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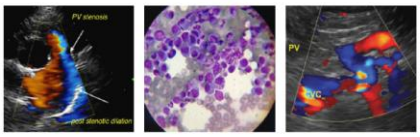

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Dante Moore

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

15.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Beth Myers

INVOICE

11188ag

DATE

07/26/2022

PRESENTING CLINICAL SIGNS

History: Inappetence for approximately 7 days. Had a dental about 5 days ago. 1 tooth was removed. Extraction site appears to be healing well. No drooling seen. Pet has not lost weight and was hospitalized here for 24 hours and placed on fluids. Ate normally while here. Owners had another cat that died of an immune mediated anemia disorder with no concrete diagnosis that was managed at Blue Pearl this year. Kidney values have historically been elevated.

Abnormal PE/Chem/CBC/UA Results: CBC 7/22: RBC 5.84 (6.54-12.2), Hemoglobin 9.7 (9.8-16.2), WBC 19.76 (17.02), Neut 12.82 (2.3-10.29) w/ bands suspected, Mono 2.47 (0.05-0.67). CBC 7/20: RBC 6.42, Hemoglobin 10.8, WBC 14.42, Neut 9.0, Mono 1.79. *Historically has high monocytes. Chem 7/22: BUN 30 (16-36). On 7/20 it was 40, and on 7/15 it was 35. Crea has been normal. Radiographs showed no obvious masses present. Obtunded while at hospital, but historically not an active/reactive cat while at the vet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 4.1 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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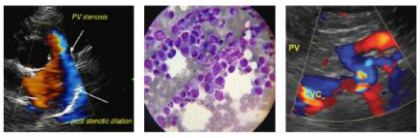

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.26 cm in width.

The small intestine presented intact yet prominent to mildly thickened wall layering with segmental areas of mildly indistinct wall layering. No overt evidence of intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured up to 0.41 cm in width. The ileocolic wall measured 0.36 cm in width.

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

Pancreas

The left limb of the pancreas was normal in size and contour with nonhomogeneous to subtle hypoechoic parenchyma compared to the adjacent non-reactive 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 was evident.

Free Abdomen

Intermittent small pockets of scant perilymphatic to peri intestinal free fluid along with associated hyperechoic mesentery were present.

Intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A borderline normal to abnormal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm width.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral mild chronic renal changes
- Primarily intact yet mildly thickened small bowel walls
- Intermittent mildly prominent to hypoechoic mesenteric lymphadenopathy
- Associated minor reactive mesentery and scant pocket of peritoneal free fluid
- Potential low grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes suggestive of infiltrative enteropathy criteria which may include IBD/eosinophilic enteritis while the possibility of neoplastic infiltrative enteropathy such as lymphoma cannot be definitively excluded. Associated mesenteric lymphoid hyperplasia, lymphadenitis or neoplastic lymphadenopathy which is though less likely could be possible. Correlation with pending LN FNA is recommended. Full thickness intestinal biopsies would be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Pending LN cytology and GI panel, empirical GI support +/- conservative IBD/low grade pancreatitis protocol and assessment of clinical response would be reasonable.

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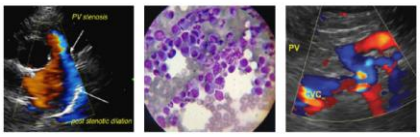

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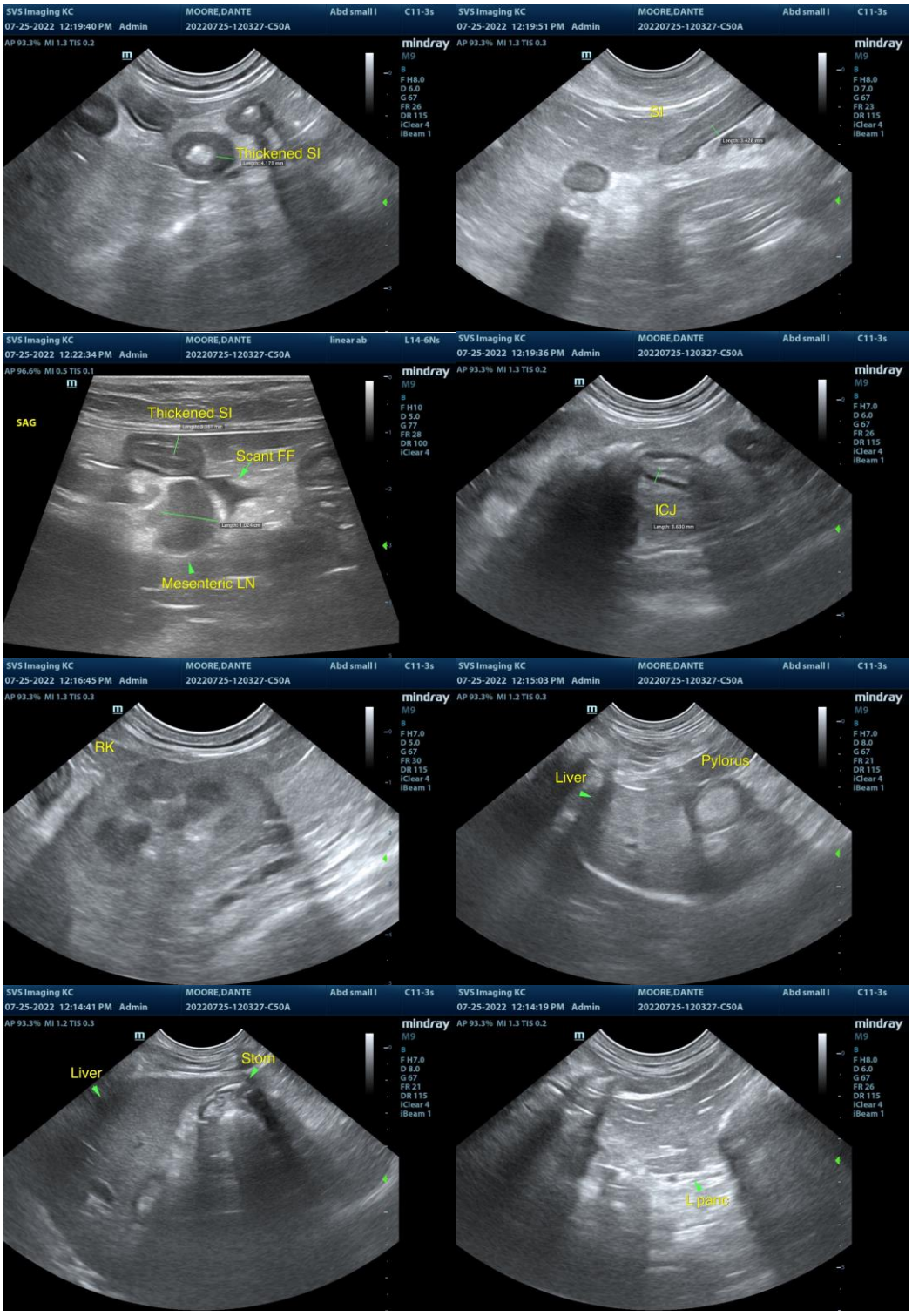

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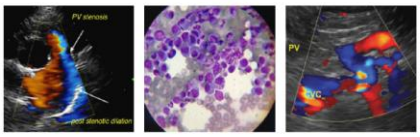

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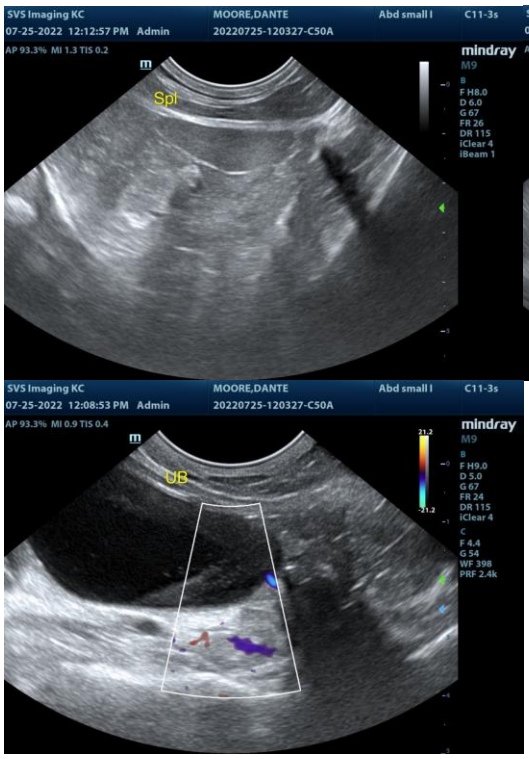

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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