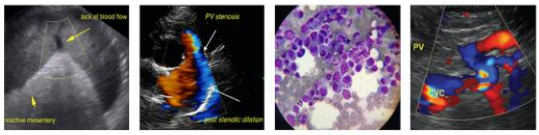
Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Arial Oslovsky

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2010

WEIGHT

7.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

INVOICE

17306

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Weight loss, increased vomiting.

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 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 3.3 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 0.80 cm width at the level of the hilus.

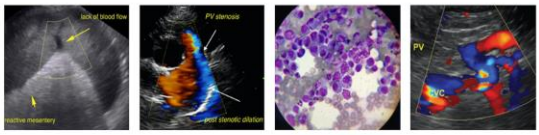
Liver/ Gallbladder

The liver presented mildly 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 non-distended in size with 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 width measured 0.24 cm.

Diffusely thickened intestine exhibited variable altered wall layer ratio, primarily owing to variably thickened muscularis layer. The small intestinal wall width measured 0.31 up to 0.40 cm. Several segments of small intestine exhibited intact to indistinct wall layer detail. No definitive intestinal mass was visualized.



PATIENT

Arial Oslovsky

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2010

WEIGHT

7.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

INVOICE

17306

DATE

7/19/23

Intact thickened colon wall layers were present, most notable in the proximal colon, with soft fecal matter in lumen.

Pancreas

The pancreas base and left pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Multifocal, variably sized yet hypoechoic to swollen, marked mesenteric lymphadenopathy was present in the mid-abdomen adjacent to the mesenteric root vasculature. 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 an enlarged mesenteric lymph node measured 3.6 cm x 2.0 cm. Peri intestinal and peri lymphatic hyperechoic omentum was noted. Potential for very scant perilymphatic to peri intestinal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Diffuse to variably thickened small bowel walls with associated moderate to marked hypoechoic to swollen mesenteric lymphadenopathy
- Thickened yet intact proximal colon containing soft fecal matter
- Concurrent mild pancreatitis pattern, left pancreas
- Mild hepatomegaly
- Mild chronic renal changes

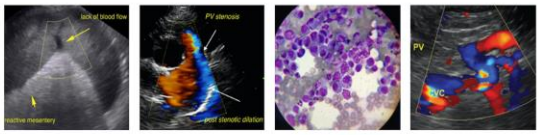
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal tract and colon were consistent with infiltrative criteria. General considerations may include inflammatory vs. neoplastic infiltrative enterocolopathy with neoplastic criteria favored and potential for multicentric neoplastic process, given the degree of hypoechoic to swollen associated mesenteric lymphadenopathy.

Assuming normal clotting status, FNA cytology of an enlarged lymph node is recommended for further assessment and potential for oncology consult. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal and lymphatic biopsies may be required for a definitive diagnosis. Empirical IBD protocol with as-needed gastrointestinal support, if sampling is not elected, would be reasonable. An extremely guarded long-term prognosis is indicated.

Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Arial Oslovsky

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2010

WEIGHT

7.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

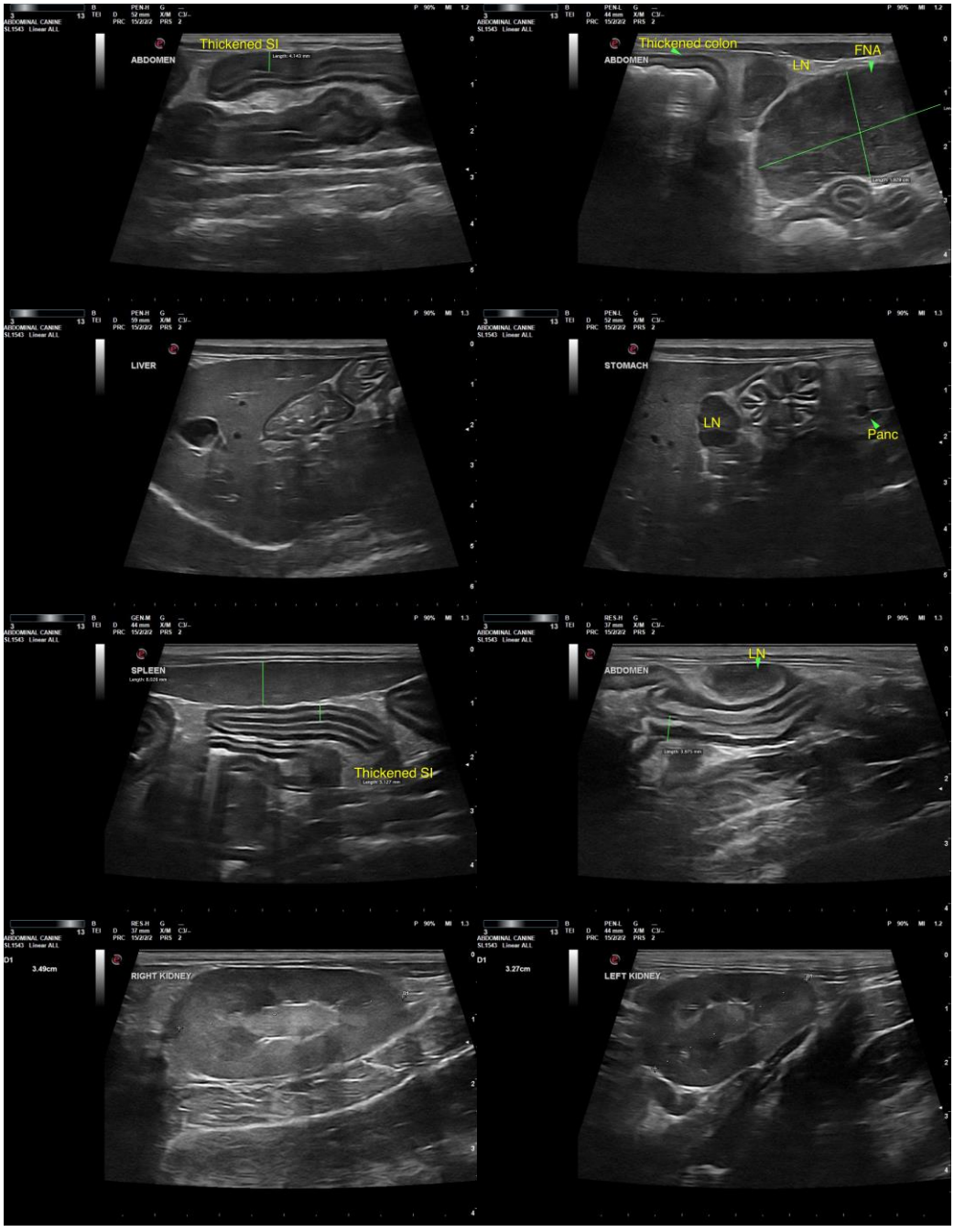
Dr. Green

INVOICE

17306

DATE

7/19/23



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)
info@sonopath.com