SonoPath
Clinical Sonography & Telecytology
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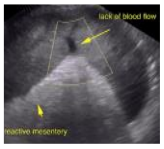
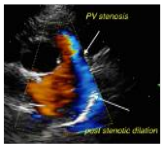
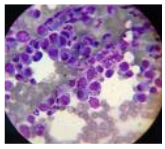
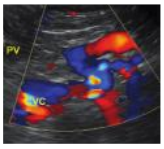





SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Duncan Eastin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

1 year 11 months

**WEIGHT**

8.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Dr. Brita Kiffney

**INVOICE**

14336

**DATE**

7/20/22

## PRESENTING CLINICAL SIGNS

febrile (104.5 ) , hyperglobulinemia, no effusion . Ultrasound shows thickened ileocecocolic junction. FNA for FIP PCR submitted
Abnormal PE/Chem/CBC/UA Results: Hyperglobulinemia, pending electrophoresis Other results: normal FIP PCR 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. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 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 0.27 cm width. No overt pathology was noted in the area of the right adrenal gland.

### *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.

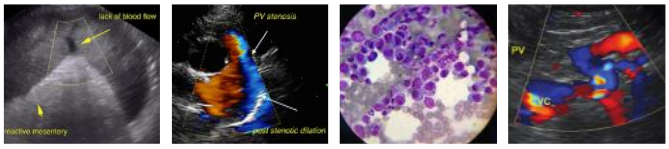
### *Liver/ Gallbladder*

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 width measured 0.24 cm.

The duodenum and jejunum exhibited overtly normal wall layering with a maintained 1:3 muscularis/mucosa ratio to the level of the ileum. The jejunum wall width measured 0.20 cm. The ileum,



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specifically the distal ileum, extending into the area of the ileocolic junction exhibited thickened wall layering with intact to indistinct wall layering. The ileocolic junction measured 0.65 cm.

The visualized proximal colon wall exhibited thickened wall layering with indistinct wall layer detail. The proximal colon wall width measured 0.55 cm. A homogeneous mass lesion in the area of the ileocolic junction was present measuring approximately 3.0 cm x 2.2 cm.

### *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*

Concurrent mildly prominent homogeneous colic lymphadenopathy was noted with an example of a discernable colic lymph node measuring 1.5 cm x 0.6 cm. Mild hyperechoic peri ileocolic and peri lymphatic mesentery was noted. No free fluid was present.

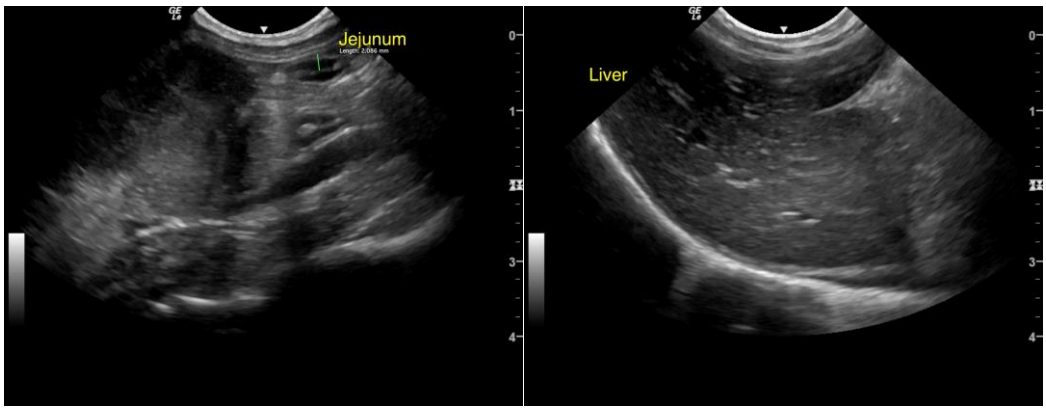
## ULTRASONOGRAPHIC FINDINGS

- Thickened ileocolic junction and proximal colon with ileocolic mass lesion vs. variably enlarged colic lymphadenopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the thickened ileum, ileocolic junction, and proximal colon with concurrent possible ileocolic mass lesion vs. variable yet prominent potentially impinging colic lymphadenopathy may include significant inflammatory disease, neoplastic criteria such as adenocarcinoma or lymphoma, FIP, granuloma, or granulomatous lymphadenopathy, lymphadenitis, or less likely eosinophilic fibroplasia. Correlation with pending cytology and FIP PCR Is warranted. FIP granuloma may be considered a higher probability differential diagnosis, given the young age of the patient and pending protein electrophoresis.

No overt evidence of abdominal visceral pathology was noted. Three view chest radiographs are recommended if not done. Potential surgical consultation may be considered.



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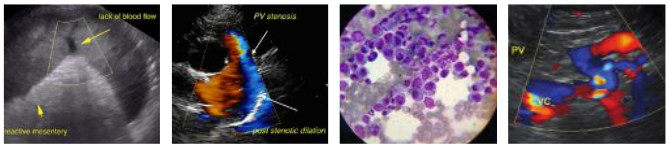

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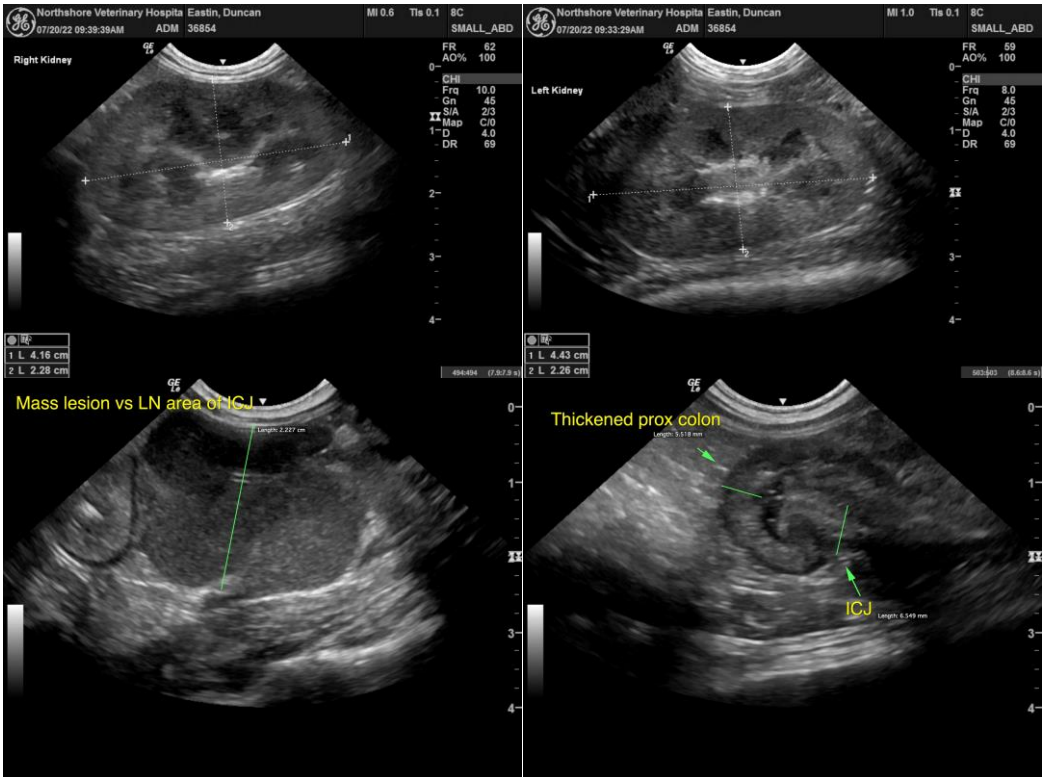


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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