



PATIENT

Lisa Blakely

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 y

WEIGHT

8.4 lbs.

PRESENTING CLINICAL SIGNS

Patient presented 5-21-22 with a three year history of intermittent vomiting and a two month history of bowel changes - sometimes hard stool with blood, sometimes diarrhea. Owner perceived her to be otherwise in good health, with no weight loss or lethargy. Exam was largely unremarkable: Lean body condition and mild thickening/gassy feel to intestines. Current Medications None currently; A clinical response was seen to Cerenia.

Abnormal PE/Chem/CBC/UA Results: 05-24-22: CBC: Leukocytosis (33,900), neutrophilia (26,001), and lymphocytosis (6,170). Chem: Alb/glob 0.4, Chol 85 T4 2.3.

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.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 4.1 cm in length.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 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.

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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.

REFERRING VET

Dr. Barbara Brasted-
Maki

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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

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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.

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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 width measured 0.26 cm.

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The small intestine exhibited generalized intact yet generalized prominent to mildly thickened wall layering owing to a propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses were noted. The duodenum wall width measured 0.33 cm. The jejunum wall width measured 0.33 cm. The ileocolic wall width measured 0.36 cm.

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Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

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Pancreas

The pancreas was normal in size with subtle hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Multiple jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. The jejunocolic lymph nodes primarily maintained width: length ratio (<0.5) with some lymph nodes exhibiting borderline abnormal width: length ratio (mildly >0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm x 0.86 cm. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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Primary Findings

- IBD Intestinal pattern
- Associated multiple jejunocolic lymphadenopathy - secondary lymphoid hyperplasia or reactive lymphadenitis suspected
- Potential low-grade concurrent pancreatitis

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Secondary Findings

- Mild chronic renal changes
- Urinary bladder sediment - cellular debris / protein, crystalline debris or mild mucus possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the small intestine is suggestive of inflammatory criteria i.e., IBD or eosinophilic enteritis. Potential for early to low-grade neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, as well as potential for early neoplastic lymphadenopathy, cannot be definitively excluded.



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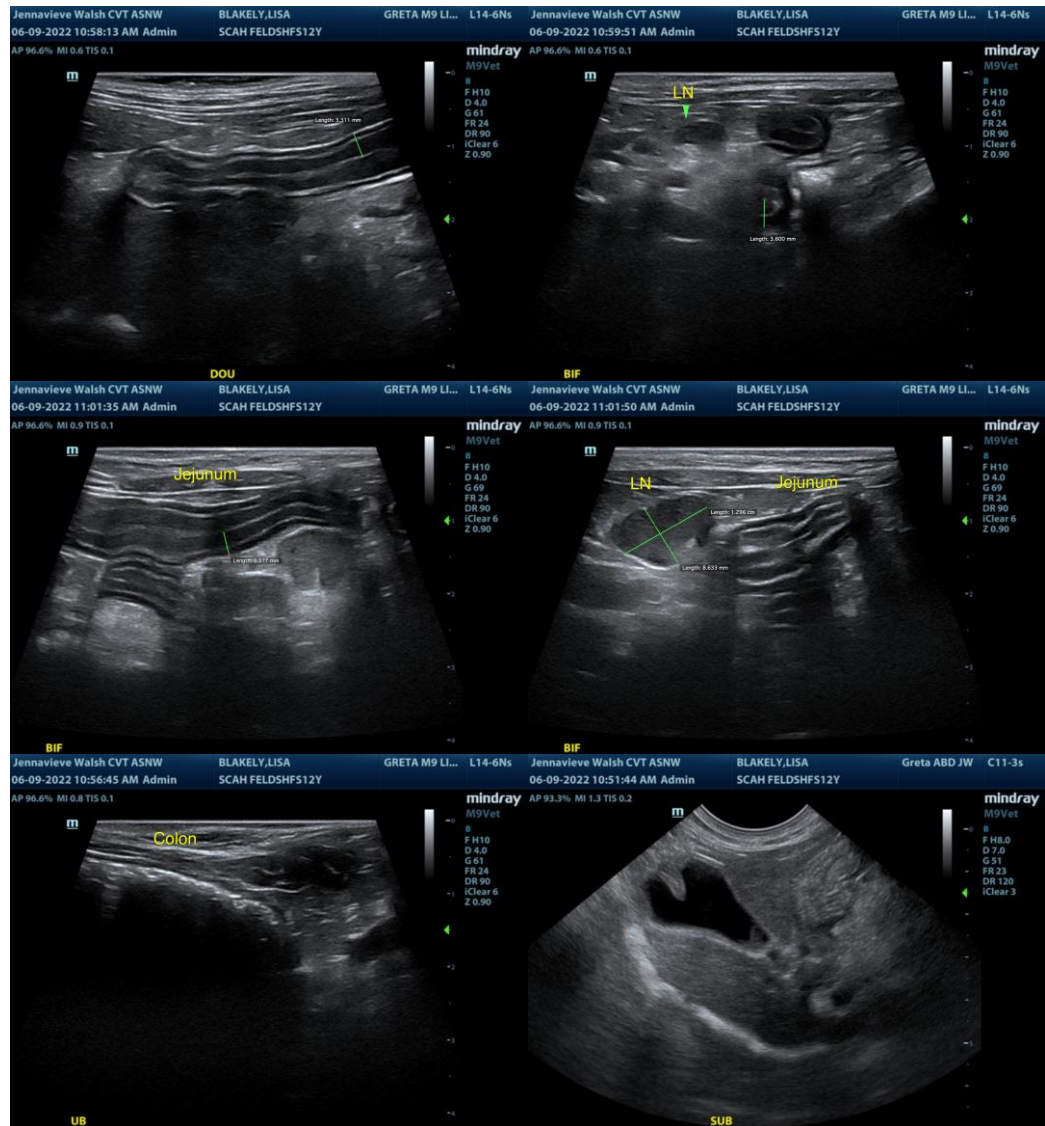
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If accessible, ultrasound-guided FNA of a jejunocolic lymph node could be considered for screening cytology. Full-thickness intestinal +/- lymphatic biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate and CBC pathology review could be considered.

Empirically, IBD protocol which may include cobalamin supplementation, hydrolyzed diet trial, as-needed gastrointestinal support, and prednisolone trial at the lowest effective dose to control clinical signs and an assessment of clinical response would be reasonable.





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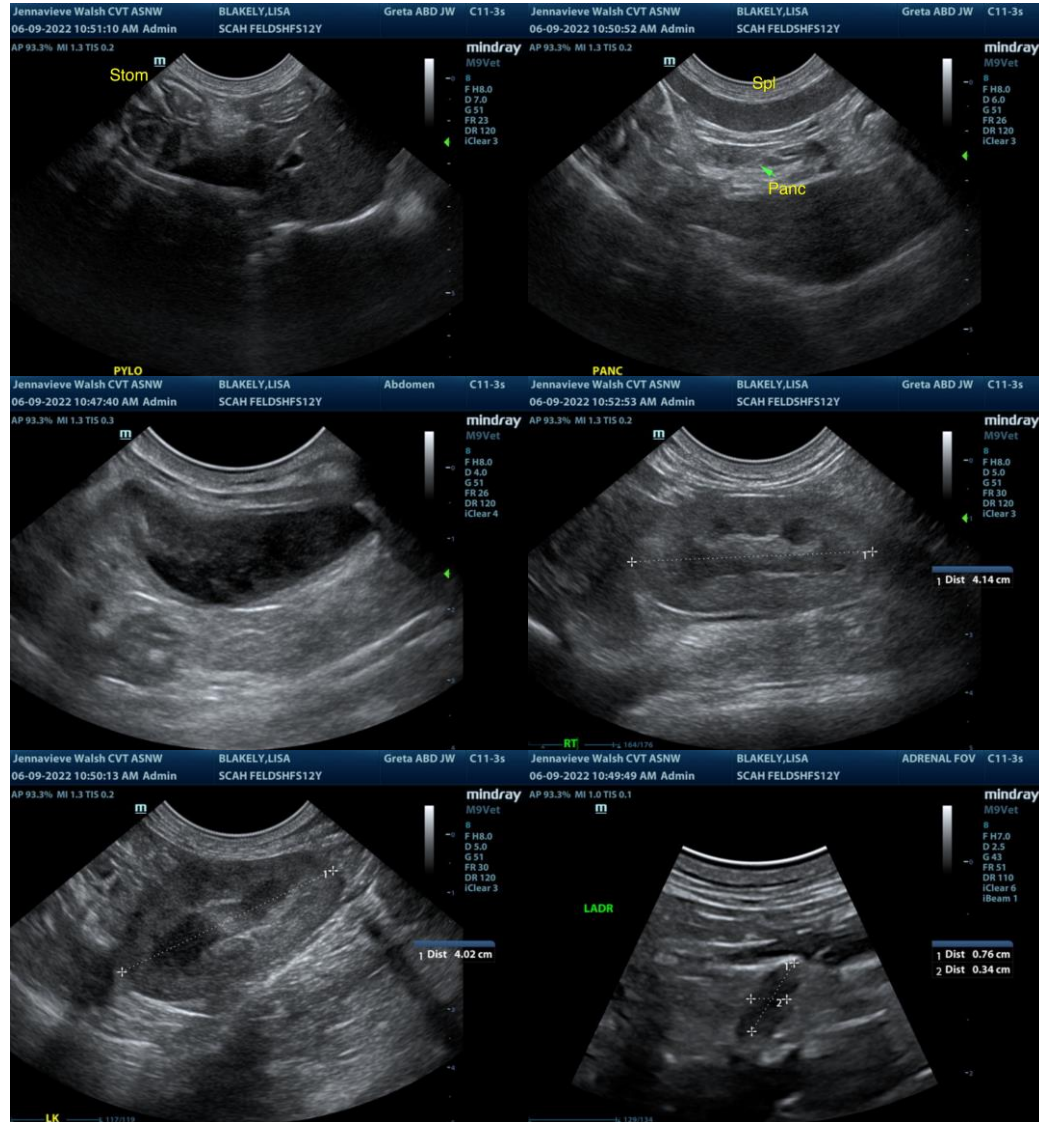
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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