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Clinical Sonography & Telecytology
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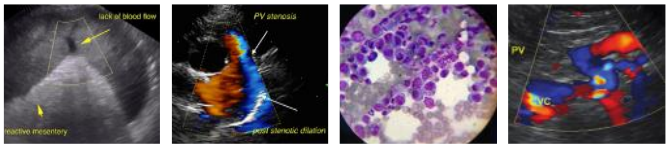

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jackie Holland

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

14417

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Weight loss, vomiting, diarrhea for several months
Abnormal PE/Chem/CBC/UA Results: CBC shows slight monocytosis, slight increase TCO2, decreased cholesterol, USG 1.029, +1 urine protein, slight hematuria, mild pyuria, bacteruria, culture pending, T4 2.2 mg/dl (0.8 to 4.7 mg/dl)

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.

Mild subnormal size compared to the right kidney was noted in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and Moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary, nonobstructive pelvic renolith was present. Focal lateral cortical infarct was noted. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length.

Normal size and margination were present in the right kidney. 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 right kidney measured 3.0 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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. The spleen measured 0.64 cm width at the level of the hilus.

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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

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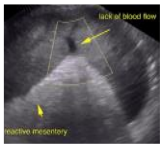

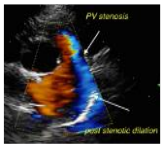

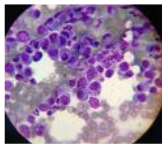
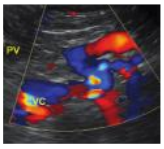

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine presented intact wall layering with segmental to generalized propensity for intestinal wall thickening secondary to segmental to generalized prominent muscularis and somewhat mucosa layers. No overt evidence of loss of Intestinal wall layering or intestinal masses was noted. The jejunum wall measured up to 0.29 cm width. The ileocolic wall measured 0.43 cm width.

Normal visible colon wall layers were present with semi-formed to soft fecal matter in lumen.

Pancreas

The left limb of the pancreas was normal in size and contour with subtle hypoechoic parenchymal compared to adjacent omentum.

Free Abdomen

Intermittent jejunocolic 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 0.7 cm in diameter. No free fluid was noted. No omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Segmental to generalized Inflammatory enteropathy pattern
- Associated hypoechoic to prominent jejunocolic lymphadenopathy
- Potential concurrent low-grade pancreatitis
- Bilateral chronic renal changes more prominent in the left kidney with nonobstructive left renolithiasis and cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine Is compatible with infiltrative enteropathy with considerations including inflammatory (IBD/eosinophilic enteritis) vs. neoplastic (lymphoma or other) infiltrative enteropathy, both of which may present in a similar sonographic manner.

Full-thickness intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD protocol which may include hydrolyzed diet, empirical cobalamin supplementation, high colony count probiotics such as Proviable, empirical antibiotic therapy, and Prednisolone trial at lowest effective dose to control clinical signs could be considered If biopsies are not possible with assessment of clinical response.

Sonographic monitoring of the small intestine and associated lymphadenopathy is recommended if evidence of progressive intestinal mural changes and lymph node enlargement, given the potential for emerging neoplasia.

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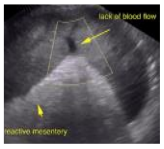

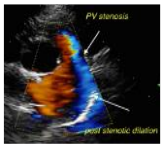

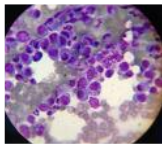
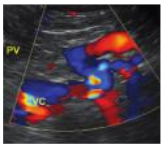

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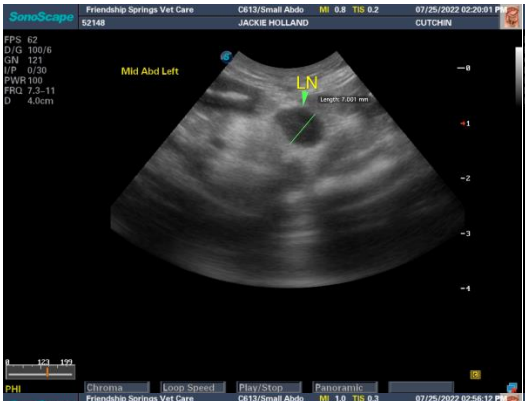

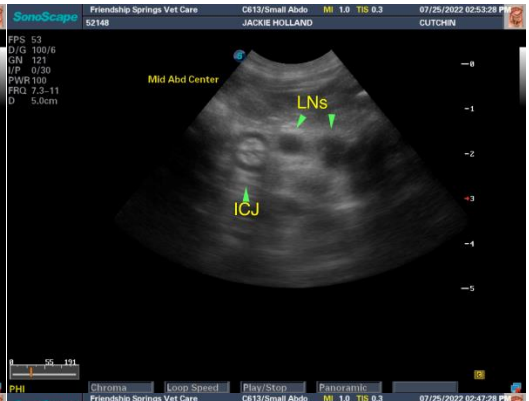

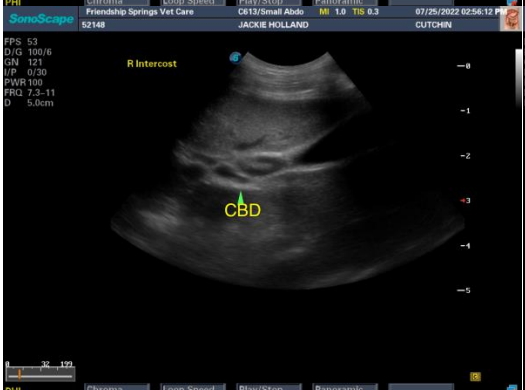

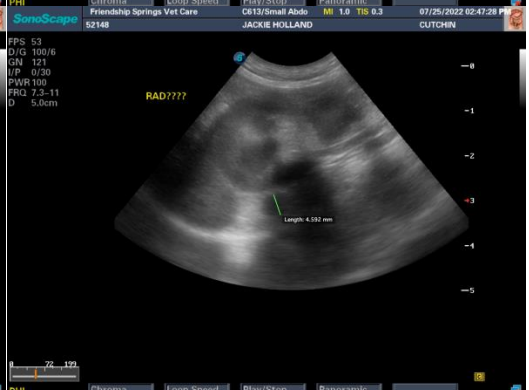

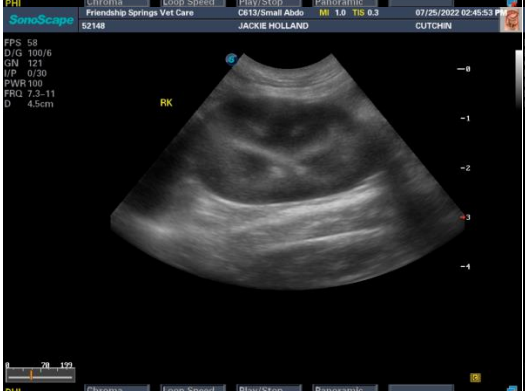

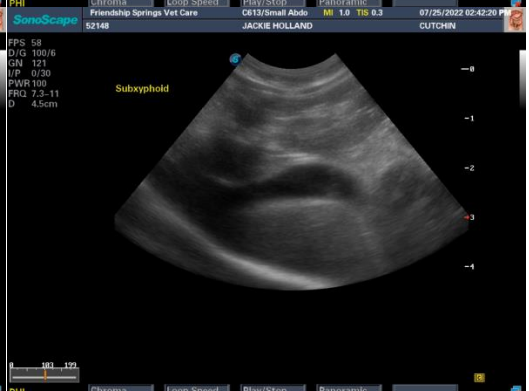

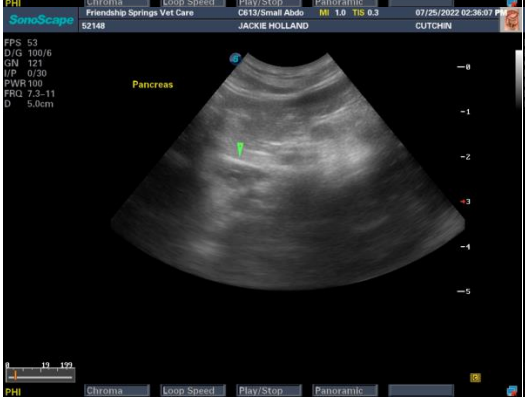

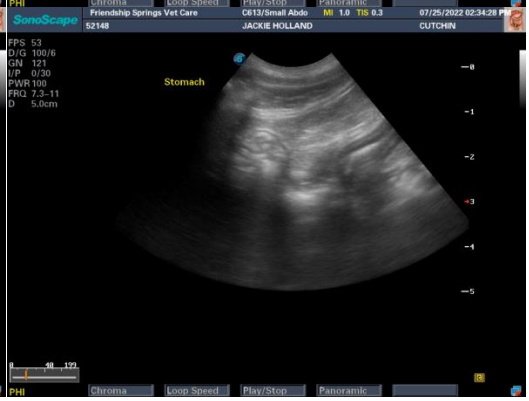

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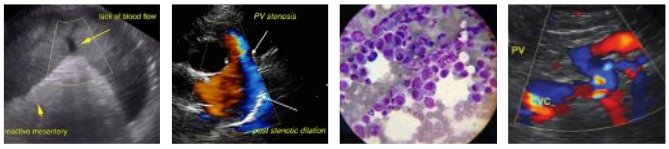

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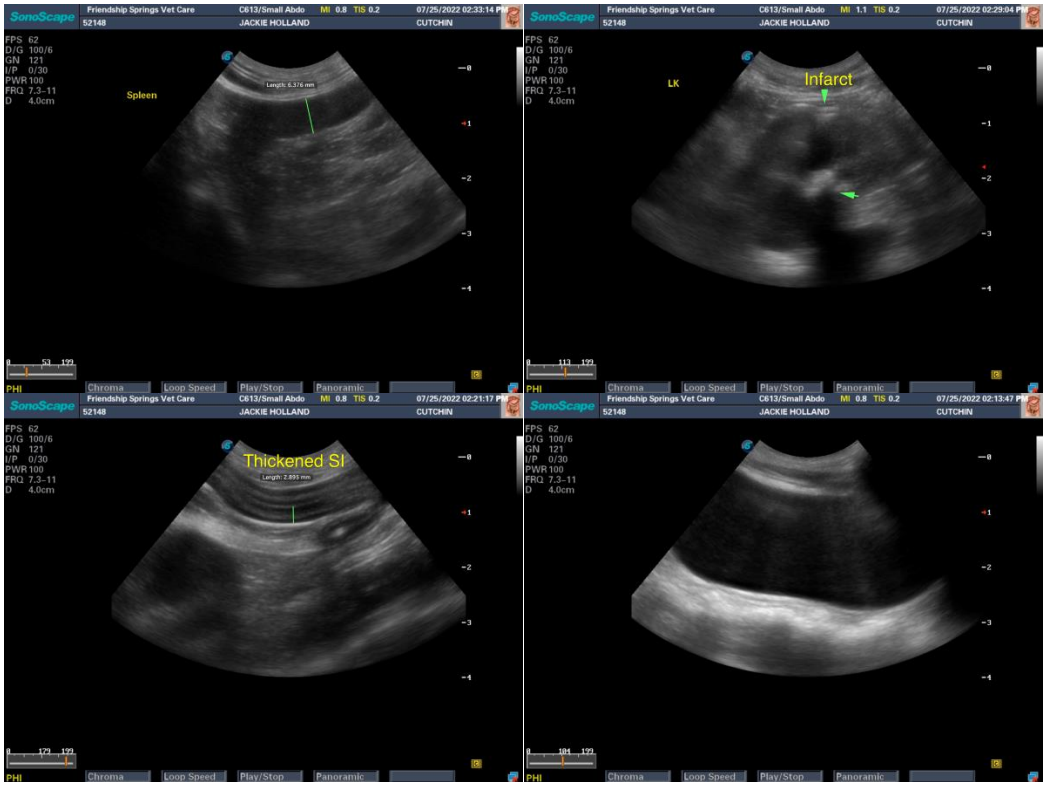

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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