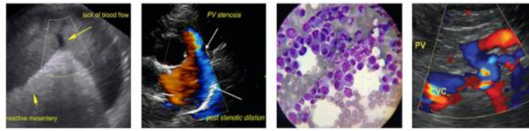


PATIENT

Milo Simon

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

2014

WEIGHT

22.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Santore

INVOICE

14168

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Increased thirst, elevated Calcium

Calcium 12.9, Ionized calcium 1.55, normal PTH and PTHrP

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 was noted.

The area of the aortic trifurcation was free of pathology.

The kidneys exhibited mild Increased size compared to normal renal size for felines, this is likely a normal patient variant, given the breed and patient's size. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of renal neoplastic criteria was noted. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm 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 criteria, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width at the level of the hilus.

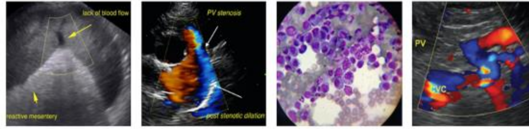
Liver/ Gallbladder

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 small intestine presented intact wall layering with segmental propensity for mildly prominent muscularis layer, yet without evidence of intestinal mural hypertrophy, loss of intestinal wall layering,



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or intestinal masses. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.36 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic 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 were evident.

Free Abdomen

Several, ventral abdominal jejunal lymph nodes were present. These lymph nodes were mildly prominent in size, homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a jejunal lymph node size was 0.5 cm width. Concurrent focal mildly prominent to hypoechoic gastric / pancreaticoduodenal lymph node adjacent to the pylorus and duodenum was present measuring 0.61 cm. No evidence of peritoneal free fluid or omental masses was noted.

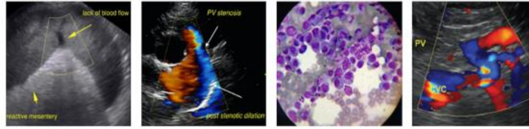
ULTRASONOGRAPHIC FINDINGS

- Intact yet segmental mildly prominent small bowel walls
- Several hypoechoic to prominent jejunal and focal gastric / pancreaticoduodenal lymph nodes with adjacent reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the small intestine exhibited minor mural changes which, although nonspecific and potential for patient variant, may suggest underlying inflammatory disease. Concurrent intermittent jejunal and focal pancreaticoduodenal / gastric lymphoid hyperplasia and reactive lymphadenitis owing to inflammatory bowel episode, is possible. The potential for early neoplastic infiltrative enteropathy and / or early neoplastic lymphadenopathy cannot be excluded, yet is thought a less likely potential at this time. Correlation with clinical history and assessment for evidence of weight loss or gastrointestinal signs is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered If clinically indicated.

Ultrasound-guided FNA of an enlarged jejunal lymph node could also be considered for screening cytology. Three view chest radiographs are suggested.



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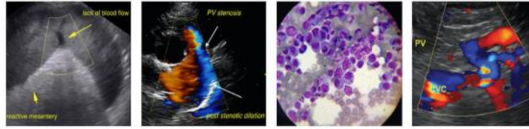

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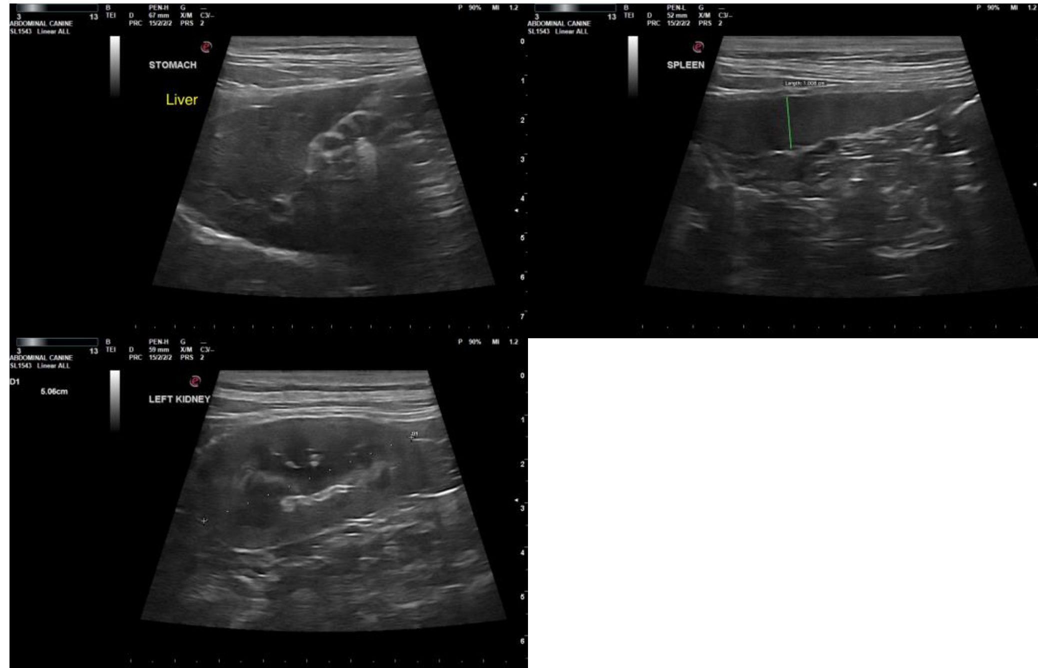

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com