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Clinical Sonography & Telecytology
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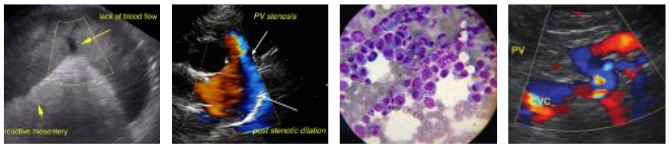

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Freda Swander

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

8.1 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Bridget Hayes

**INVOICE**

23869

**DATE**

8/11/23

## PRESENTING CLINICAL SIGNS

History: Chronic vomiting of food and hair for 2 months, appetite decreasing. Losing weight. Stools unknown. Indoor/outdoor cat, hunts mice. BCS = 3/9, otherwise unremarkable.
Abnormal PE/Chem/CBC/UA Results: See attached labs: Moderate eosinophilia.

## 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 were noted. Aortic trifurcation was normal.

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 3.8 cm in length. The right kidney measured 3.8 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 0.43 cm.

No overt pathology in the area of the right adrenal gland.

### *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*

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 subtle prominent isoechoic gallbladder wall, measuring 0.18 cm gallbladder wall width. Anechoic content was present in the gallbladder lumen. 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 contained primarily nonshadowing gastric ingesta. No overt evidence of mechanical pyloric outflow obstruction or gastric foreign material.

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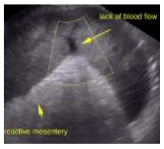
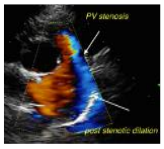
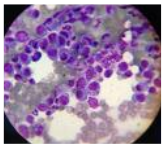
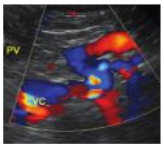

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall width measured up 0.35 cm.

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

***Pancreas***

The left pancreatic limb revealed subtle prominent size with minor capsule asymmetry and isoechoic mildly nonhomogenous parenchyma compared to adjacent omentum. Subjective mild left limb pancreatic duct dilation was noted.

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Generalized infiltrative enteropathy pattern
- Normal stomach with mild gastric ingesta
- Mildly prominent heterogenous left pancreas
- Mildly thickened gallbladder wall

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited mural thickening and wall layer ratio changes consistent with inflammatory infiltrative enteropathy, i.e., IBD/eosinophilic enteritis (considered probable), inflammatory neoplastic or less likely granulomatous intestinal disease are all potentials. Triaditis could be a consideration in this patient given the potential for left limb chronic pancreatitis or if hepatic enzyme elevations are noted.

Definitive diagnosis would require full thickness intestinal biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD/eosinophilic enteritis protocol with as needed gastrointestinal support, assessment of clinical response, pending additional diagnostics or if intestinal biopsies are not possible, would be reasonable. Sonographic monitoring of the intestinal tract for evidence of progressive mural changes is suggested, especially if progressive clinical signs or weight loss.

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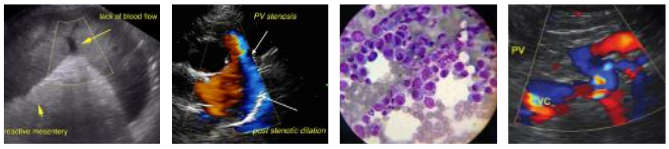

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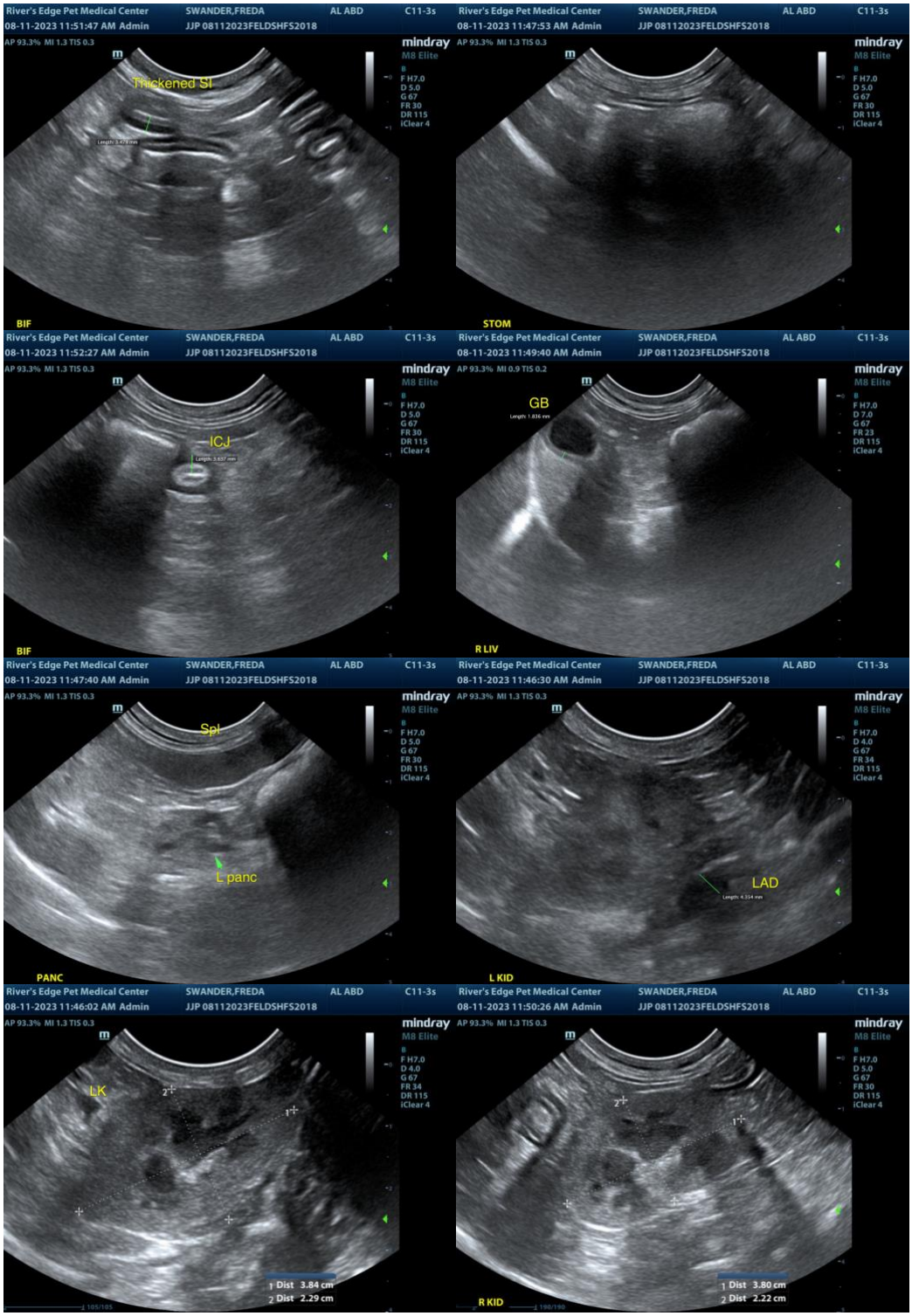


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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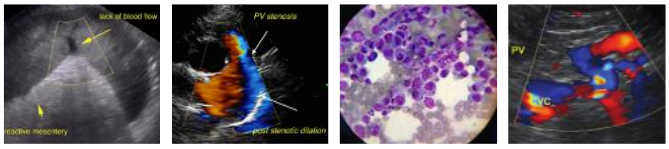


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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
**info@SonoPath.com**