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Clinical Sonography & Telecytology
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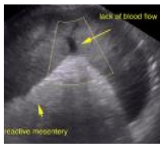
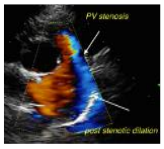
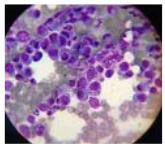
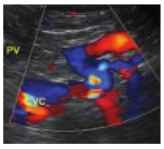

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Al Lokken

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Peck Kuenzi Family Pet

INVOICE

16405

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Weight loss. No diarrhea or changes in water consumption. Decreased body condition score = 4/9. Doughy palpation to abdomen.
Abnormal PE/Chem/CBC/UA Results: BW WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. No evidence of pelvic dilation was present. The left kidney measured 4.0 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 0.41 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 0.94 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 0.25 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.33 cm. The jejunum wall measured 0.31 cm.

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

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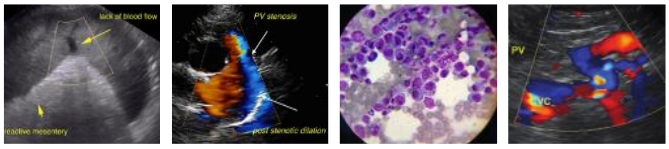

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent to multiple, mildly prominent to enlarged mesenteric 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). An example of lymph node measured 2.0 cm x 0.98 cm width.

Intermittent scant pockets of periintestinal free fluid. Subtle periintestinal reactive mesentery.

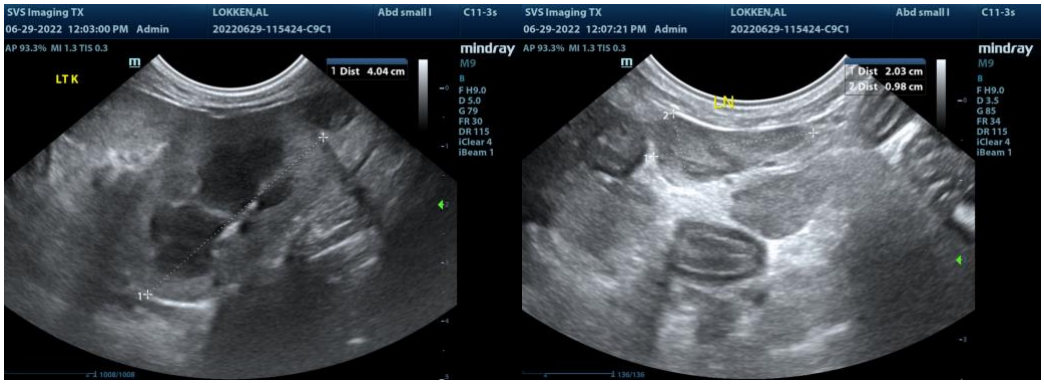
ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy- inflammatory versus neoplastic infiltrative enteropathy possible
- Multiple nonspecific mildly prominent yet homogeneous mesenteric lymph nodes
- Concurrent pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine was consistent with infiltrative enteropathy. Chronic inflammatory infiltrative enteropathy, i.e., IBD/eosinophilic enteritis is suspected, although potential for neoplastic infiltrative enteropathy with round cells, such as lymphoma may present in similar sonographic manner. Associated mesenteric lymphoid hyperplasia or minor reactive lymphadenitis is suspected, although likewise, the possibility of early neoplastic lymphadenopathy cannot be excluded.

Ultrasound guided FNA of an enlarged mesenteric lymph node could be considered for screening cytology. Full thickness intestinal +/- lymphatic biopsies are required for a definitive diagnosis. Potential for triad disease may be a consideration in this patient if previous or future hepatic enzyme elevations are noted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested to rule oout occult thoracic pathology as a contributing factor to the weight loss.Empirical IBD/pancreatitis therapy is warranted if additional diagnostics are not elected.



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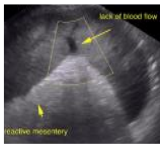
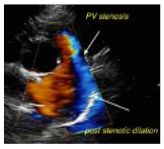
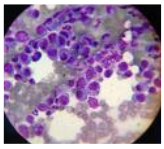
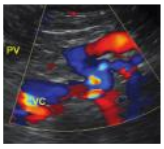

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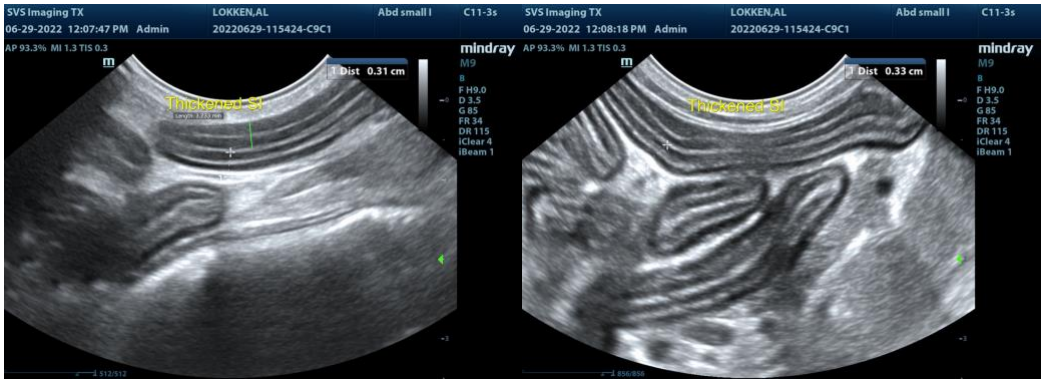

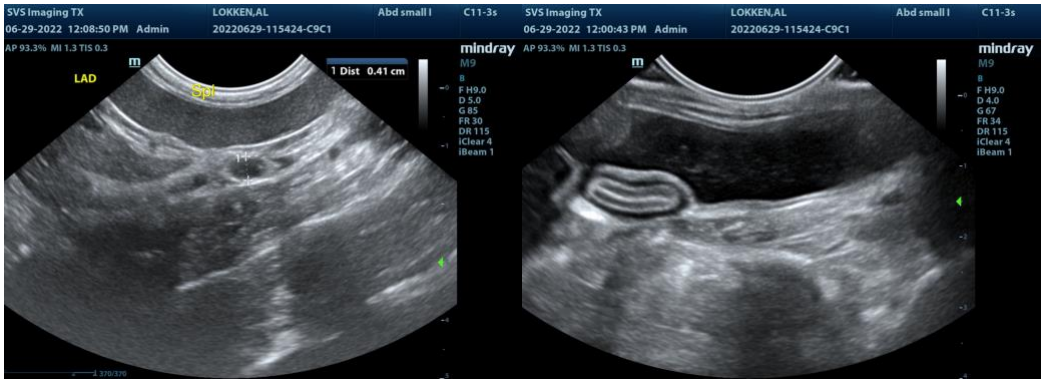

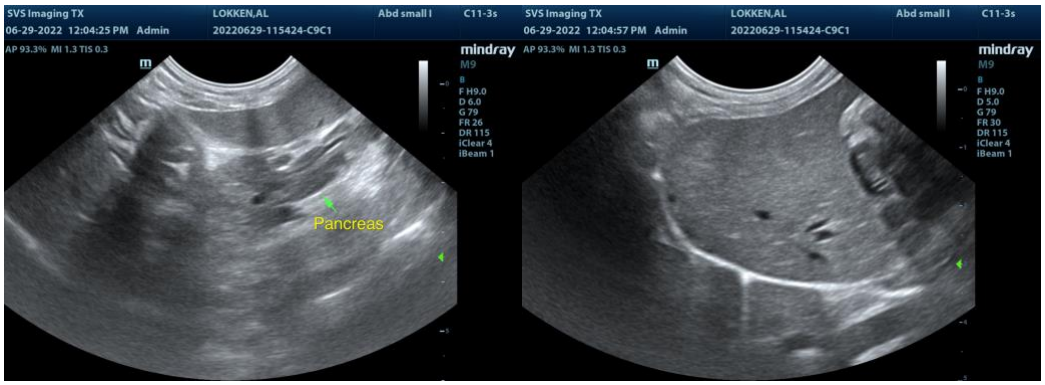

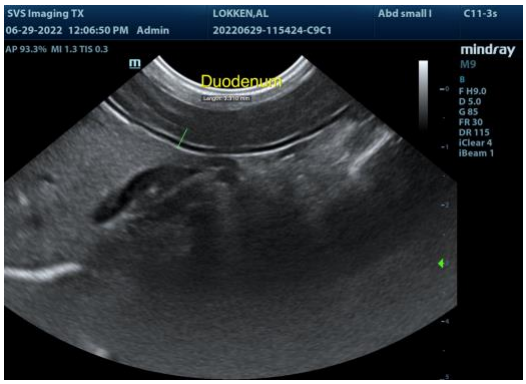

The information and recommendations provided are based on the images presented by the

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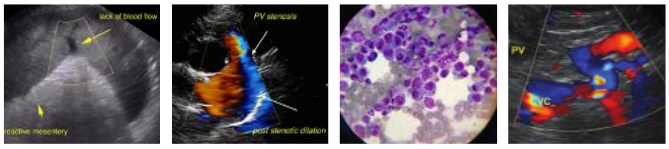

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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