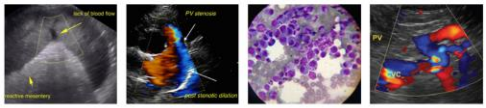


PATIENT

Otis Cochrane

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14yr

WEIGHT

12.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer Aniaml Hospital

REFERRING VET

Dr. Haroules

INVOICE

11370ag

DATE

08/15/2022

PRESENTING CLINICAL SIGNS

Gastroenteritis with vomiting and weight loss. Placed on ID food with continued weight loss. Calcium 7.3; WBC 18,100; mono 2172; neut 13,575

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present bilaterally. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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

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 thin walls and primarily anechoic luminal content with mild debris (likely incidental). The cystic and common bile ducts were normal.

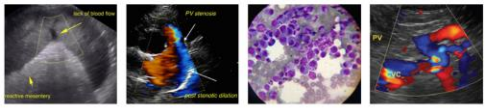
Gastrointestinal

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 measured 0.26 cm in width.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.30 cm in width. The jejunum wall measured 0.37 cm in width.

Mildly prominent colon wall layers were present with apparent semi formed feces in lumen. The descending colon wall measured 0.27 cm in width.

Pancreas



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The pancreas was normal in size and contour with mild uniform hypoechoic parenchyma and minor pancreatic duct dilation.

Free Abdomen

No omental masses or peritoneal effusion was present.

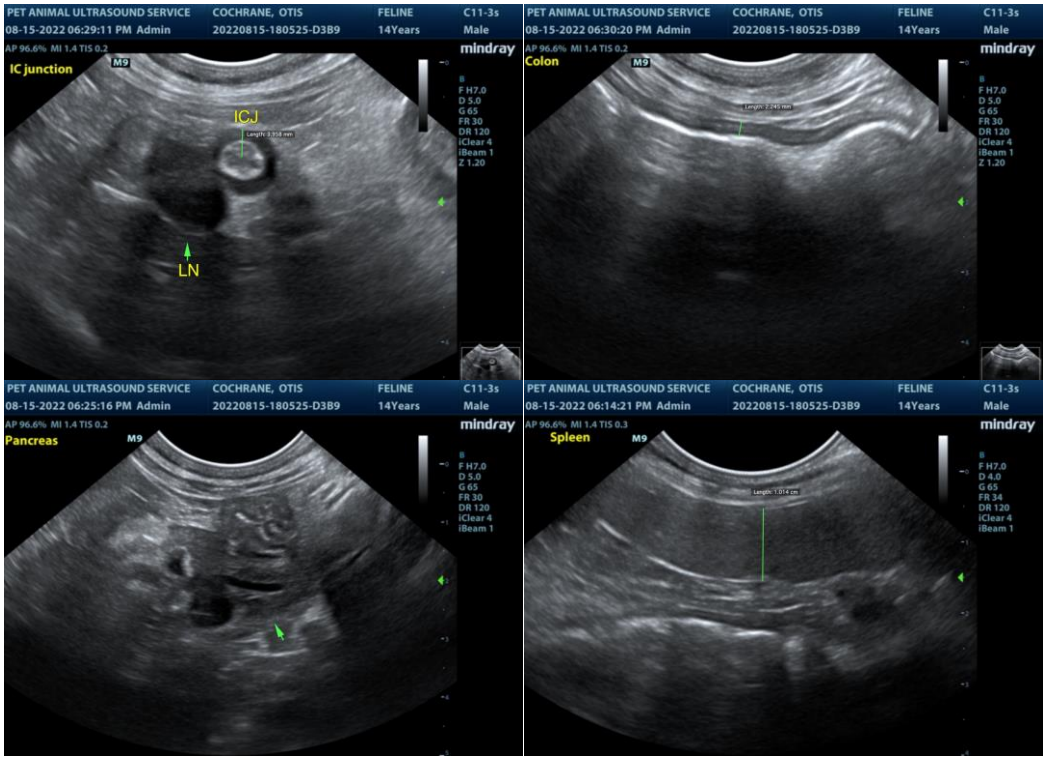
Multiple enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.4 cm x 0.82 cm.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern
- Associated mesenteric lymphadenopathy
- Mild chronic active pancreatitis pattern
- Chronic renal changes with minor pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the appearance of the small intestine is consistent with infiltrative enteropathy with considerations including inflammatory vs neoplastic enteropathy, both of which may present in a similar sonographic manner. Associated mesenteric hyperplasia, reactive lymphadenitis or early neoplastic lymphadenopathy is possible. Full thickness intestinal and lymphatic biopsies would be required for definitive diagnosis. Screening lymphatic FNA for cytology could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically IBD/pancreatitis protocol with assessment of clinical response would be reasonable.



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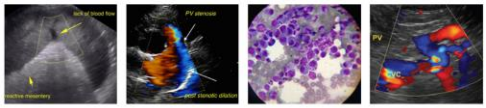
4paus.com 781-635-5677



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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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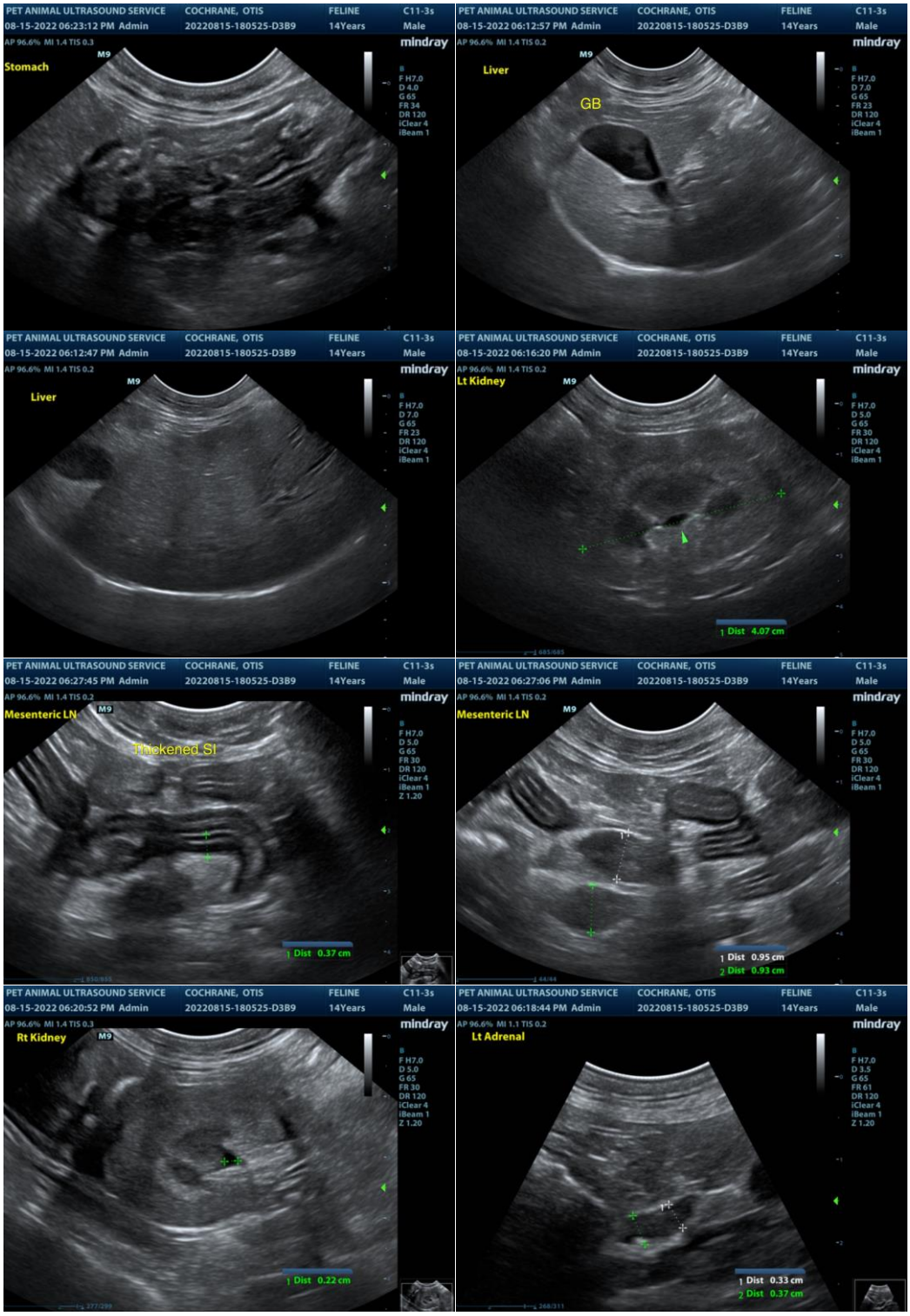
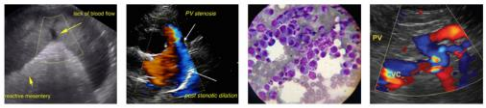


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com