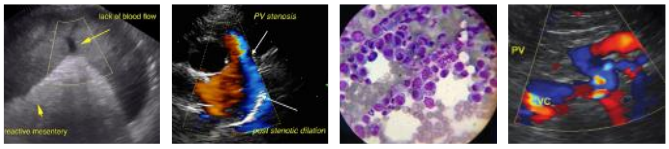
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Willow Ellison

SPECIES

Feline

BREED

Domestic Short Hair

SEX

FS

AGE

11

WEIGHT

4.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman, CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Newman

INVOICE

14186

DATE

6/30/22

PRESENTING CLINICAL SIGNS

weight loss, inappetence. Px. did not respond to Prednisolone trial.
Abnormal PE/Chem/CBC/UA Results: Lab work pending

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 primarily dependent 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.

The area of the aortic trifurcation was free of pathology.

Normal 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 exhibited mild subnormal size compared to the right kidney measuring 3.0 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 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

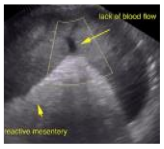
The spleen was mildly subnormal in size potentially owing to volume contraction with a maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. No evidence of splenic neoplastic criteria. The spleen measured 0.49 cm width.

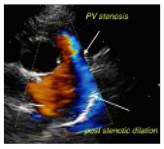
Liver/ Gallbladder

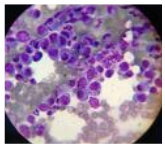
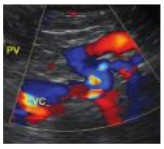
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size likely owing to the presence of gastric ingesta. Anechoic content was present In the gallbladder. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate nonshadowing ingesta most consistent with post prandial presentation without evidence of mechanical pyloric outflow obstruction or pyloric mural pathology. No signs of ileus, obstruction or foreign material were noted.





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The small intestine presented intact yet mildly prominent wall layering exhibiting primarily maintained 1:3 muscularis / mucosa ratio to the level of the ileocolic junction. The jejunum wall width measured 0.25 -0.27 cm. The ileocolic wall width measured 0.22 cm. Segmental to generalized nonshadowing small intestinal ingesta / chyme was present with no overt evidence of overt loss of intestinal wall layering, Intestinal masses, or mechanical small intestinal obstruction.

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

Multiple midabdominal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 2.7 cm x 1.7 cm. Perilymphatic to mild generalized reactive mesentery was noted with no overt evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to marked hypoechoic mesenteric lymphadenopathy
- Intact yet prominent small bowel walls with segmental to generalized intestinal ingesta / chyme
- Moderate gastric ingesta

Secondary Findings

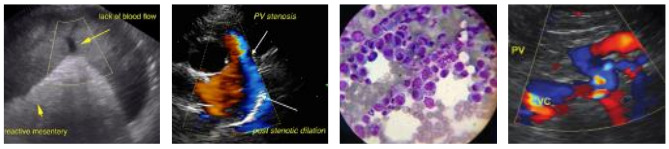
- Bilateral mild chronic renal changes
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate to marked mesenteric lymphadenopathy Is nonspecific yet meets neoplastic criteria, given the abnormal width: length ratio (>0.5). Moderate to marked lymphoid hyperplasia or lymphadenitis are possible.

Underlying gastrointestinal disease is suspected although evidence of significant mural pathology was not overtly evident. Potentially previous Prednisolone trial may be masking intestinal mural changes. Assuming normal clotting status, ultrasound-guided FNA of an enlarged mesenteric lymph node for screening cytology +/- C/S is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

If documented NPO, some degree of decreased gastrointestinal motility or inefficient peristalsis could be present. Full-thickness intestinal and lymphatic biopsies may be required for a definitive diagnosis.



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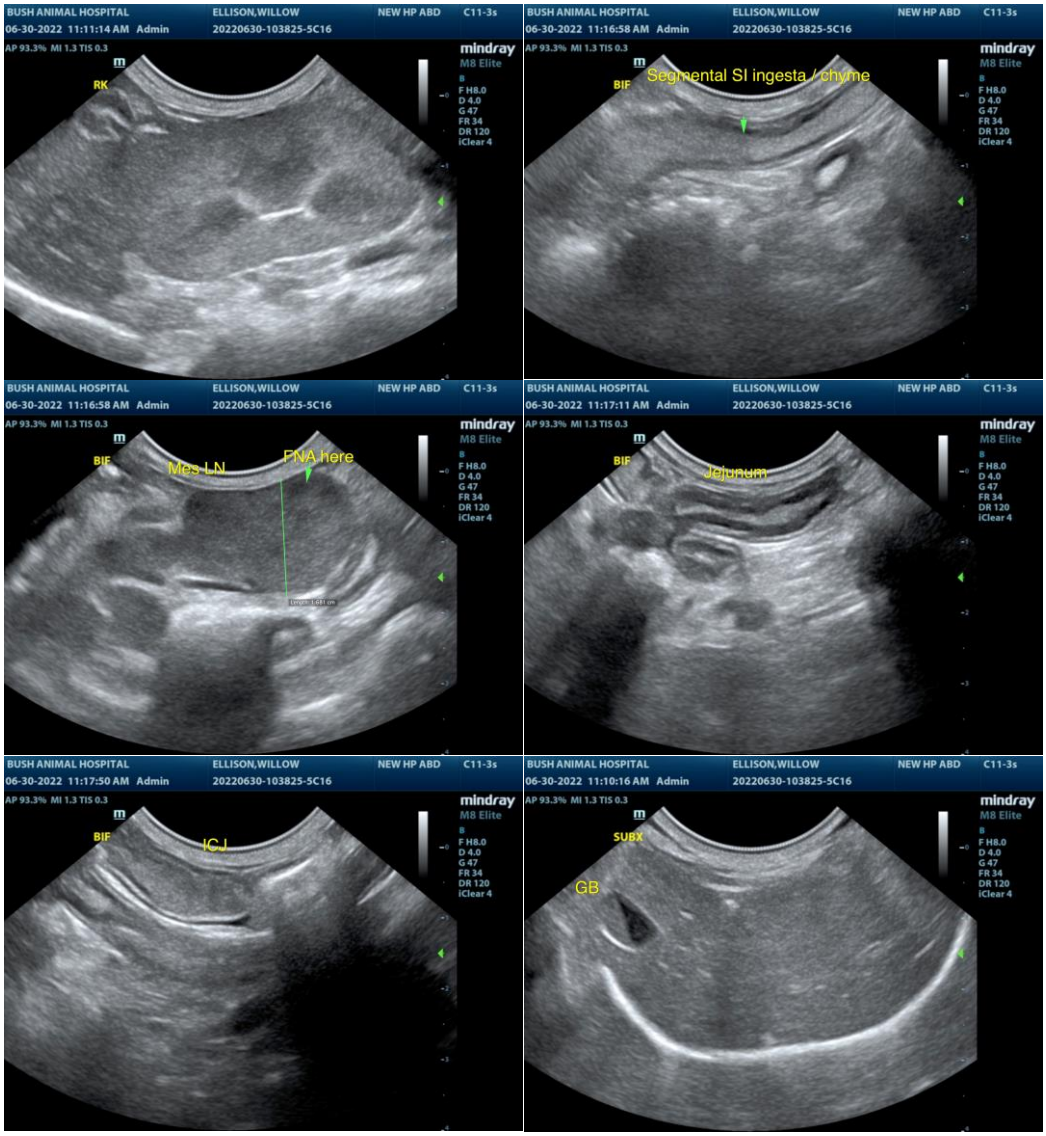
Three view chest radiographs, if not done, are suggested to assess for or rule out concurrent esophageal or thoracic pathology as a contributing factor.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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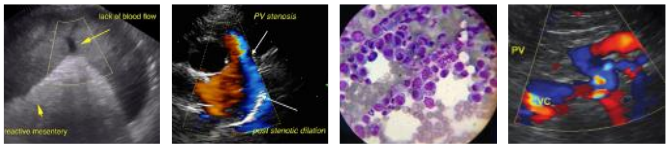

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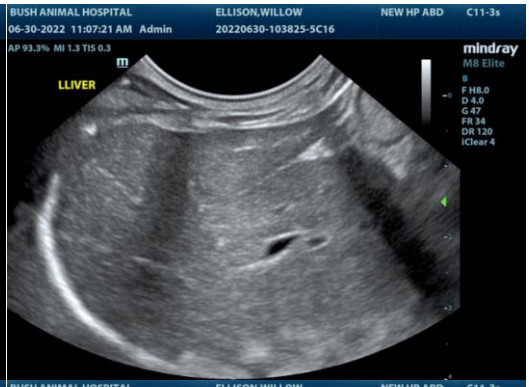

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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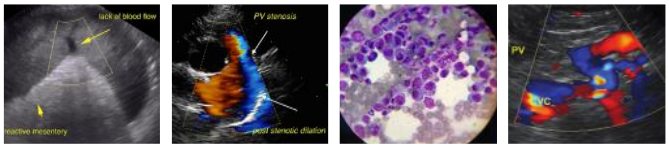

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com