obstruction, or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.21 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.30 cm width.

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

Pancreas

The left pancreatic limb was normal in size with minor capsule asymmetry and heterogeneous, isoechoic parenchyma compared to adjacent omentum. Left limb pancreatic duct dilation was present.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

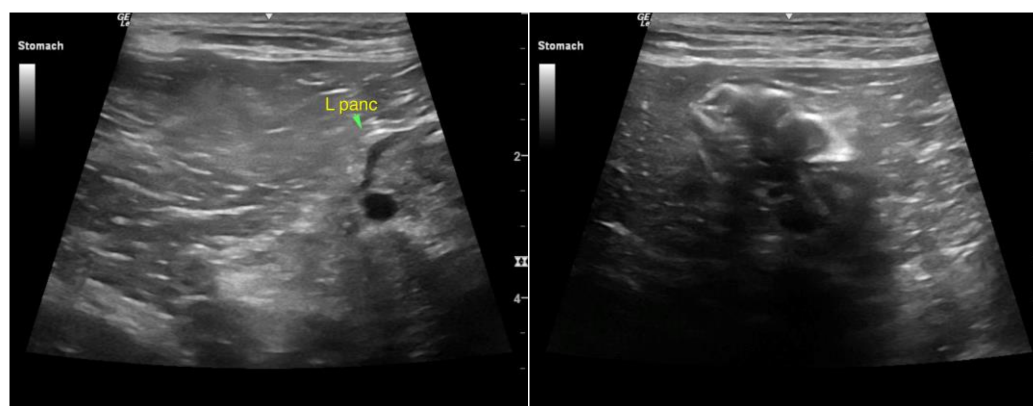
ULTRASONOGRAPHIC FINDINGS

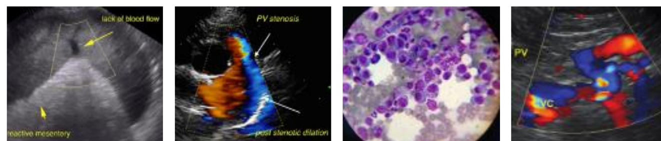
- Sonographically unremarkable gastrointestinal tract / colon - no evidence of progressive gastrointestinal mural changes or masses
- Heterogeneous pancreas with static mild pancreatic duct dilation - potential chronic pancreatitis
- Bilateral subjective mildly progressive chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Baseline UPC level is suggested if evidence of proteinuria without inflammatory sediment.

No overt evidence of visualized colic mural pathology as an obvious cause or contributing factor to the abnormal defecation. Continued therapy for intestinal lymphoma with as-needed gastroenterocolic support is recommended.





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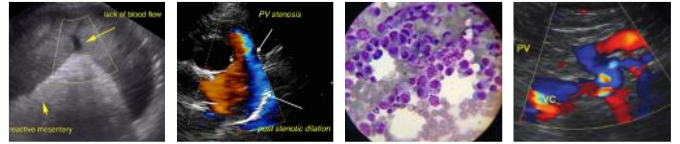

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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