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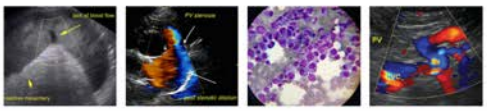

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Mikayla Edwards

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Dr. Christina Poor

INVOICE

24830

DATE

8/19/21

PRESENTING CLINICAL SIGNS

IBD diagnosed via biopsy 7 years ago. Currently, hyporexic, vomiting. Depo-medrol IM q 2 months; metronidazole.

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. Primarily anechoic urine was present in the lumen. Minor non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Minor dystrophic medullary mineral was present. The left kidney measured 3.6 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm in width. The right adrenal gland measured 0.37 cm in width.

Spleen

The spleen exhibited mild generalized enlargement, likely owing to sedation, measuring 1.2 cm in width at the level of the hilus. Primarily finely textured parenchyma noted, which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

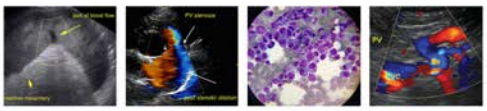
Liver

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. The proximal common bile duct was dilated (0.28 cm diameter) and tortuous without overt post hepatic obstruction.

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. Gastric body wall measured 0.28 cm.

The small intestine presented intact wall layering with subjective propensity for mildly prominent generalized muscularis layer. Duodenum wall measured 0.25 cm. Jejunum wall measured 0.25 cm. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering, intestinal masses, or mechanical obstruction.



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Ileocolic wall measured 0.35 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

Free Abdomen

Multiple enlarged mid abdominal jejunocolic lymph nodes as well as focal pancreaticoduodenal lymph node noted. Example of colic lymph node measured 0.52 cm in width. 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.

No effusion.

ULTRASONOGRAPHIC FINDINGS

- Chronic IBD intestinal pattern
- Associated mild yet hypoechoic jejunocolic and pancreaticoduodenal lymphadenopathy – suspect associated reactive lymphadenitis.
- Heterogeneous to mixed echogenic pancreas – suspect mixed chronic to chronic active inflammatory pattern.
- Bilateral chronic renal changes with minor particulate urinary bladder sediment
- Mild non-obstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

Continued empirical therapy for IBD, which may include Zithromax/Metronidazole combination giventhe suspected jejunocolic lymphadenitis, empirical cobalamin supplementation, and as-needed gastrointestinal support would be appropriate. The possibility of emerging low-grade neoplastic infiltrative enteropathy such as lymphoma with potential emerging neoplastic jejunocolic lymphadenopathy cannot be excluded, yet is considered unlikely given the overall subjective appearance of the small intestine and lymphadenopathy. Recheck sonogram to assess for progressive inflammatory or lymphatic changes may be considered if clinical signs persist.

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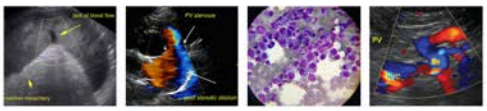

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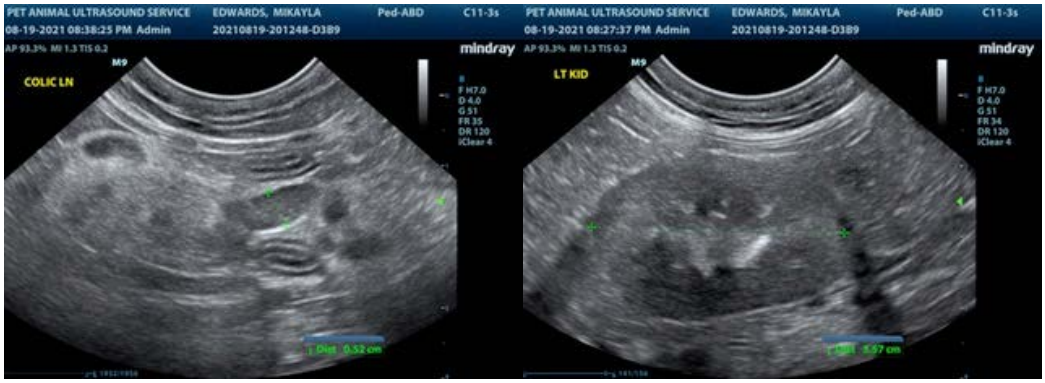

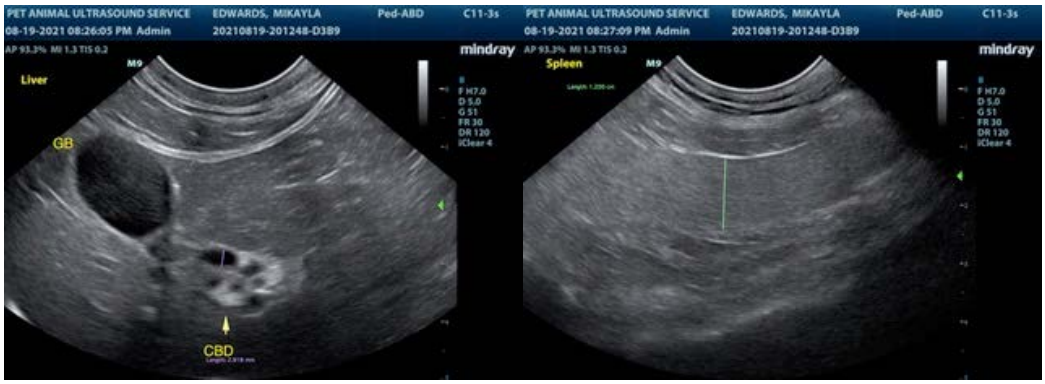

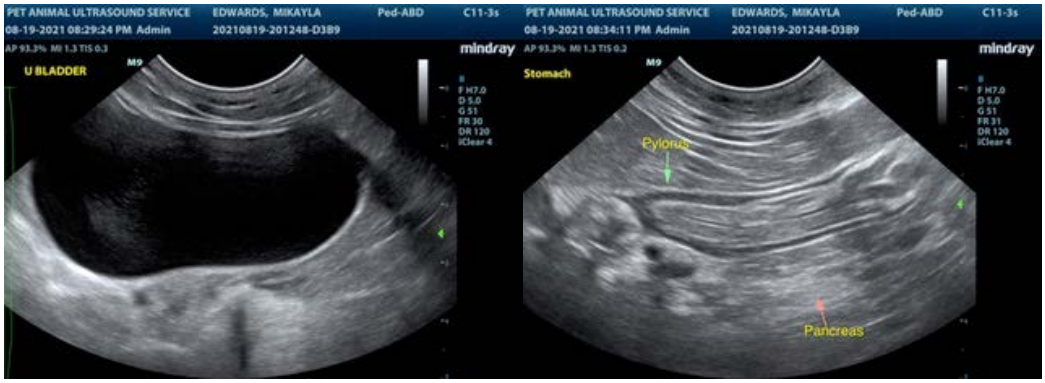

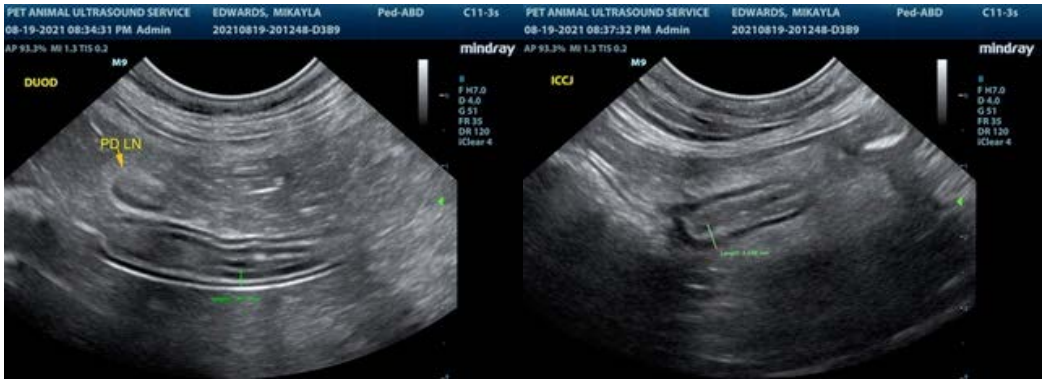

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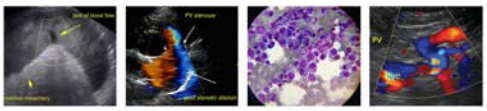

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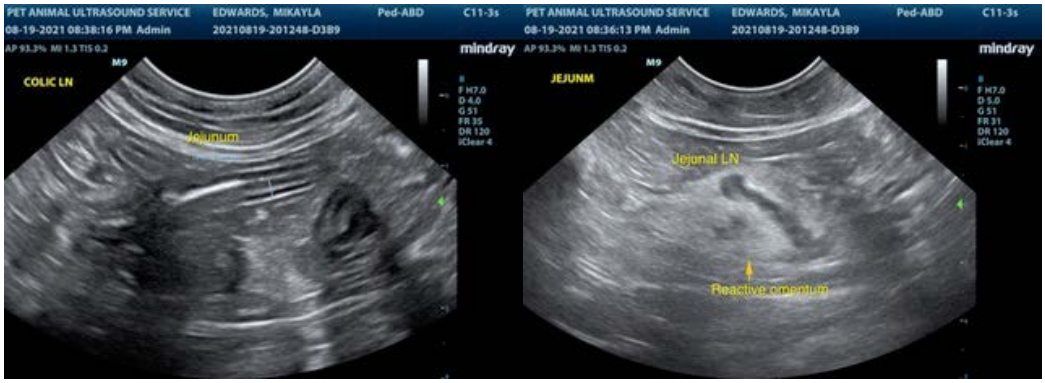

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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