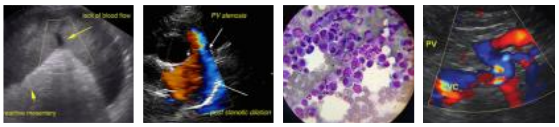


PATIENT

Samosa Chavez

SPECIES

Feline

BREED

DMN

SEX

FS

AGE

10 years

WEIGHT

8.63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Giambuzzi

INVOICE

14450

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Samosa presents into the ER today for not eating much since last visit with us, acts like she is having a hard time swallowing or chewing food, O has tried to soften it up with water and has also tried to introduce her to wet kibble, refuses all food and turns away from wet food, refuses her treats that she loves, has been having soft stools, is drinking water normally. She is a cat who usually vomits every once in awhile so O has not noticed a change in the vomiting that would be concerning not on any medications or supplements Lifestyle: Indoor Only Diet: OTC Kibble
Abnormal PE/Chem/CBC/UA Results: WBC-26.25+ NEU-23.21+ ALB-1.7- GLU-164+

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 3.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

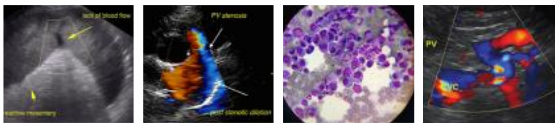
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width. Pinpoint hyperechoic foci were noted in the right adrenal gland, potentially indicative of pinpoint dystrophic mineralization. This is a normal variant in a cat and not indicative of right adrenal pathology.

Spleen

The spleen exhibited subjective mild subnormal size potentially indicative of volume contraction yet maintained symmetrical capsule contour and a finely textured homogeneous splenic parenchyma. No evidence of splenic neoplastic criteria was 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



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containing primarily anechoic content with minor echogenic luminal debris. This is likely incidental potentially secondary to fasting. 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 0.25 cm.

The small intestine presented primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio to the level of the ileum. The duodenum wall measured 0.3 cm width. Normal-appearing jejunum measured 0.25 cm wall width. The mid to distal ileum extending into the ileocolic junction, as well as the proximal colon, exhibited mild to moderate, variable wall thickening exhibiting indistinct wall layer detail and decreased mural echogenicity. The ileocolic wall measured 0.6 cm width. Mild nonformed feces was present in the proximal colon lumen. The proximal colon wall width measured 0.42 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

Regional peri ileocolic hyperechoic mesentery was present. Multiple mildly prominent to variably enlarged colic lymph nodes exhibiting homogeneous hypoechoic parenchyma were present. An example of a lymph node measured 1.9 cm x 0.96 cm. Some of the colic lymph nodes exhibited borderline abnormal width: length ratio (~0.5). No evidence of peritoneal free fluid was noted.

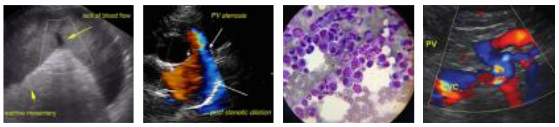
ULTRASONOGRAPHIC FINDINGS

- Thickened ileocolic junction and proximal colon walls exhibiting indistinct wall layer detail and decreased mural echogenicity
- Regional peri Ileocolic reactive mesentery, potential for mild regional peritonitis and associated colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the thickened ileum, ileocolic junction, and proximal colon may include neoplastic criteria such as lymphoma, adenocarcinoma, or other, dry form FIP or less likely fibroplasia. Correlation with pending cytology is suggested.

Although not definitive, extension of minor intestinal pathology into the distal jejunum at the level of the ileum cannot be definitively excluded. The associated colic lymphadenopathy may indicate, pending cytology, secondary lymphoid hyperplasia, and reactive lymphadenitis, with potential for emerging neoplastic colic lymphadenopathy if a neoplastic process is confirmed. Oncology and/or



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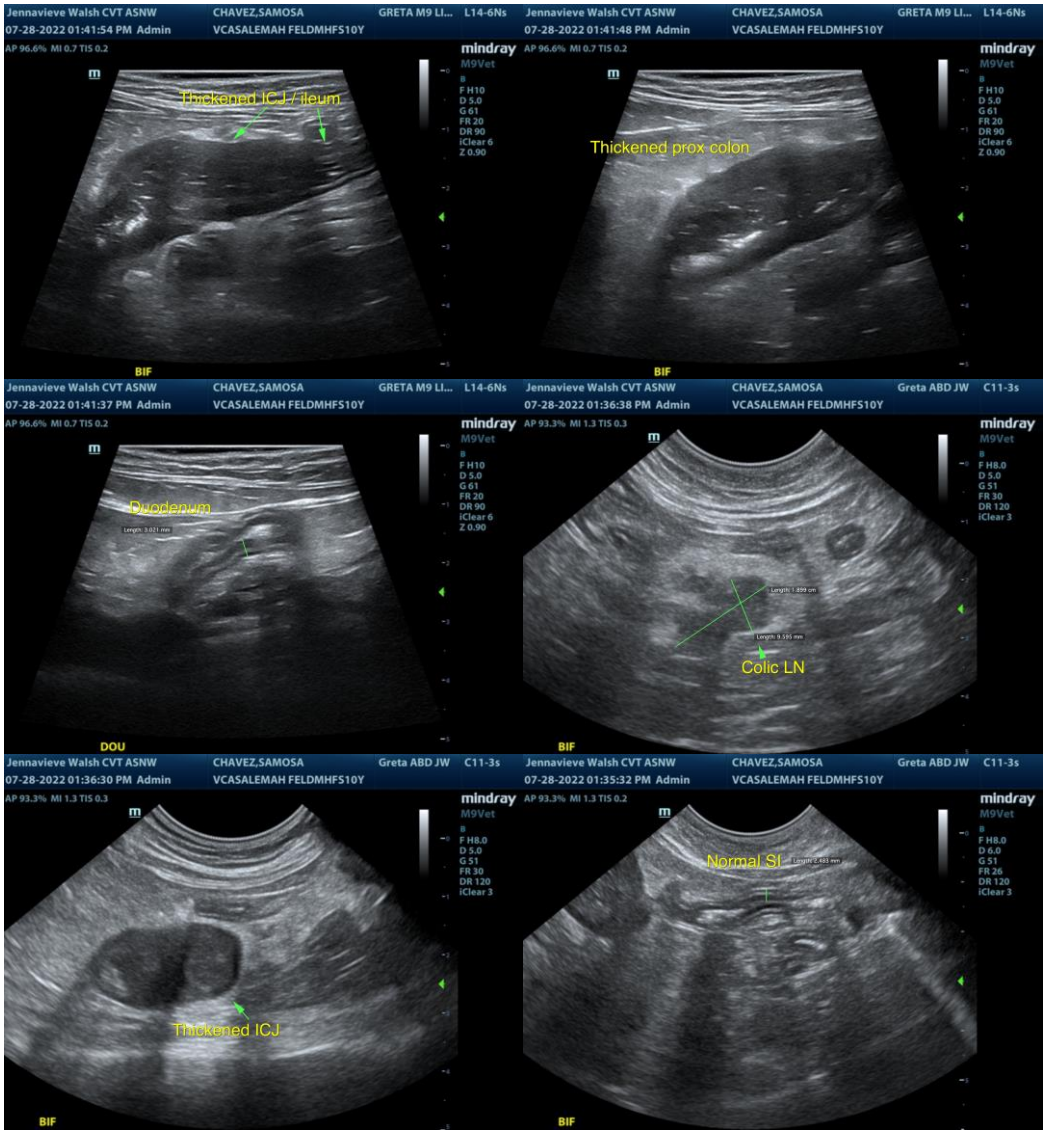
surgical consult could be considered pending cytology. Three-view chest radiographs are suggested If not done.



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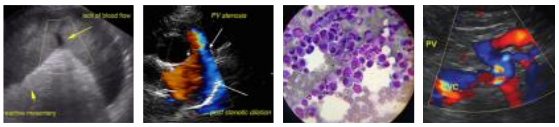

ANIMAL SOUNDS NW
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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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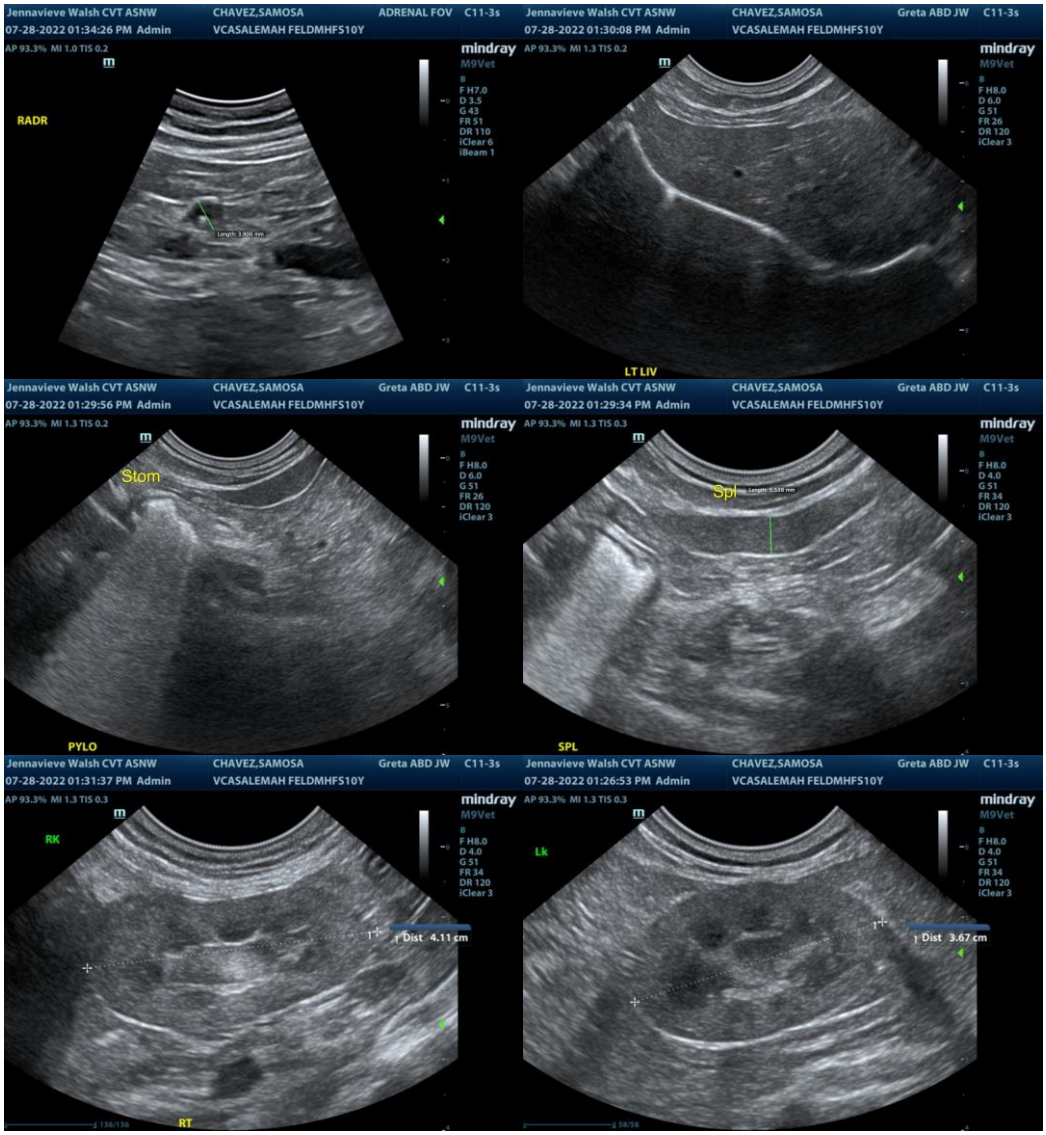

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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