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Clinical Sonography & Telecytology
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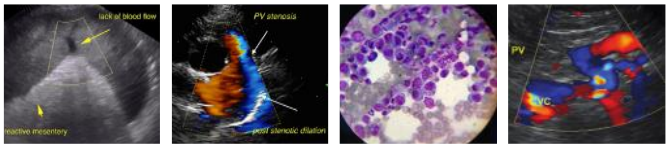


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Manju Mah

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

10 years

WEIGHT

7 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Resolution Veterinary Ultrasound LTD

REFERRING VET

Dr. Monica Nagy

INVOICE

14375

DATE

7/22/22

PRESENTING CLINICAL SIGNS

Vomiting. Increased Spec FPL.

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

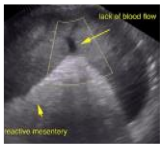
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

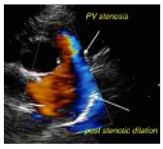
Liver/ Gallbladder

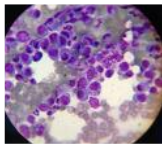
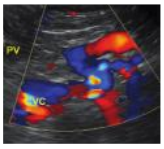
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 contained minor retained anechoic fluid with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.





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Segmental mild to moderate wall thickening with loss of wall layering and decreased mural echogenicity was present in the midabdominal small Intestinal segment, consistent with likely jejunal location. The area of intestinal thickening measured approximately 4.0-5.0 cm In length with wall width up to 0.7 cm. The Intestinal wall thickening did not appear to involve the ileocolic junction, which was sonographically normal. By comparison, normal-appearing jejunum wall measured 0.22 cm width. The duodenum wall measured 0.26 cm width. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Regional lymphadenopathy and surrounding echogenic omentum were present around the abnormal intestine.

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

Pancreas

The pancreas was normal in size and contour with subtle nonhomogeneous to hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy was present. Mild regional reactive mesentery was noted around the thickened segment of small intestine.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific renal medullary rim sign
- Small intestinal mural mass - consistent with jejunal location, inflammatory granulomatous (Dry FIP) or neoplastic etiology possible
- Mild hypomotile stomach
- Potential low-grade to minor pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the small intestinal mural mass wall could be considered for screening cytology. The small intestinal mural mass subjectively appears to be amendable to surgical resection. Intraoperative ultrasound could be considered in this case to delineate between the intestinal mural mass and normal-appearing proximal and distal Intestinal wall. No obvious evidence of regional metastasis or overt lymphatic involvement was evident.

Three-view chest radiographs are suggested prior to surgical considerations. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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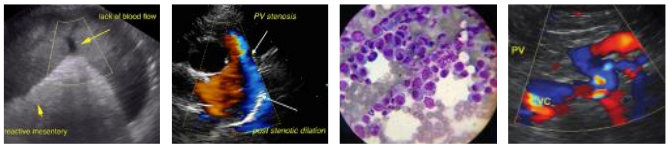

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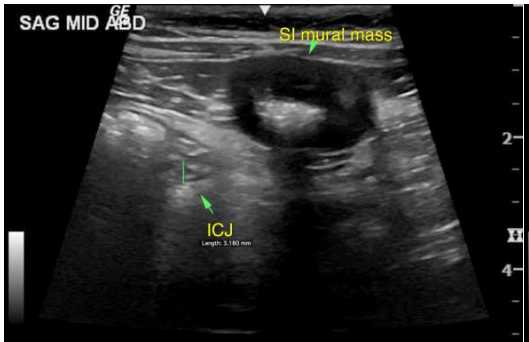

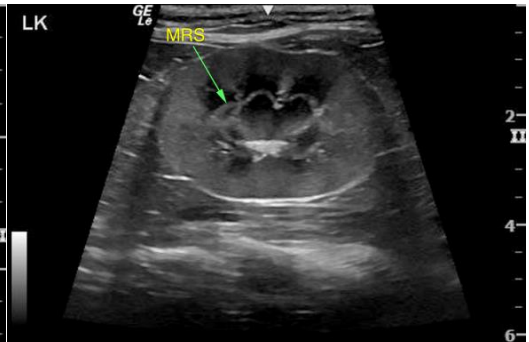

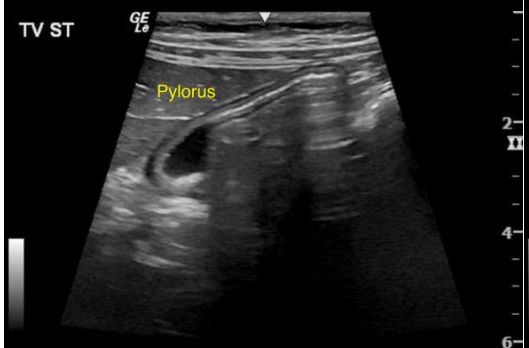

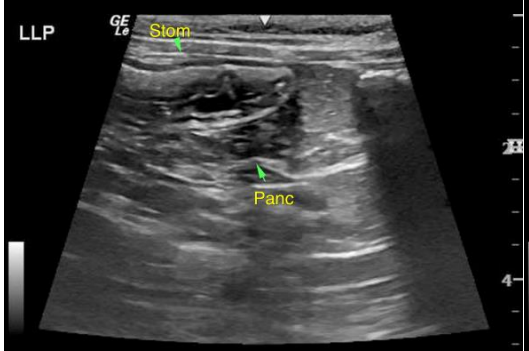

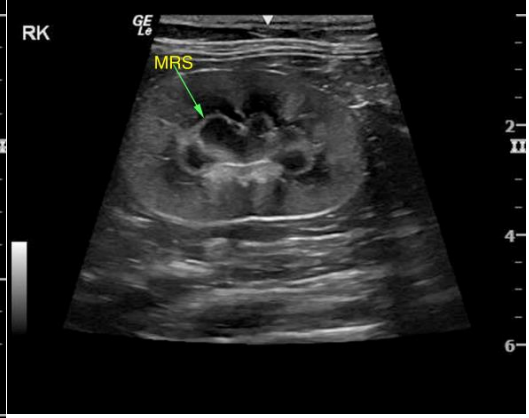

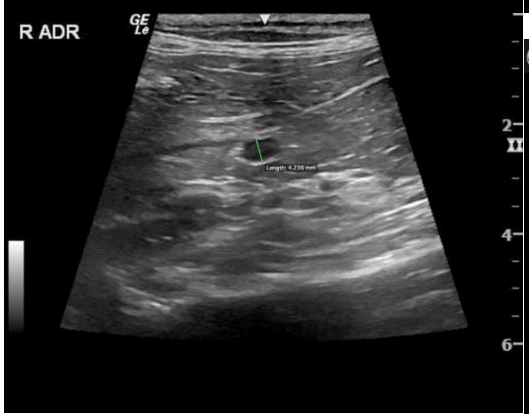

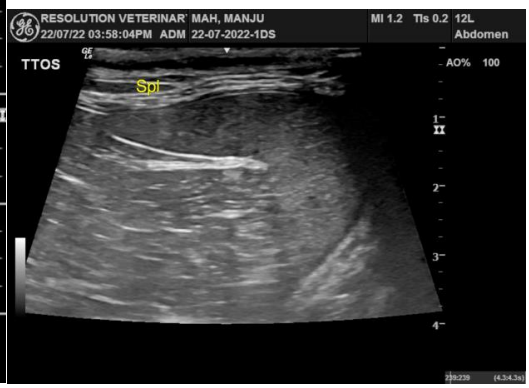

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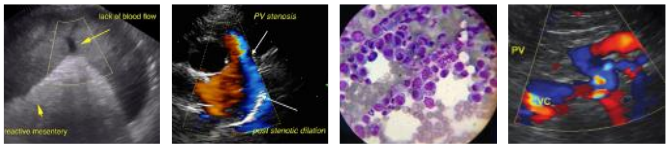

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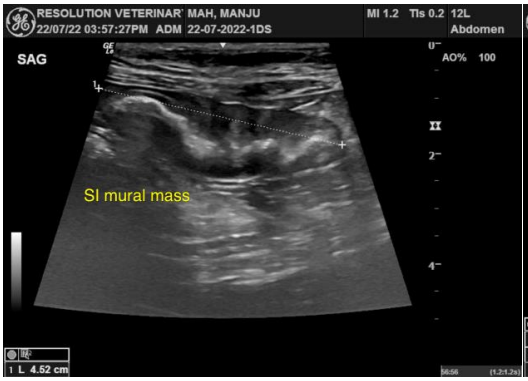

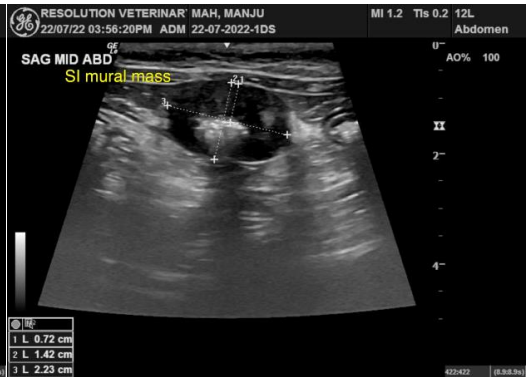

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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