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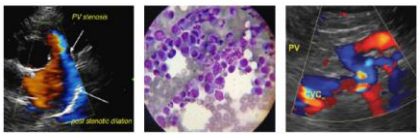

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Simon Jones

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathon Renfro

INVOICE

14394

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Not eating dry food for about a month, and now will only eat small amounts of canned food very slowly. Losing weight. U/D normal.
Abnormal PE/Chem/CBC/UA Results: T- 101.1. UA: Protein +1, pH, UPC >=0.2 to <0.4. RBC 51 cell/microliter, WBC 9 cell/microliter, rest NSF. Chem: AMY 1300 (300-1100), rest WNL. CBC: RBC 7.03 (7.7-12.8), HGB 9.8 (10-17), HCT 33.65 (33.7-55.4), PLT 48 (125-618), rest WNL.

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. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size was present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Focal area of nonobstructive medullary mineral was noted in the left kidney. Maintained symmetrical kidney margination was noted. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length.

Subnormal size was present in the right kidney. Marked loss of corticomedullary border demarcation was present with Increased corticomedullary echogenicity and pinpoint areas of medullary mineral. Maintained symmetrical kidney margination was noted. The right kidney measured 2.3 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 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

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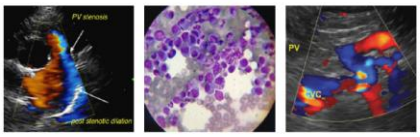

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without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and primarily normal wall layering present in the fundus and gastric body. Intact yet mildly prominent wall layering was present in the area of the antrum and pylorus with minor retained anechoic pyloric fluid. The pylorus wall width measured 0.34 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall width measured 0.38 cm. The ileocolic wall width measured 0.48 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.64 cm width. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Generalized infiltrative enteropathy - Inflammatory infiltrative enteropathy such as IBD / eosinophilic enteritis vs. neoplastic infiltrative enteropathy with round cells such as lymphoma possible
- Intermittent mildly prominent mesenteric lymph nodes - associated mild lymphoid hyperplasia, reactive lymphadenitis suspected, less likely potential for lymphatic neoplastic criteria
- Intact yet mildly prominent pylorus wall with minor retained pyloric fluid - likely concurrent mild gastric mural Inflammation
- Bilateral chronic renal changes more prominent In the right kidney with subnormal right kidney size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full-thickness intestinal +/- lymph node biopsies are required for a definitive diagnosis. Both Inflammatory vs. neoplastic infiltrative enteropathy may present in a similar sonographic manner. IBD if favored given this presentation without evidence of significant mesenteric lymphadenopathy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Potential for low-grade to chronic pancreatitis, often seen concurrently with underlying intestinal disease in cats, could be present and essentially sonographically normal.

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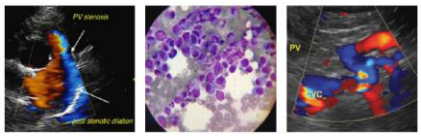

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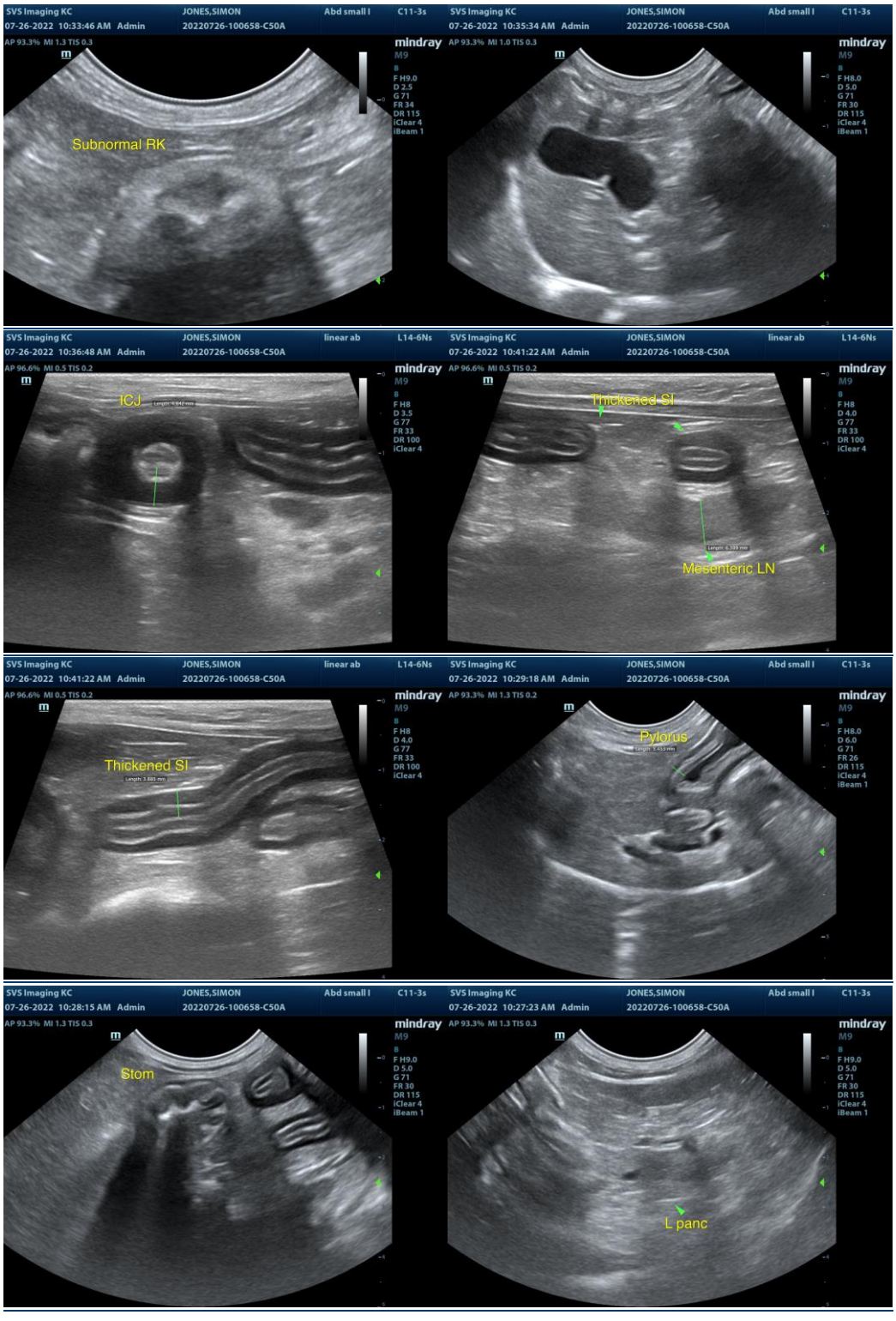
Empirically, IBD protocol which may include as-needed gastrointestinal support, hydrolyzed diet, cobalamin supplementation, and Prednisolone trial at lowest effective dose to control clinical signs and assessment of clinical response would be reasonable.



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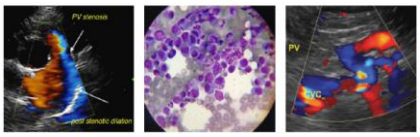

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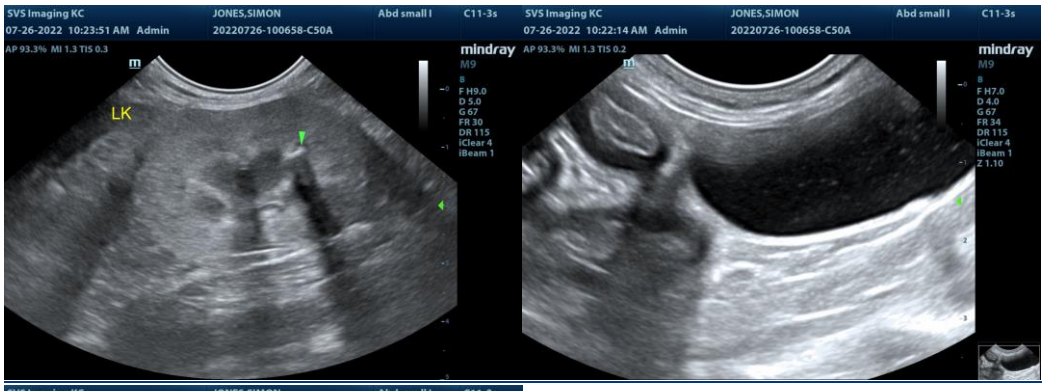

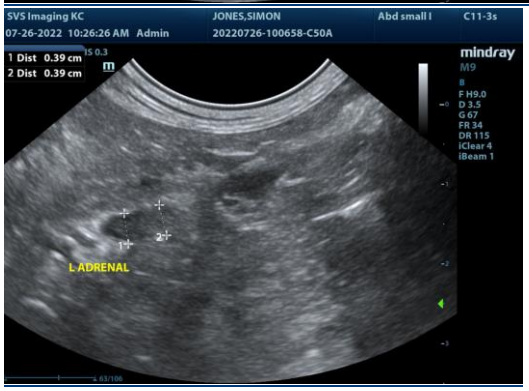

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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