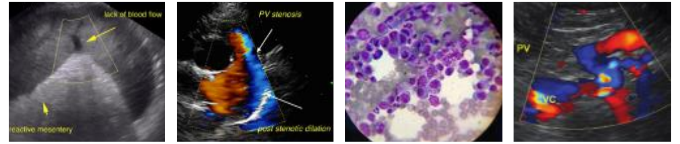

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1-800-838-4268 info@sonopath.com

PATIENT

Harry Vranesich

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

16236

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Patient presents for intermittent lethargy and vomiting. Vomiting occurs typically after eating. Diet Fancy Feast. No current meds.
Abnormal PE/Chem/CBC/UA Results: Amylase 1484, PrecPSL 42.

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.

The left kidney was subnormal in size compared to the right kidney. 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. No evidence of pelvic dilation was present. The left kidney measured 2.0 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 0.42 cm.

No overt pathology in the area of the right adrenal gland.

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 0.74 cm in width at the level of the hilus.

Liver

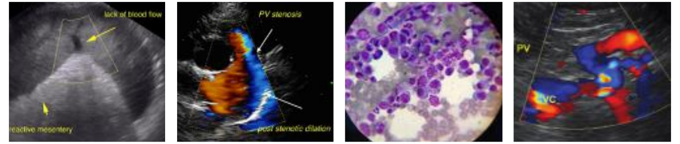
The liver exhibited potential for mild enlargement with primarily maintained symmetrical capsule contour. Nonuniform hepatic parenchyma was noted, exhibiting multifocal nondisruptive subtle hypoechoic to mildly cystic nodular changes.

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 and sonographically unremarkable wall layering. The lumen of the stomach contained moderate retained nonshadowing ingesta/chyme. The gastric body wall measured 0.26 cm.

The small intestine exhibited primarily intact and discernable wall layering with segmental propensity for mildly prominent to thickened walls, owing to mildly prominent mucosa. Generalized duodenal and mild segmental jejunal ileus pattern was present. No overt evidence of mechanical obstruction or



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foreign material. The duodenum wall measured 0.27 cm. The jejunum wall measured 0.29 cm. The ileocolic wall measured 0.39 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

Pancreas

The pancreas was normal in size with areas of capsule asymmetry with mild nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was present.

Free Abdomen

A solitary mildly prominent to hypoechoic medial iliac lymph node was noted, adjacent to the aortic trifurcation.

Intermittent to multiple mildly prominent nonhomogeneous mildly cystic mesenteric lymph nodes were present. An example of lymph node size measured 3.4 cm x 1.0 cm. Minor perilymphatic hyperechoic mesentery was noted around some of the mesenteric lymph nodes.

No free fluid noted. The omentum exhibited uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonhomogeneous liver, exhibiting multifocal nondisruptive mildly hypoechoic to cystic nodular parenchyma changes
- Sonographically unremarkable stomach, containing retained gastric ingesta/chyme
- Suspect chronic enteropathy, exhibiting segmental ileus to potential inefficient peristalsis
- Intermittent nonhomogeneous mildly cystic mesenteric lymphadenopathy- subjectively benign, chronic hyperplasia or reactive lymphadenitis suspected
- Possible low-grade pancreatitis

Secondary Findings

- Bilateral chronic renal changes with subnormal left kidney size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited relatively mild mural changes without overt evidence of neoplastic criteria. Based on the gastrointestinal presentation, in conjunction with probable benign chronic mesenteric lymphadenopathy, IBD or other chronic inflammatory enteropathy with suspect inefficient peristalsis and metabolic ileus is considered most likely. Some contribution, potentially secondary to low-grade pancreatitis, to the patients clinical signs, could be possible. A definitive diagnosis would require full thickness intestinal biopsies for histopathology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If previous elevated liver enzymes or for screening cytology, ultrasound guided FNA of the liver could be considered, assuming normal clotting status. In the meantime, continuation of supportive gastrointestinal care with potential addition of intestinal prokinetic agents may prove beneficial.

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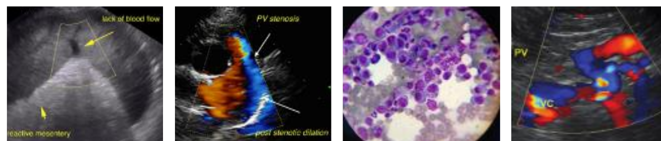
Clinical Sonography & Telecytology



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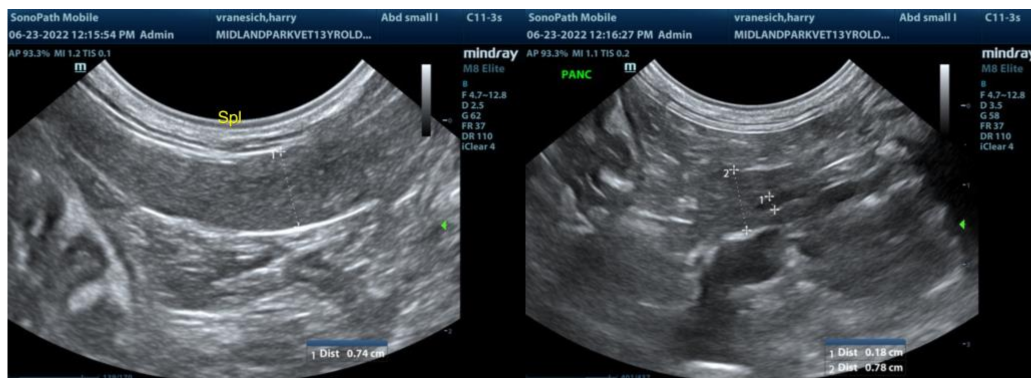

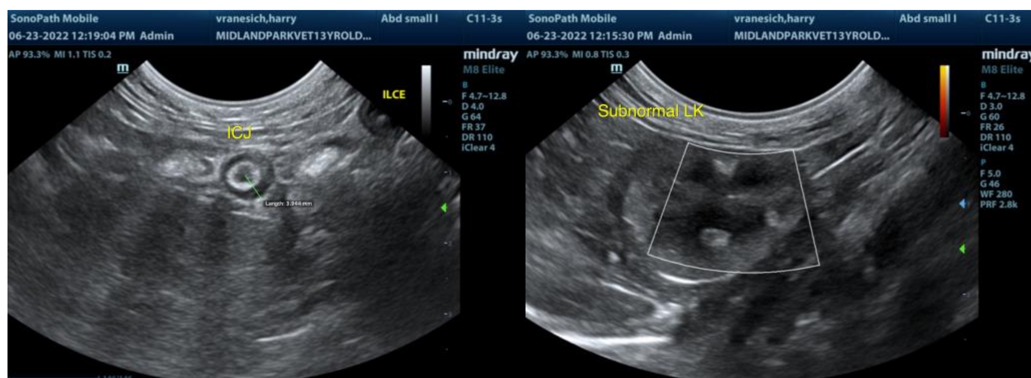

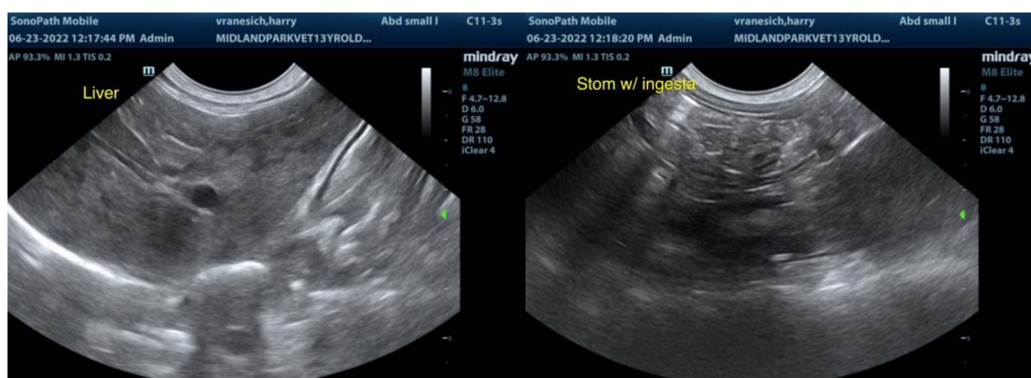

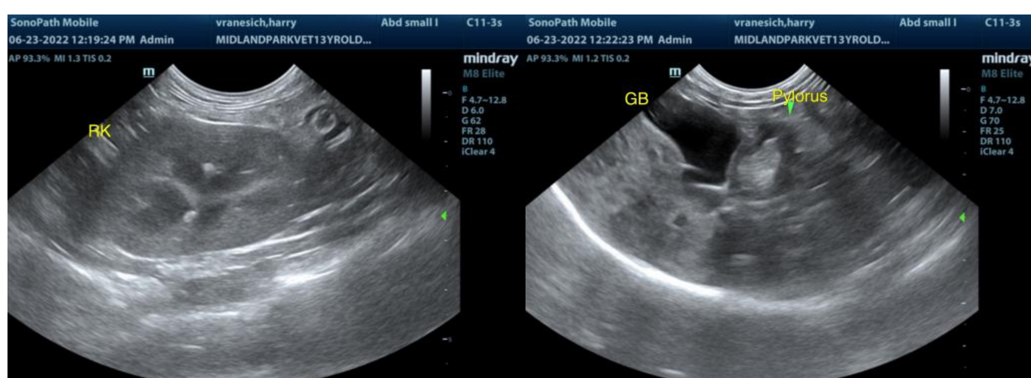

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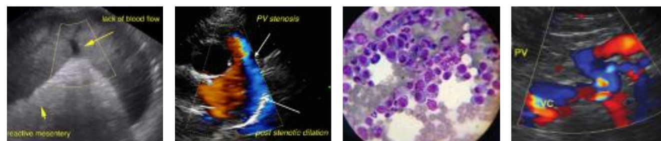

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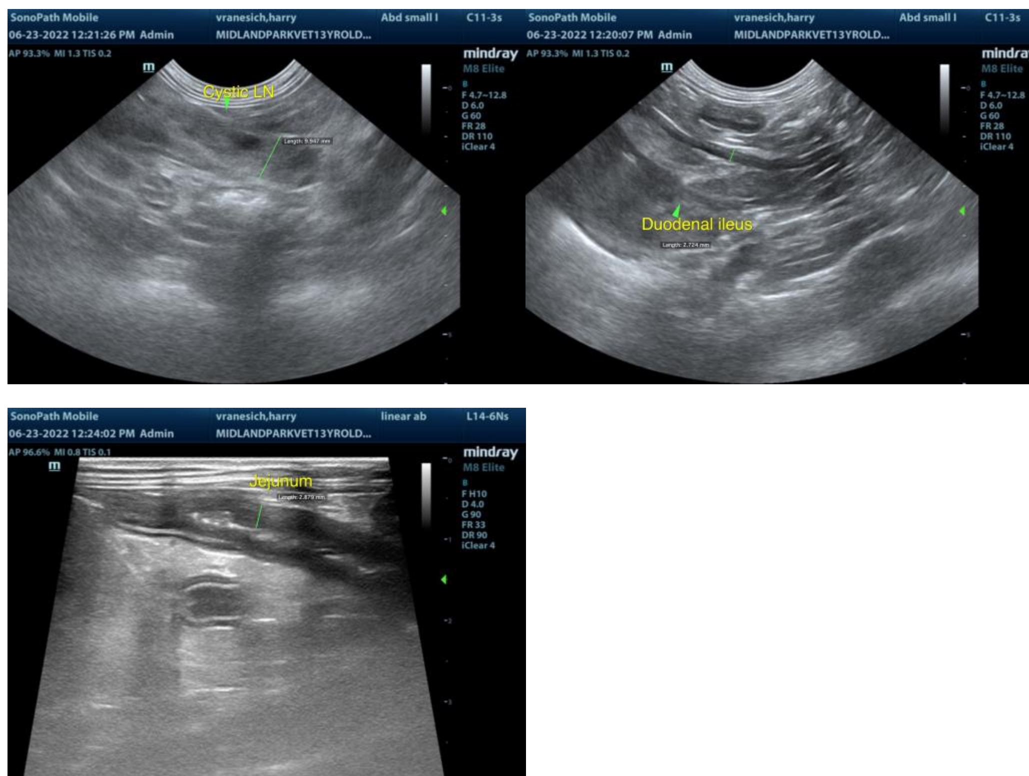

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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