SonoPath
Clinical Sonography & Telecytology
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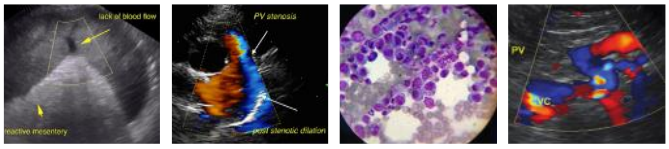


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tigger Freedman

SPECIES
Feline

BREED
DMH

SEX
M/N

AGE
15 years

WEIGHT
5.5 kg

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

IMAGING PERFORMED BY
Dave Stasiuk RDMS, RDCS

HOSPITAL NAME
Killarney Cat Hospital

REFERRING VET
Killarney Cat Hospital

INVOICE
14566

DATE
8/10/22

PRESENTING CLINICAL SIGNS

Vomiting. Weight loss. Increased FPL. Rule out pancreatitis / IBD / Neoplasia.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 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 0.42 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 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.

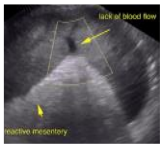
Liver/ Gallbladder

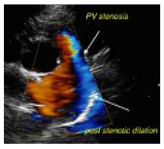
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs 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.

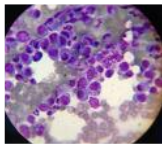
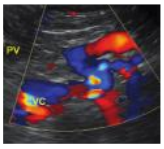
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non shadowing ingesta/chyme was present in antrum and pylorus. No evidence of mechanical pyloric out flow obstruction was noted. The gastric body wall width measured 0.24 cm.

The small intestine presented intact segmentally prominent wall layering with mild segmental small intestinal chyme. No evidence of a mechanical obstructive pattern, loss of intestinal wall layering,





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intestinal masses, or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured up to 0.30 cm width. The ileocolic wall measured 0.46 cm width.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Several to multiple 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 0.79 cm diameter. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy exhibiting Intact yet prominent wall layering - suspect IBD intestinal pattern, potential for neoplastic infiltrative enteropathy with round cells i.e., lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded
- Associated mild mesenteric lymphadenopathy - hyperplasia or reactive lymphadenitis, potential for early neoplastic lymphadenopathy is possible
- Chronic active pancreatitis pattern

Secondary Findings

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs if not done to rule out occult thoracic pathology as a contributing factor to the patient's weight loss is recommended. Full-thickness intestinal +/- lymphatic biopsies are required for a definitive diagnosis. Screening lymphatic FNA if accessible could also be considered for further assessment.

Empirical IBD / chronic active pancreatitis protocol with as-needed GI support, monitoring of clinical response, and body weight going forward would be reasonable.

Recheck sonogram to assess for progressive intestinal mural changes, evidence of pancreatitis, and / or progressive lymphadenopathy is suggested if clinical signs continue despite empirical therapy.

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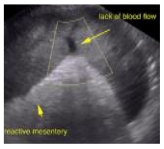

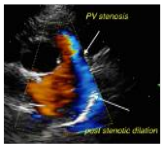

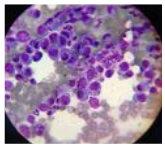
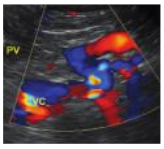

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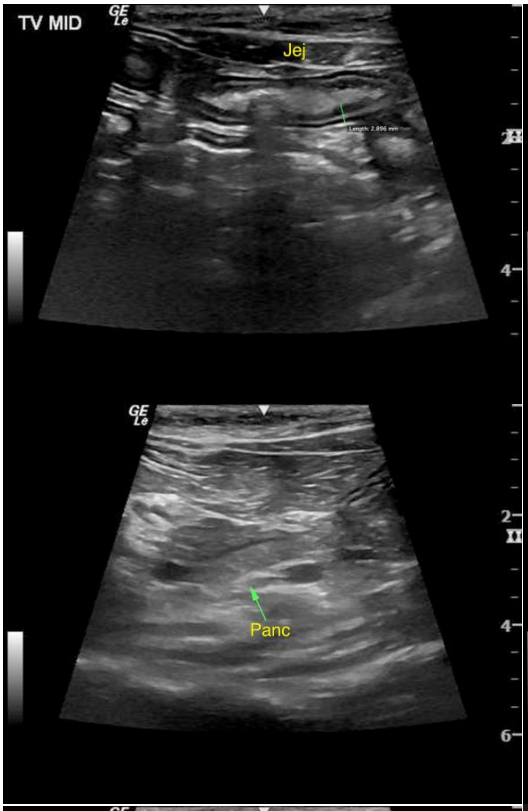

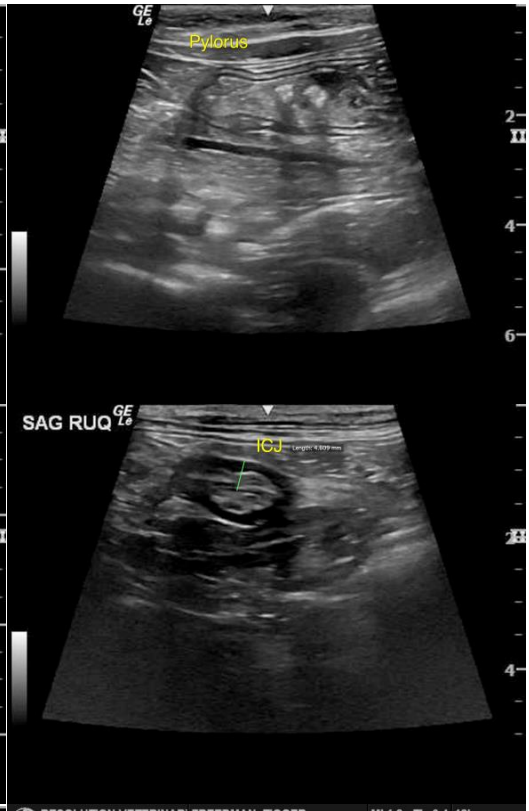

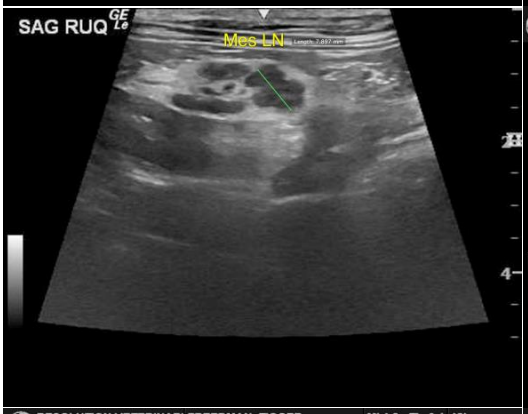

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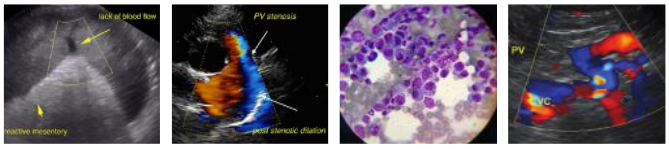

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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