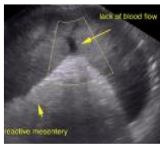
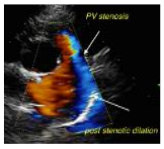
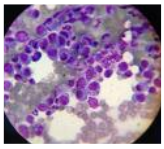
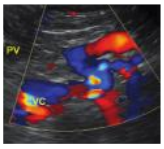
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Bev Carter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

7.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

16362

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Presented for vomiting and hyporexia
Abnormal PE/Chem/CBC/UA Results: WBC: 18.47, GLU: 161, SDMA: 19, Creat: 1.9, BUN 43, Glob: 5.8, ALT; 692, alk<10, Tbili: 1.3, T4: 1.1

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate 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.

Normal renal size with asymmetrical margination was present in the left kidney. The chronic changes were more prominent in the right kidney with subnormal right kidney size. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor pyelectasia was noted in the right kidney. The left kidney measured 4.1 cm in length. The right kidney measured 1.9 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 0.51 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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.

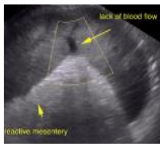
Liver

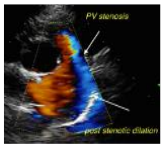
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

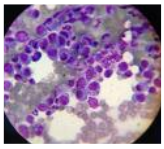
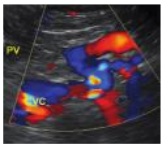
The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present. The gastric body wall measured 0.25 cm.





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The small intestine exhibited variably thickened primarily intact wall layering owing to generalized propensity for prominent muscularis layer. A segment of mid abdominal intestine exhibited moderate hypoechoic mural hypertrophy with loss of discernable wall layering with wall width measuring up to 0.50 cm. Concurrent metabolic to possible paralytic segmental intestinal ileus within the moderately thickened segment of intestine was present. No evidence of mechanical obstruction. Subtle regional periintestinal reactive mesentery was noted. The ileocolic wall measured 0.32 cm.

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

Pancreas

The left limb of the pancreas exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.2 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic degenerative renal changes with subnormal left kidney size
- Generalized infiltrative enteropathy pattern with subjective emerging segmental intestinal mural mass
- Associated to mildly prominent to hypoechoic. mesenteric lymph nodes
- Possible concurrent low-grade pancreatitis
- Mild gallbladder debris, likely secondary to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the small intestine may include inflammatory versus neoplastic infiltrative enteropathy, however, given the subjective emerging segmental intestinal mural mass, higher potential for neoplastic infiltrative enteropathy, i.e., lymphoma, mast cell neoplasia or other is warranted. Full thickness intestinal biopsies are required for a definitive diagnosis. Potentially, ultrasound FNA of the thickened intestinal wall (if accessible) could be considered for screening cytology. Empirical IBD protocol with as needed gastrointestinal support would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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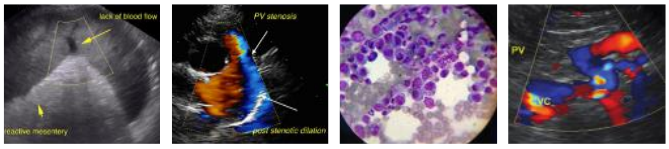

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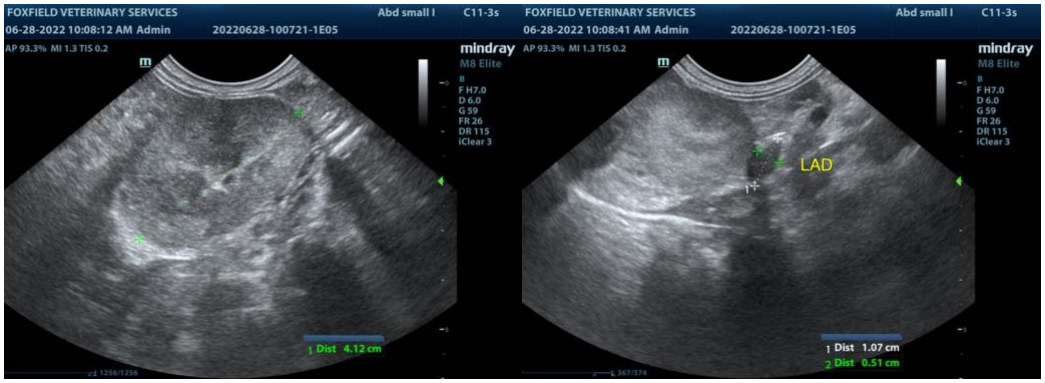

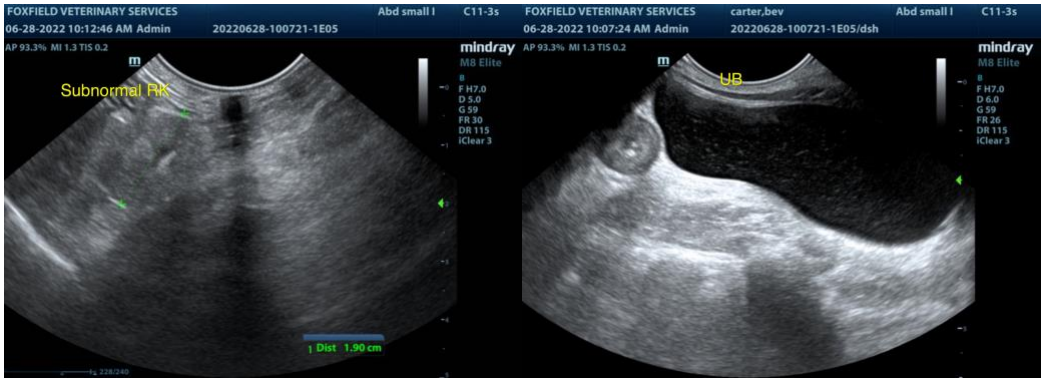

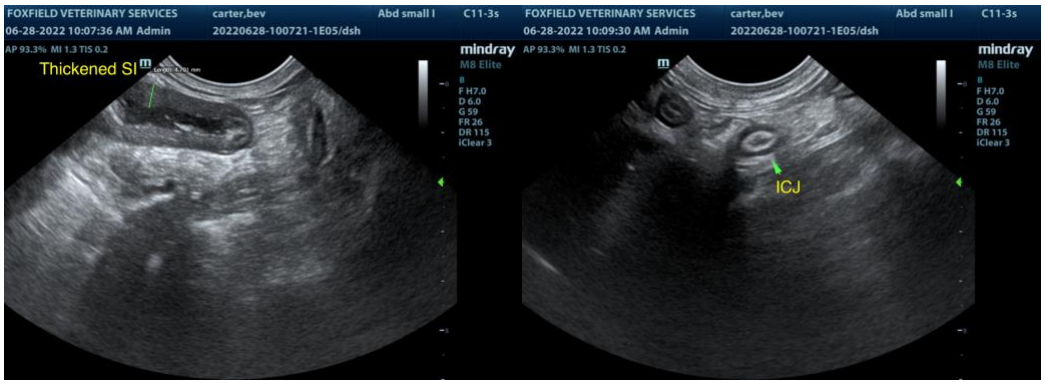

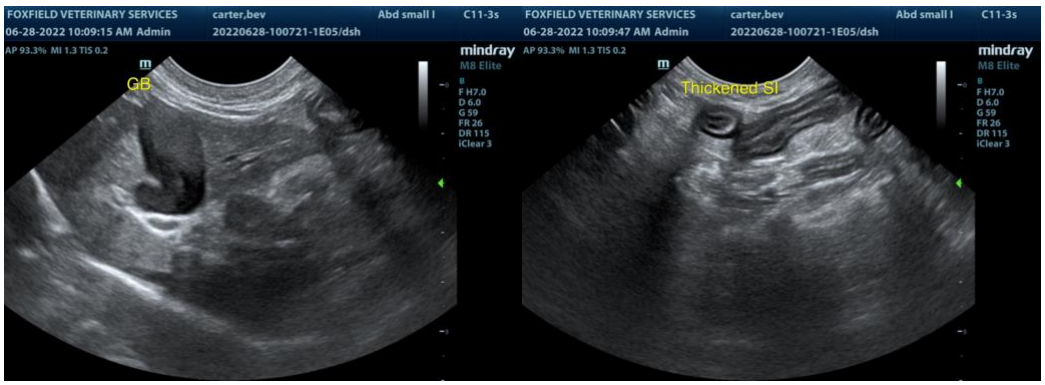

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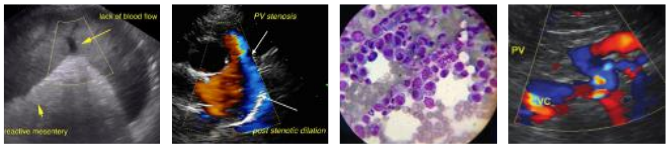

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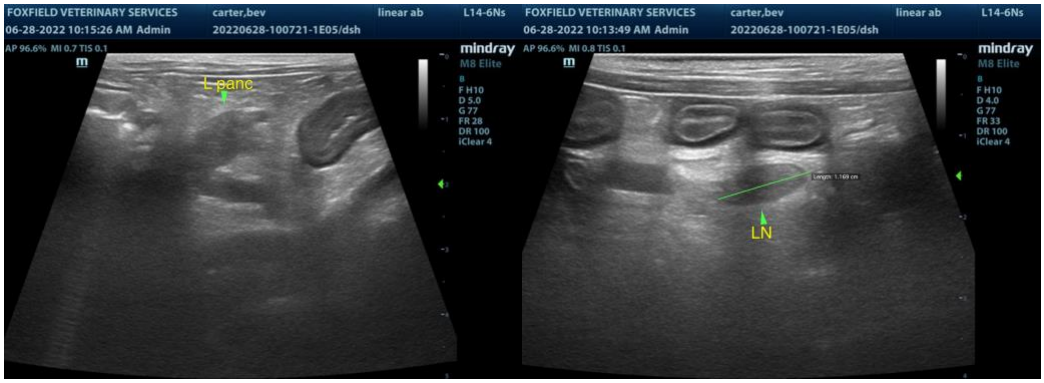

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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