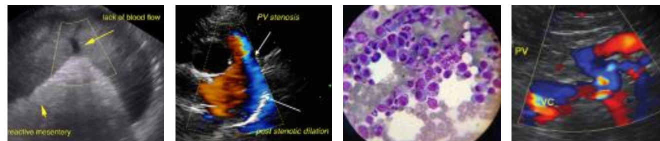
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jilly Bunnicant

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
14

WEIGHT
6.7

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

IMAGING PERFORMED BY
Dr. Carlos Abdul Chani

HOSPITAL NAME
Byram Animal Hospital

REFERRING VET
Dr. Abdul Chani

INVOICE
10913ag

DATE
06/23/2022

PRESENTING CLINICAL SIGNS

History: Reason for U/S: chronic weight loss and vomiting Current Meds: none

Abnormal PE/Chem/CBC/UA Results: CBC/Chem Findings: 5/14/22 T4 = 3; CPK = 796; SDMA = 8.2; CBC WNL; Rest of Chem is normal Fecal/Giardia: both negative Urine Analysis: not done Urine Specific Gravity: not done

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate nondependent 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.75 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm.

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 0.98 cm in width at the level of the hilus.

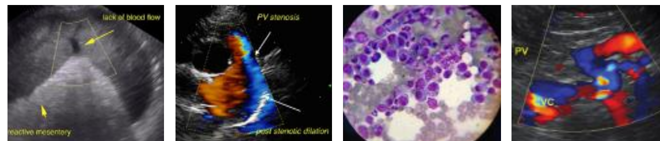
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 0.24 cm in width.

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 0.22 cm in width.



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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.26 cm in width.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented mildly hypoechoic 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Focal, mildly prominent to enlarged jejunocolic 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

- Urinary bladder sediment
- Mild chronic renal changes
- Colitis pattern
- Suspect low grade pancreatitis
- Intermittent minor subjectively benign/reactive jejunocolic lymph nodes

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. A baseline UPC could be considered for further renal staging.
Chronic structurally insignificant inflammatory enterocolopathy secondary to suspected low grade to active pancreatitis would be a reasonable differential diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs recommended if not done to rule out occult thoracic pathology as a contributing factor. Dietary intolerance could also be playing a role in the patient's vomiting. Enterocolic biopsies would be required for a definitive diagnosis. Assessment of caloric plane with hydrolyzed diet trial and empirical cobalamin supplementation pending GI panel results is recommended. High colony count probiotic is recommended if evidence of diarrhea. Empirical antibiotic therapy if clinically indicated +/- prednisolone trial at lowest effective dose to control clinical signs would be reasonable.

No overt evidence of abdominal neoplastic criteria was observed.

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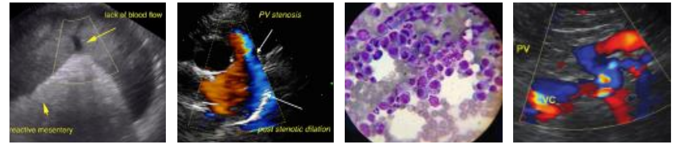

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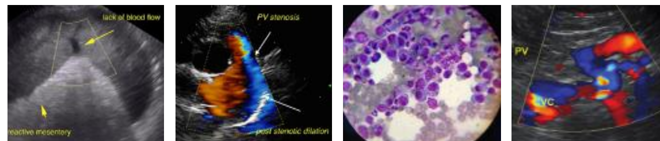

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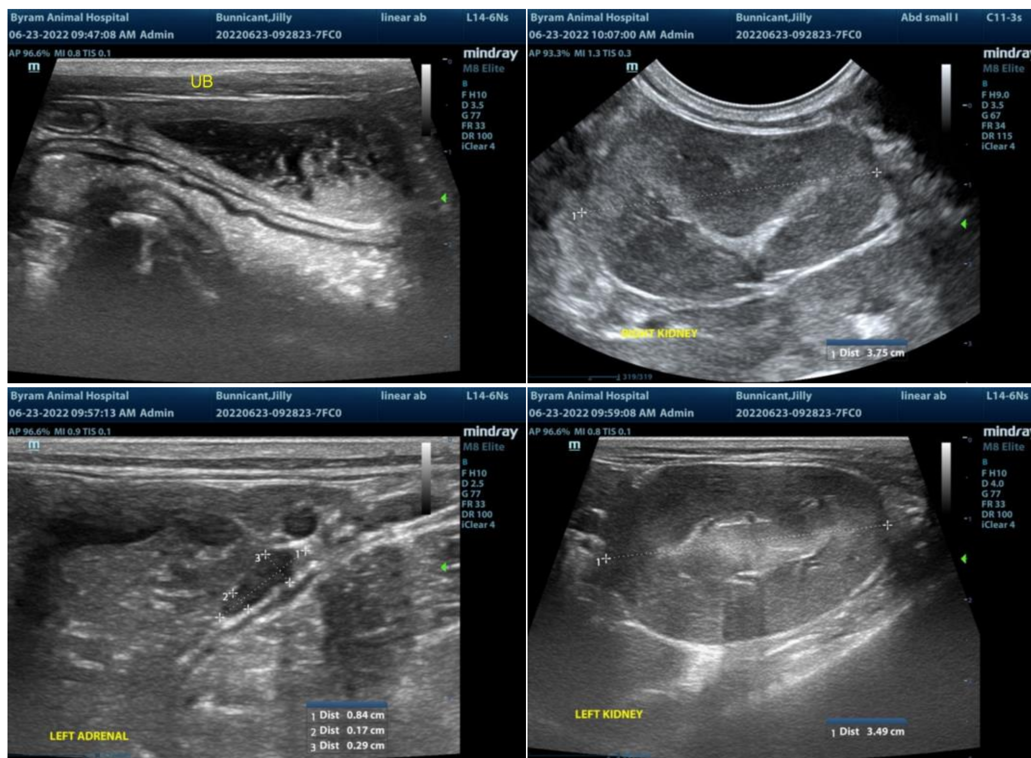

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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