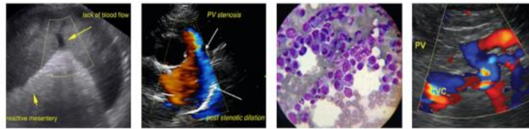


PATIENT
Junya Bottoni

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
2011

WEIGHT
10.9

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Maple Hills VH

REFERRING VET
Dr. Eckman

INVOICE
14033

DATE
6/7/22

PRESENTING CLINICAL SIGNS

-Chronic vomiting, weight loss, 4/6 heart murmur

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.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 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 0.47 cm width.

Spleen

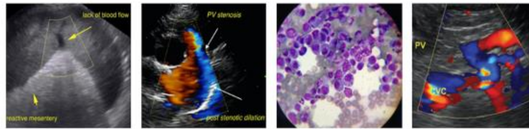
The spleen exhibited mild asymmetrical generalized enlargement with subtle parenchymal heterogeneity. No masses or nodules were noted. Normal splenic vascularity was present. The spleen measured 1.4 cm in diameter.

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 minor nonmineralized gallbladder debris. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.20 cm diameter. The common bile duct dilation did not appear to extend to the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta/ chyme and luminal gas were present in the stomach. No evidence of gastric distention was noted.



PATIENT
Junya Bottoni

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
2011

WEIGHT
10.9

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Maple Hills VH

REFERRING VET
Dr. Eckman

INVOICE
14033

DATE
6/7/22

The small intestine presented intact yet subjective prominent wall layering owing to propensity for segmental to generalized mildly prominent mucosa and segmental mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or Intestinal masses was noted. The duodenum wall width measured 0.31 cm. The jejunum wall width measured up to 0.38 cm. No overt pathology was noted in the area of the ileocolic junction.

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

Intermittent, midabdominal, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic to peri intestinal reactive mesentery was evident. An example of lymph node size was 1.6 cm x 0.8 cm. Focal to intermittent small pockets of very scant peritoneal free fluid were noted adjacent to the spleen and caudal liver.

ULTRASONOGRAPHIC FINDINGS

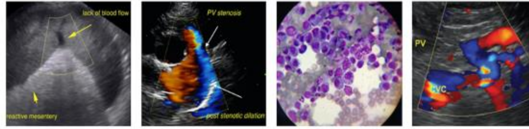
- Mild asymmetrical splenomegaly
- Intact yet subjective prominent gastrointestinal wall layering
- Intermittent hypoechoic to prominent mesenteric lymph nodes
- Mild peri intestinal to perilymphatic reactive mesentery and focal to intermittent pocket of scant peritoneal free fluid
- Minor gallbladder debris, mild nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with potential for patient variant, the gastrointestinal tract exhibited mild mural changes suggestive of underlying inflammatory gastroenteropathy. Potential for concurrent to associated mesenteric lymphoid hyperplasia or reactive lymphadenitis owing to underlying inflammatory gastroenteropathy is suspected. The possibility of neoplastic infiltrative gastroenteropathy or splenomegaly, given the patient's weight loss, and early neoplastic lymphadenopathy cannot be definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided splenic +/- lymphatic FNA if accessible warranted for screening cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

If no evidence of splenic or lymphatic neoplastic criteria, gastrointestinal biopsies would be required for a definitive diagnosis.



PATIENT

Junya Bottoni

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2011

WEIGHT

10.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

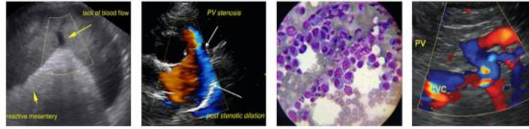
14033

DATE

6/7/22

Given the mildly dilated proximal common bile duct, potential for Triad Disease may be considered in this patient If previous history of cholangitis or clinical suspicion for nonobvious pancreatitis.

Pending additional diagnostics, empirical therapy for IBD +/- Triad Disease with as-needed gastrointestinal support would be reasonable.



PATIENT

Junya Bottoni

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2011

WEIGHT

10.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

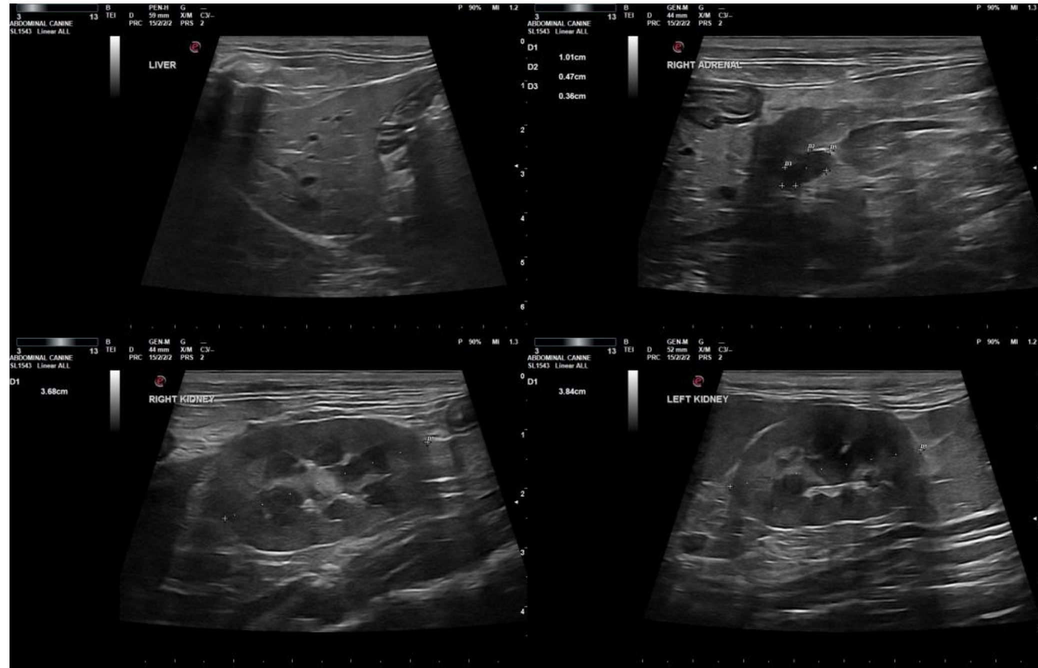
Dr. Eckman

INVOICE

14033

DATE

6/7/22



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