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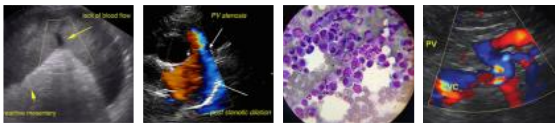


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kingsley Beutelchies

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

12 years

WEIGHT

10.25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Vitality

REFERRING VET

VCA Vitality

INVOICE

14619

DATE

8/16/22

PRESENTING CLINICAL SIGNS

eating poorly loosing weight lethargic periodic diarrhea no solid bowel movements drinking a lot pica Abnormal PE/Chem/CBC/UA Results: hypercalcemia azotemia and high cpk Current Medications gabapentin lactulose

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 renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

Spleen

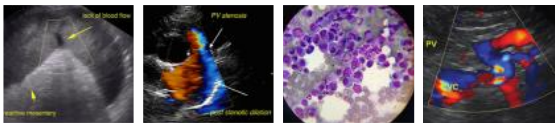
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.76 cm width at the level of the hilus.

Liver/ Gallbladder

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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited visualized intact and sonographically unremarkable wall layering. The stomach appeared to be mildly distended with gas. The ventral gastric body wall width measured 0.30 cm.



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The small intestine exhibited generalized thickened wall layering with variably altered muscularis / mucosa ratio consisting of segmental variable muscularis layer hypertrophy, along with solitary to segmental mural masses exhibiting variable yet moderate mural hypertrophy, decreased mural echogenicity and indistinct wall layering. An example of segmental small intestinal mural mass measured approximately 5.0-6.0 cm in diameter with wall width up to 1.0 cm. An example of a thickened jejunal wall measured 0.66 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Regional peri intestinal hyperechoic mesentery was present. Small pockets of scant peri intestinal to peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Diffuse infiltrative enteropathy pattern with variable mural hypertrophy and segmental to possible multifocal mural masses
- Associated regional peri intestinal hyperechoic mesentery and scant peri intestinal free fluid - potential for peri intestinal omental seeding vs. associated mild peritonitis
- Bilateral chronic interstitial nephrosis renal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the intestinal presentation Is suggestive of neoplastic criteria with potential for high-grade neoplasia such as lymphoma, mast cell neoplasia, potential for non-neoplastic etiologies such as generalized to segmentally significant inflammatory bowel disease or granulomatous enteropathy (dry FIP) are possible yet considered less likely.

Ultrasound-guided FNA of a thickened segment of the intestine wall could be considered for screening cytology and potential for oncology consult. Intestinal biopsies are likely required for a definitive diagnosis. However, surgical curative options appear to be precluded.

Empirically, IBD protocol, which may include, empirical cobalamin supplementation, hydrolyzed diet, high colony count probiotic and Prednisolone 1.0-2.0 mg/kg PO SID at the lowest effective dose to control clinical signs with as-needed GI support, would be reasonable.

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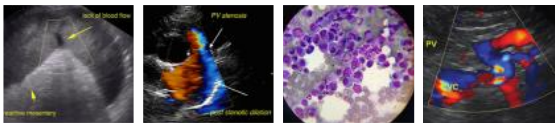

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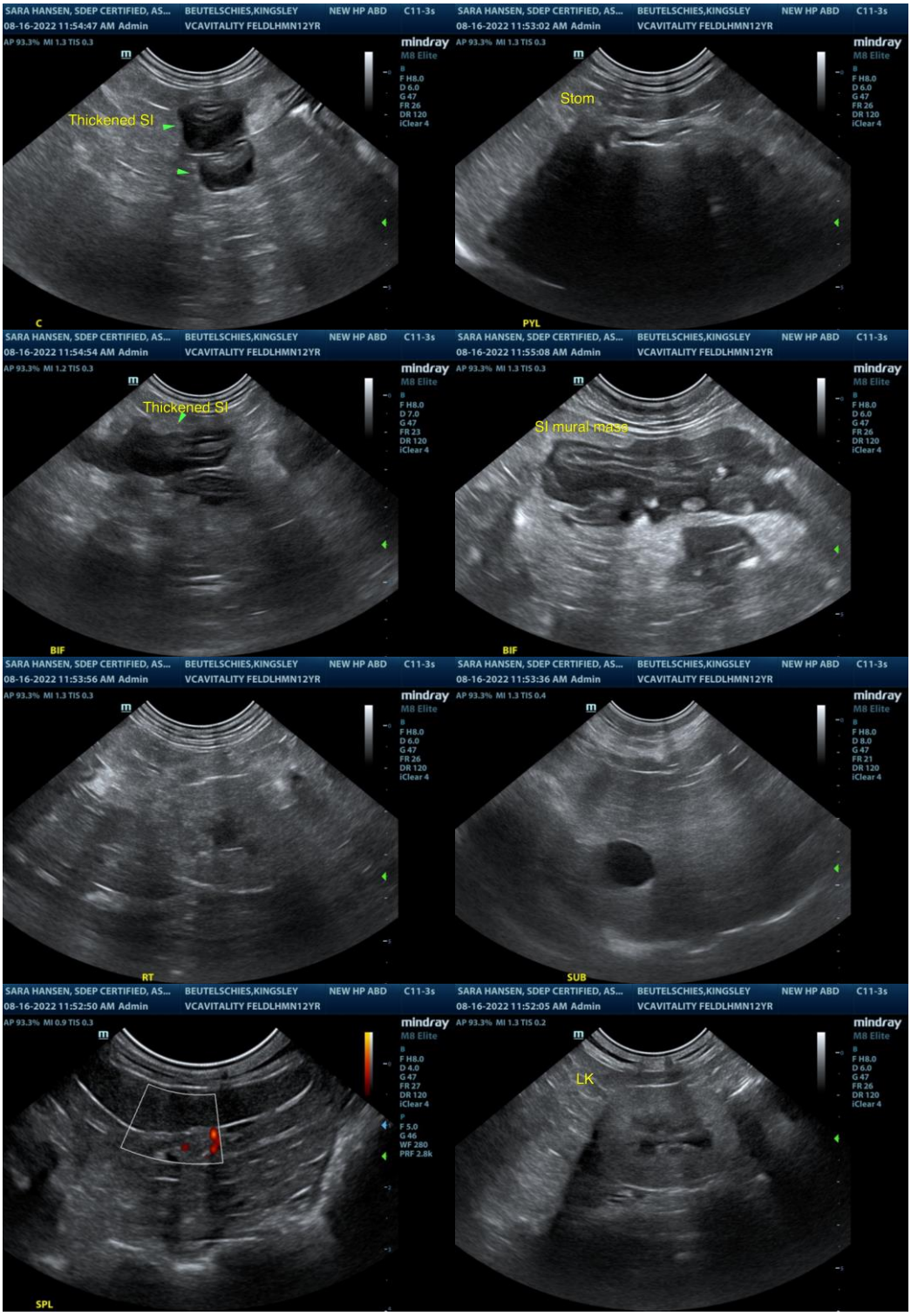

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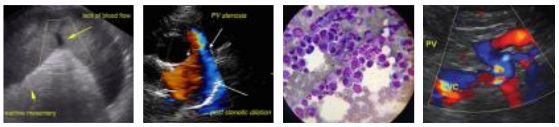

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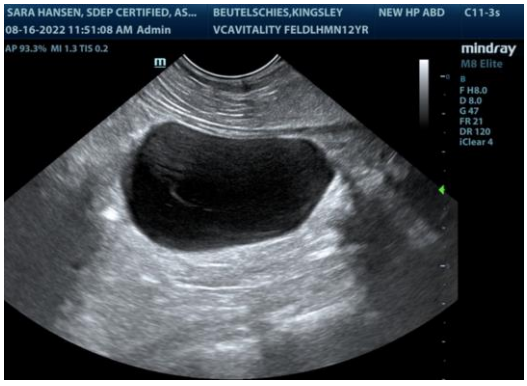

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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