



PATIENT

Mina Hooper

PRESENTING CLINICAL SIGNS

Lethargic with weight loss last few months , appetite ok, Chronic intermittent vomition diagnosed and managed hyperthyroid, previously diagnosed as IBD a year ago but not on meds

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Chemistry unremarkable. UA USG 1042 with 4-10 wBC per HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

Mild subnormal left kidney size compared to the right was present. 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. A small left kidney cortical cyst was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.4 cm in length.

AGE

16

The area of the aortic trifurcation was free of pathology.

WEIGHT

3.5

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

INTERPRETED BY

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

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 0.55 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr Belan

Liver/Gallbladder

HOSPITAL NAME

Sanctuary

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr Guajardo

Gastrointestinal

INVOICE

14574ag

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.

DATE

08/11/2023



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The intestinal walls demonstrated intact generalized moderately thickened wall layers with altered to inverted muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. No evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.33 cm width. The ileocolic wall measured 0.34 cm width.

SPECIES

Feline

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

Pancreas

BREED

DSH

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.

SEX

FS

Free Abdomen

No omental masses or peritoneal effusion was present.

AGE

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Intermittent enlarged mid abdominal 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 and peri-intestinal inflammation was present. An example of lymph node size was 1.5 cm x 0.32 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.5

- Chronic infiltrative enteropathy- chronic IBD/eosinophilic enteritis suspected, potential for infiltrative neoplastic enteropathy i.e., lymphoma, mast cell neoplasia or similar possible.
- Associated generally mild intermittent mesenteric lymphadenopathy, perilymphatic and peri intestinal reactive omentum.
- Suspect concurrent chronic active pancreatitis.

INTERPRETED BY

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

Secondary

- Bilateral mild chronic renal changes with small left kidney cortical cyst.
- Mild hepatic parenchyma remodeling.

IMAGING PERFORMED BY

Dr Belan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Sanctuary

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A full thickness intestinal surgical biopsy is required for a definitive diagnosis. Empirical IBD/triaditis protocol with as needed GI support recommended if biopsies are not elected. Sonographic monitoring of the GI tract and pancreas suggested if there are progressive GI signs/weight loss despite empirical therapy given possible infiltrative neoplastic disease.

REFERRING VET

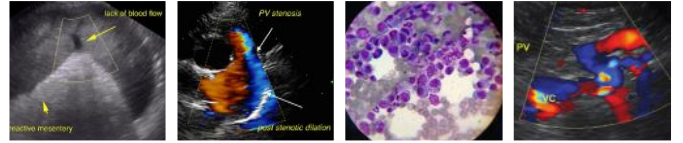
Dr Guajardo

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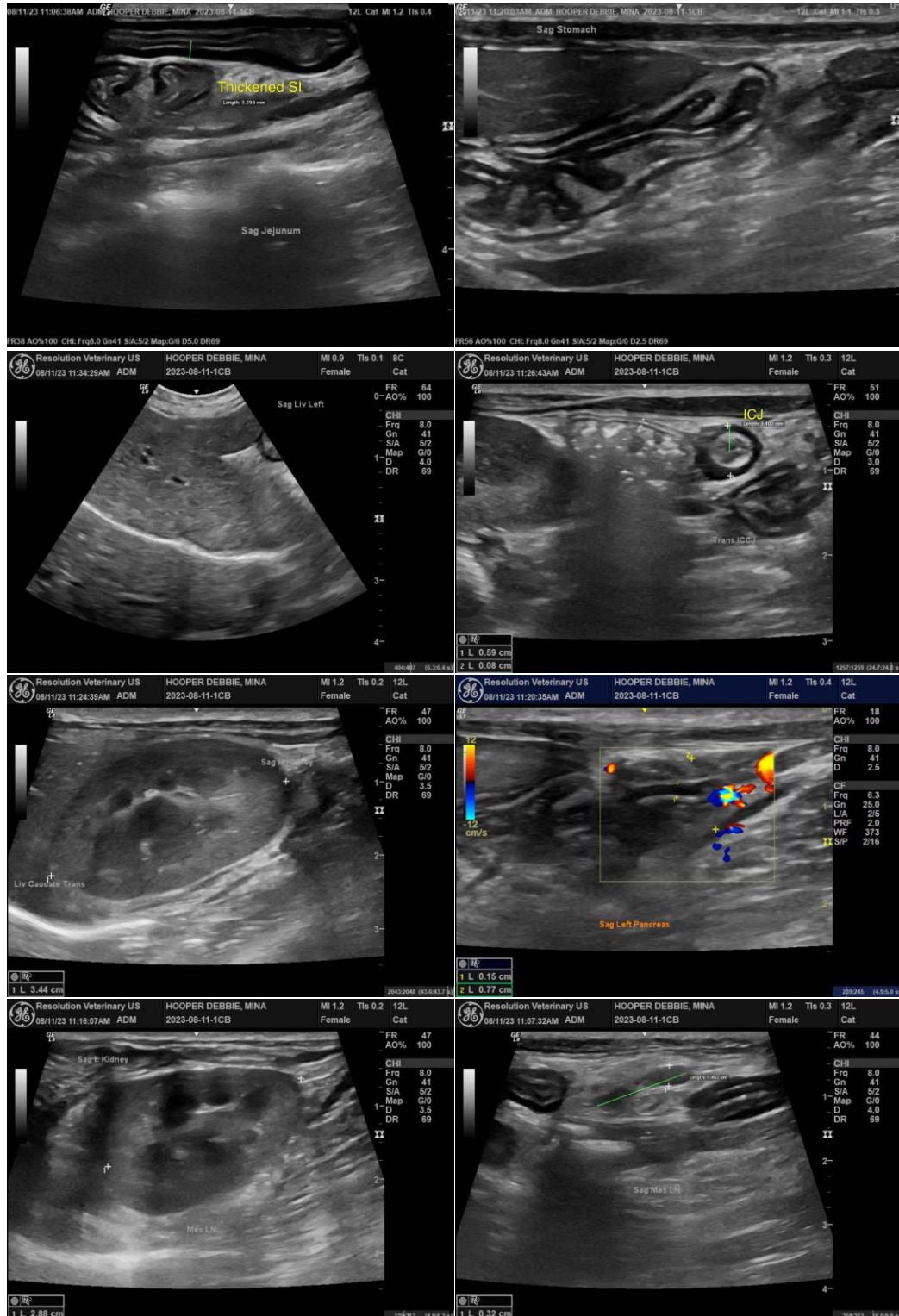
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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