



PATIENT

Zippy Stein
Abd Recheck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 yrs

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

14098

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Patient with history diabetes, segmental enteropathy and hypoechoic to prominent mid-abdominal mesenteric lymph nodes - concern for IBD vs. neoplasia (found on ultrasound performed on 4/27/22), presents for recheck abdominal ultrasound and possible FNAs. Current meds: insulin.

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 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 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. The right kidney exhibited a focal area of medullary mineral exhibiting distal acoustic shadowing. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 0.95 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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 gastric body wall width measured 0.24 cm.

The small intestine exhibited progressive segmental thickening with Intact yet altered wall layer ratio and associated segmental nonobstructive to potential mild paralytic ileus. Intestinal wall width in areas of segmentally thickened intestine measured 0.89 cm. By comparison, relatively normal-appearing small Intestine exhibiting intact wall layering and with maintained 1:3 muscularis / mucosa ratio measured 0.27 cm width.

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

Progressive (compared to the previous study), hypoechoic to swollen mesenteric and focal hepatic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Perilymphatic to peri intestinal reactive mesentery was noted. An example of a mesenteric lymph node measured 1.9 cm x 1.8 cm. An example of a hepatic lymph node measured 1.6 cm x 1.0 cm. No overt free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Static chronic renal changes with right kidney medullary mineral
- Progressive segmental small intestinal thickening with associated mild ileus
- Progressive hypoechoic to swollen mesenteric and focal hepatic lymphadenopathy
- Associated mild perilymphatic and peri intestinal reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment (FNA of the thickened intestine and enlarged mesenteric lymph node obtained at the time of ultrasound), the progressive segmental small intestinal thickening, as well as progressive lymphadenopathy are strongly concerning for neoplastic Infiltrative enteropathy and associated lymphadenopathy vs. inflammatory Infiltrative enteropathy and associated mesenteric lymphoid hyperplasia or lymphadenitis.

Correlation with pending cytology and potential for oncology consultation is suggested. Three view chest radiographs are recommended if not done. Potentially, full-thickness and lymphatic biopsies may be required for a definitive diagnosis.



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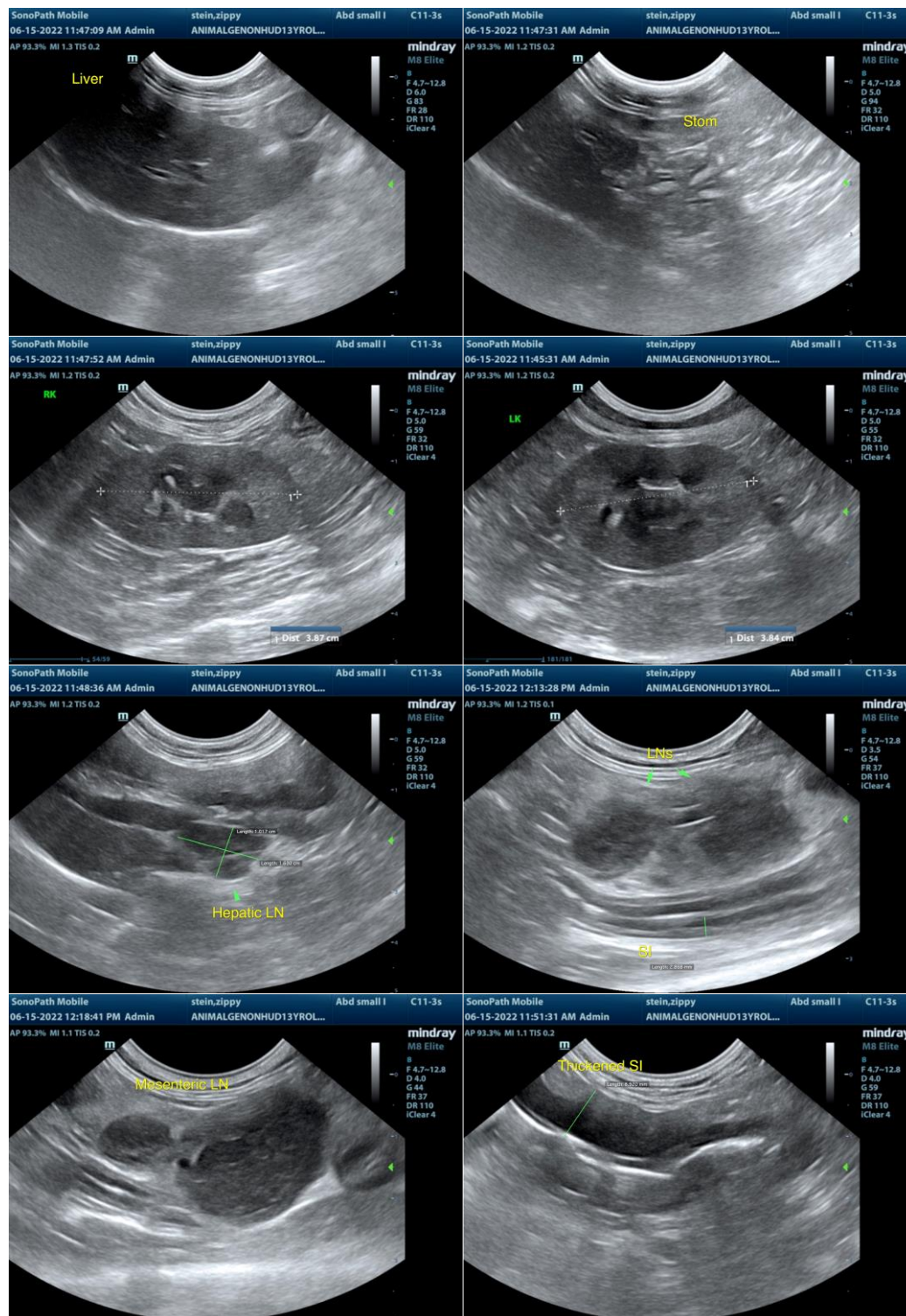
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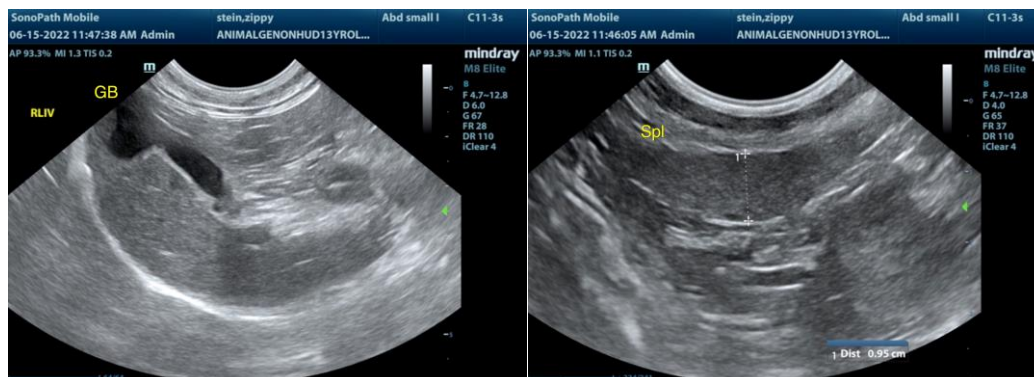
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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