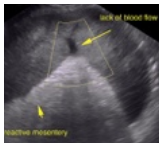
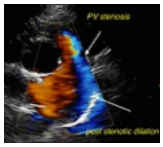
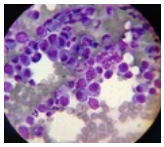
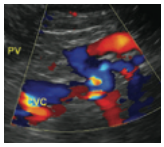
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Stella Henk

SPECIES
Feline

BREED
Devon Rex

SEX
Spayed Female

AGE
11

WEIGHT
10.32

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

IMAGING PERFORMED BY
Saum Hadi

HOSPITAL NAME
Nimbus Pet Hospital

REFERRING VET
Saum Hadi

INVOICE
10323

DATE
7/14/2023

PRESENTING CLINICAL SIGNS

P has been vomiting. Maintaining good appetite. Improved with cerenia, but relapsed once cerenia was finished. Lab work attached showing mild hypocalcemia. Chest rads clear of abnormalities.

Abnormal PE/Chem/CBC/UA Results: See attached lab work.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The area of the left and right adrenal glands was free of overt pathology.

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 0.8 cm width at the level of the mid spleen.

Liver/ Gallbladder

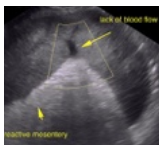
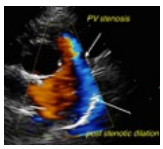
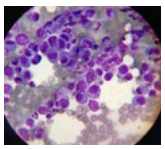
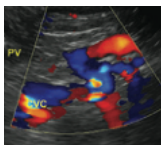
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 gastric body wall measured 0.25 cm.

The small intestine presented generalized intact variably thicken wall layering owing to generalized propensity for variably prominent to thicken muscularis layer, as well as sedimental thicken mucous layer. Small intestinal wall measured 0.3 cm to 0.37 cm wall width. No evidence of loss of intestinal wall layering to the level of the colon. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

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Pancreas

The left pancreatic limb was normal in size and contour with heterogeneous mildly hypoechoic parenchyma compared to the adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Peri intestinal to peri lymphatic hyperechoic omentum.

No evidence of peritoneal effusion or omental masses.

Intermittent, primarily mild yet variably sized hypoechoic mesenteric lymph nodes, exhibiting mild swollen contour. Example of such lymph node is 0.9 cm x 0.7 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intact variably thicken small bowel walls
- Associated mild to variably sized hypoechoic mesenteric lymphadenopathy.
- Peri intestinal / peri lymphatic reactive omentum
- Mildly heterogenous / hypoechoic left pancreas
- Mild chronic renal change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mural changes consistent with infiltrative enteropathy criteria. Consideration may include IBD / eosinophilic enteritis, neoplastic infiltrative enteropathy with round cells i.e., lymphomas, mast cell neoplasia, or other less likely granulomatous enteropathy i.e., dry form FIP. The associated lymphadenopathy may indicate reactive hyperplasia, lymphadenitis, or early neoplastic lymphadenopathy. If assessable FNA cytology of mesenteric lymph node could be considered for initial screening cytology, however, lymphatic cytology may prove unrewarding. A definitive diagnosis would require full-thickness intestinal and lymphatic biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, as needed gastrointestinal support potential empirical IBD protocol if intestinal and lymphatic biopsies are not possible or elected, with an assessment of clinical response in monitoring for progressive gastrointestinal signs or weight loss going forward would be reasonable.

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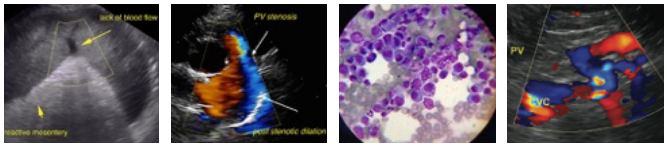

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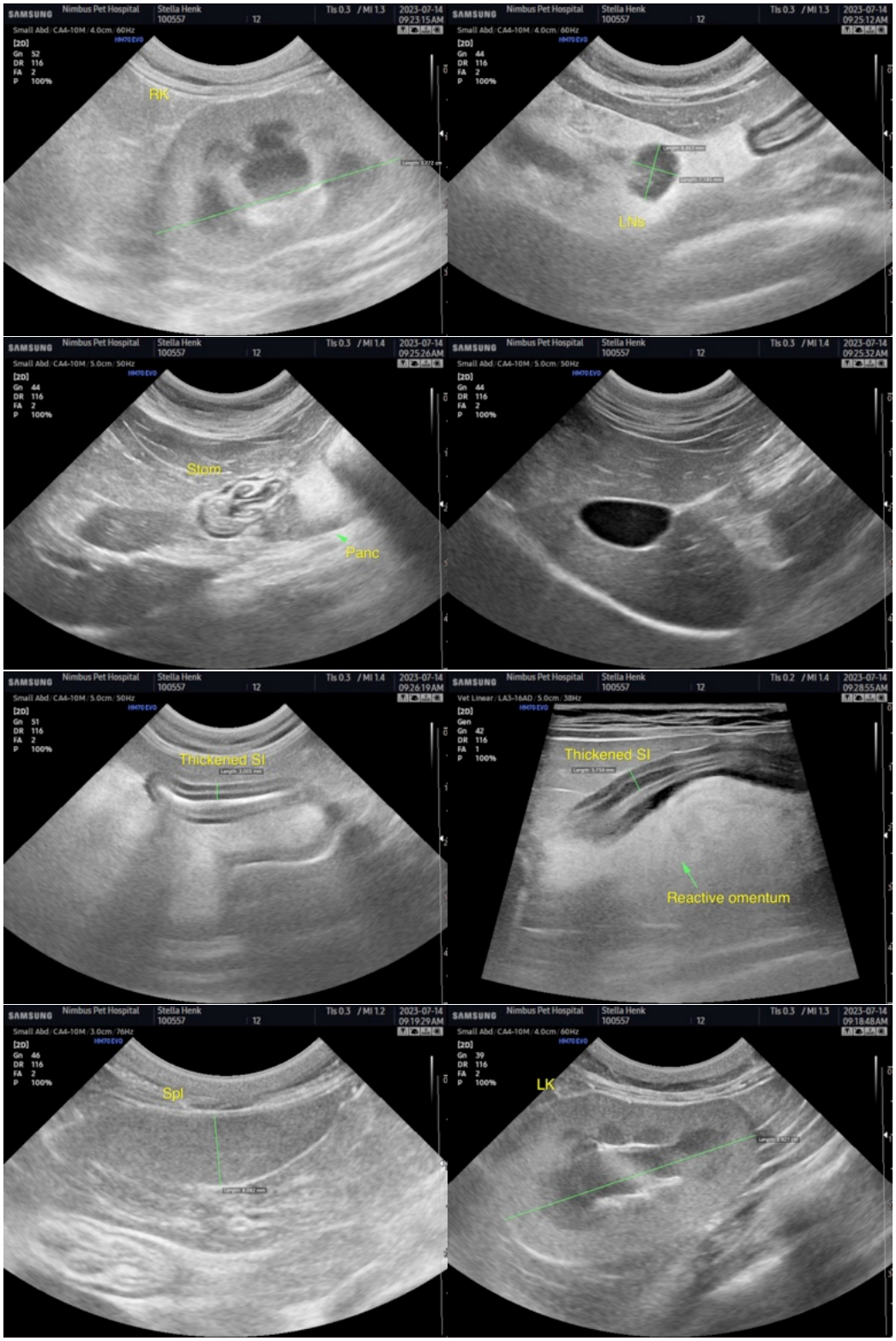

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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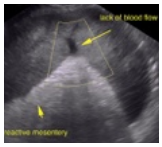
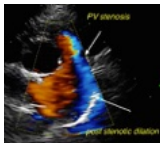
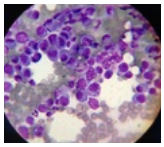
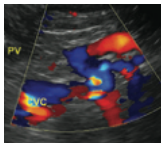

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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