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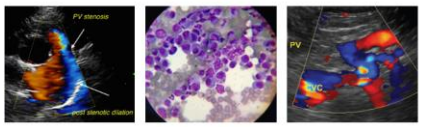

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Richard Spangler

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 yr

WEIGHT

11.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Sue Hartmann

INVOICE

10876ag

DATE

06/22/2022

PRESENTING CLINICAL SIGNS

History: Weight loss vomiting.

Abnormal PE/Chem/CBC/UA Results: Diagnosed with Hyperthyroid disease 5/19/22 T4 today 1.5 - stable Still losing weight. (.5# in last month). 2# since last year. Eating ok but vomits multiple times a day (sometimes hairballs, sometimes food) Rest of BW done in May - unremarkable except SDMA 18 (T4 5.3 before starting meds.)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent particulate 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 was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney exhibited borderline subnormal size measuring 2.95 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.30 width and the right adrenal gland measured 0.43 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.

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 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. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

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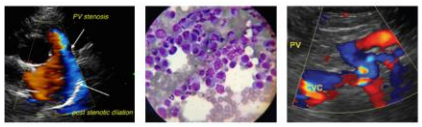

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The jejunum and ileum to the level of the ileocolic junction exhibited intact yet prominent wall layering with a prominent jejunoileal muscularis layer. No evidence of loss of wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm in width. The jejunum wall measured up to 0.27 cm in width. The ileocolic wall measured 0.34 cm in width.

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

Pancreas

The distal left pancreatic limb exhibited focal to regional hypoechoic parenchyma. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

Free Abdomen

No peritoneal effusion was present.

Intermittent mildly prominent to enlarged pancreatic, duodenal and jejunal 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).

ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern
- Intermittent benign/reactive pancreatic duodenal and jejunocolic lymph nodes
- Potential chronic to focal chronic active pancreatitis pattern
- Bilateral chronic renal changes
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes suggestive of inflammatory enteropathy/IBD, there is minor potential for emerging to low grade neoplastic infiltrative enteropathy such as lymphoma which may present in a sonographically similar manner which cannot be excluded but is thought less likely.
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal biopsies would be required for a definitive diagnosis. Empirical GI support and medical therapy for probable IBD and low grade pancreatitis with assessment of clinical response and monitoring of body weight would be reasonable.

Three view chest radiographs suggested to rule out occult thoracic pathology as a contributing factor to the patient's clinical signs and weight loss.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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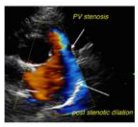
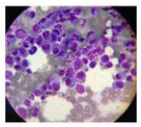
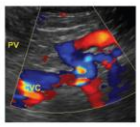

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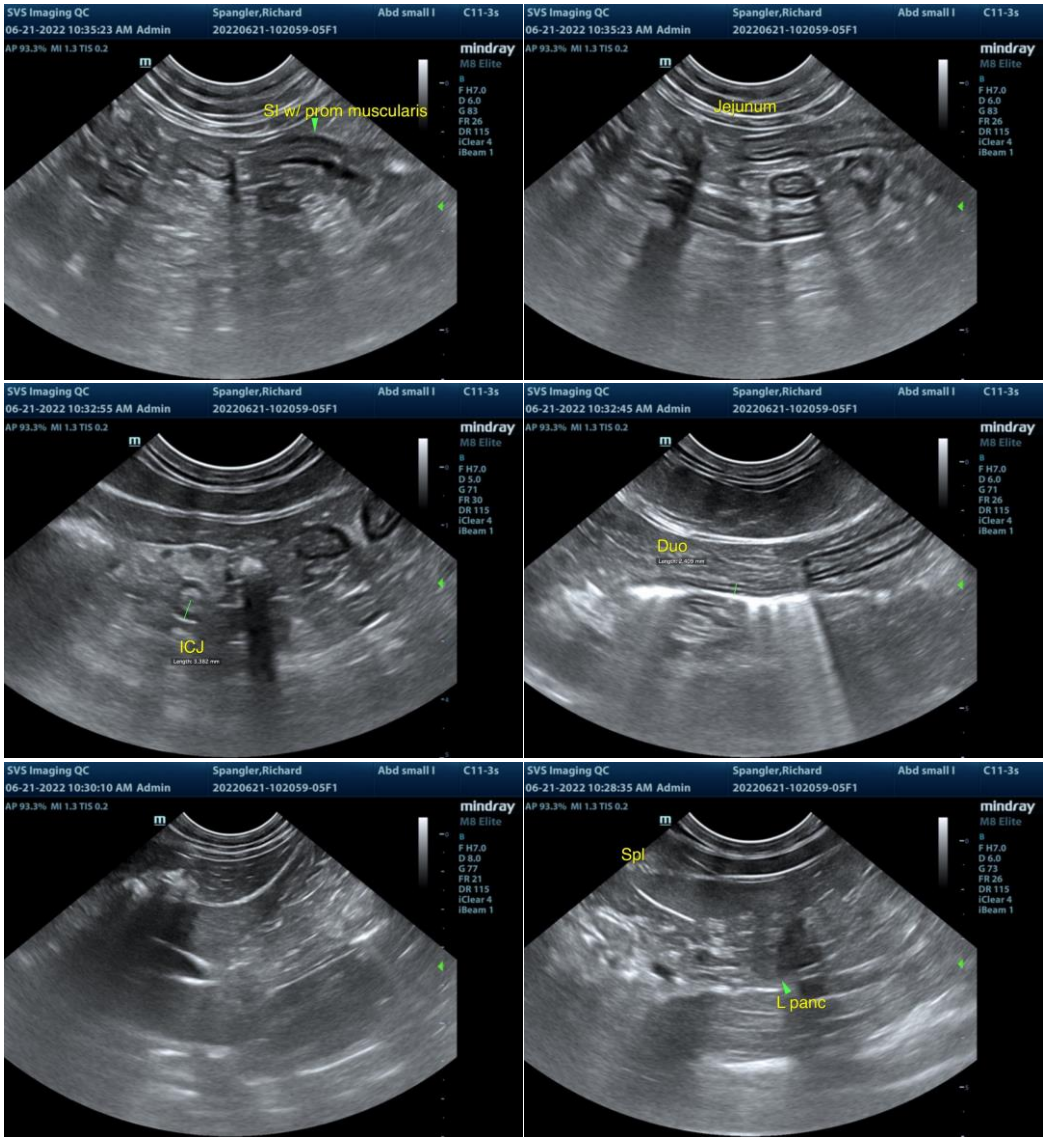

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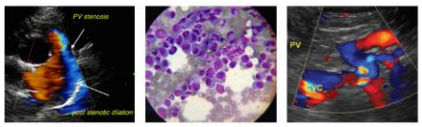

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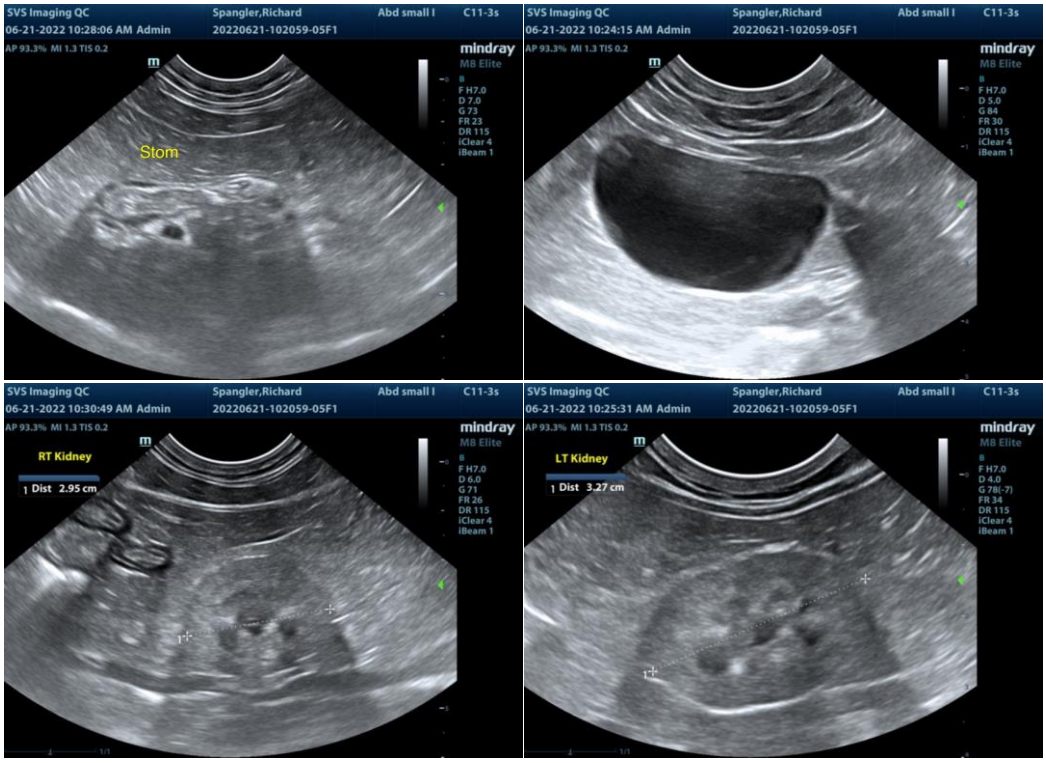

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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