



PATIENT PRESENTING CLINICAL SIGNS

Anne Hayden Clinical Exam Findings: 8/11/2021- continued weight loss since 2020, abd palpation not painful, soft abdomen, all else WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

DSH

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

14.5 Years

The left kidney measured 4.0 cm with mild pyelectasia noted. The right kidney was mildly subnormal in size compared to the left and for this species, measuring 2.7 cm in length. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient.

WEIGHT

8.3 Pounds

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

INTERPRETED BY

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

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 0.73 cm in width.

IMAGING PERFORMED BY

Jenna Walsh

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 gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

VCA Westmoreland

Gastrointestinal

REFERRING VET

Dr. Bugarovich

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. Gastric body wall measured 0.28 cm.

INVOICE

24593

The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.33 cm. Jejunum wall measured 0.26 cm. Ileocolic wall measured 0.36 cm.

DATE

8/12/21

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



PATIENT *Pancreas*

Anne Hayden

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous parenchyma with subtle nodular changes noted in the left pancreatic limb. Example of pancreatic nodule measured 6.1 cm in diameter. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

SPECIES

Feline

Free Abdomen

BREED

DSH

Multifocal variably sized, hypoechoic to cystic colic lymph nodes were present. One of the prominent to cystic lymph nodes adjacent to the ileocolic junction appeared to be located directly adjacent to or potentially impinging upon a likely focal segment of distal small intestine, measuring approximately 2.9 cm x 1.6 cm. The possibility of an intestinal mass given the direct location adjacent to distal small intestinal segment cannot be definitively excluded. Regional peri ileocolic and perilymphatic reactive mesentery was present. No evidence of peritoneal effusion.

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

8.3 Pounds

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with mild left kidney pyelectasia
- Hypoechoic to heterogeneous, mildly nodular pancreas – suspect chronic active pancreatitis with likely areas of nodular hyperplasia, potential for pancreatic neoplasia considered a less likely differential diagnosis.
- Suspect chronic enteropathy
- Multifocal variably sized, hypoechoic to cystic colic lymphadenopathy, possible cystic distal intestinal mass versus directly adjacent peri intestinal cystic lymphadenopathy - chronic lymphoid hyperplasia or lymphadenitis with associated cystic changes may be possible. Potential for neoplastic lymphadenopathy or possible lymphatic or intestinal necrosis owing to chronic stimulation cannot be definitively excluded. =

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of a cystic colic lymph node for cytology +/- culture and sensitivity may be considered. Laparotomy with gross inspection of the intestinal tract, intestinal and lymphatic biopsies may be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 3-view chest radiographs recommended.

Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.



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PATIENT

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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.

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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