

PATIENT PRESENTING CLINICAL SIGNS

Rudy Lester 1.8 lb weight loss prior two months.- Heart murmur, grade 2 of 6, Cardiomegaly - mild, Hyperthyroidism
Abnormal PE/Chem/CBC/UA Results: CBC - Neuts 8684 Mono 668 Eosino 4008 else unremarkable; Thyroid hormones - T4 2.2; Chemistry profile - Unremarkable

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 y 9 m

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

14481

DATE

8/2/22

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. Mild nondependent 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.

Several, mildly prominent medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Normal size and margination were 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 moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

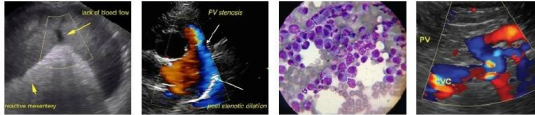
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

Spleen

The spleen was normal in size measuring 0.9 cm in width. The spleen exhibited minor areas of asymmetrical medial capsule contour and generalized subtle splenic parenchyma heterogeneity with a solitary centrally echogenic to peripherally hypoechoic splenic nodule measuring 1.0 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent thinly-walled intraparenchymal cysts containing anechoic fluid were present with an example measuring 1.7 cm in diameter. 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.



PATIENT *Gastrointestinal*

Rudy Lester 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.

SPECIES The small intestine presented intact yet generalized moderately thickened walls owing to thickened submucosa and muscularis layer. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.42 cm width. The ileocolic wall measured 0.28 cm width.

Feline

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

DSH *Pancreas*

The pancreas was mildly enlarged in size with asymmetrical contour and hypoechoic to mixed echogenic pancreatic parenchyma. Potential intermittent well-demarcated hypoechoic nodules were noted with an example measuring 0.63 cm in diameter. Minor pancreatic duct dilation was noted.

SEX

MN

Free Abdomen

AGE

16 y 9 m Multiple midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional perilymphatic to peri intestinal reactive mesentery was evident. An example of lymph node size was 2.0 cm x 0.94 cm.

WEIGHT

10 lbs.

Small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Infiltrative enteropathy pattern with variably enlarged mesenteric and minor medial iliac lymphadenopathy
- Chronic active pancreatitis pattern with potential pancreatic nodules - nodules suggestive of probable nodular hyperplasia, minor potential for emerging pancreatic neoplastic criteria
- Nonspecific centrally echogenic to peripherally hypoechoic splenic nodule
- Scant peritoneal free fluid

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Secondary Findings

- Moderate chronic renal changes
- Minor urinary bladder sediment
- Hepatic intraparenchymal cyst - benign

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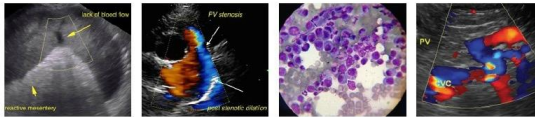
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the intestinal and lymphatic presentation may include IBD with associated mesenteric lymphoid hyperplasia or reactive lymphadenitis vs. neoplastic infiltrative enteropathy such as lymphoma with emerging neoplastic lymphadenopathy. Based on sonographic appearance,

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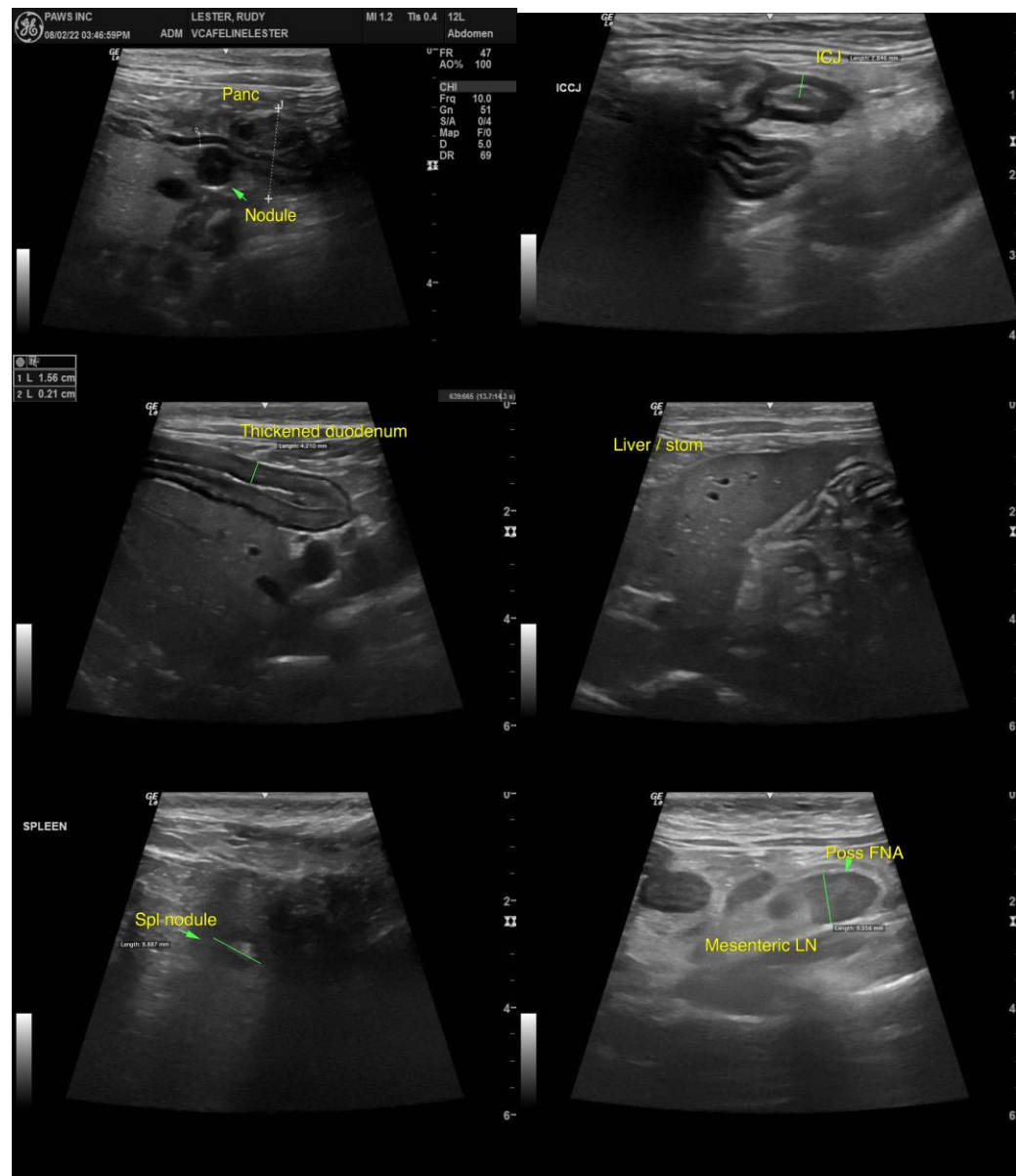
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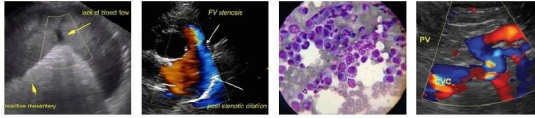
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concern for neoplastic infiltrative enteropathy / lymphoma and early neoplastic lymphadenopathy is warranted although not definitive.

Ultrasound-guided FNA of an enlarged mesenteric lymph node could be considered for screening cytology. Full-thickness intestinal and lymphatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology. Empirically, IBD / pancreatitis protocol is warranted if sampling is not possible with monitoring of clinical response and body weight. A guarded prognosis is warranted.





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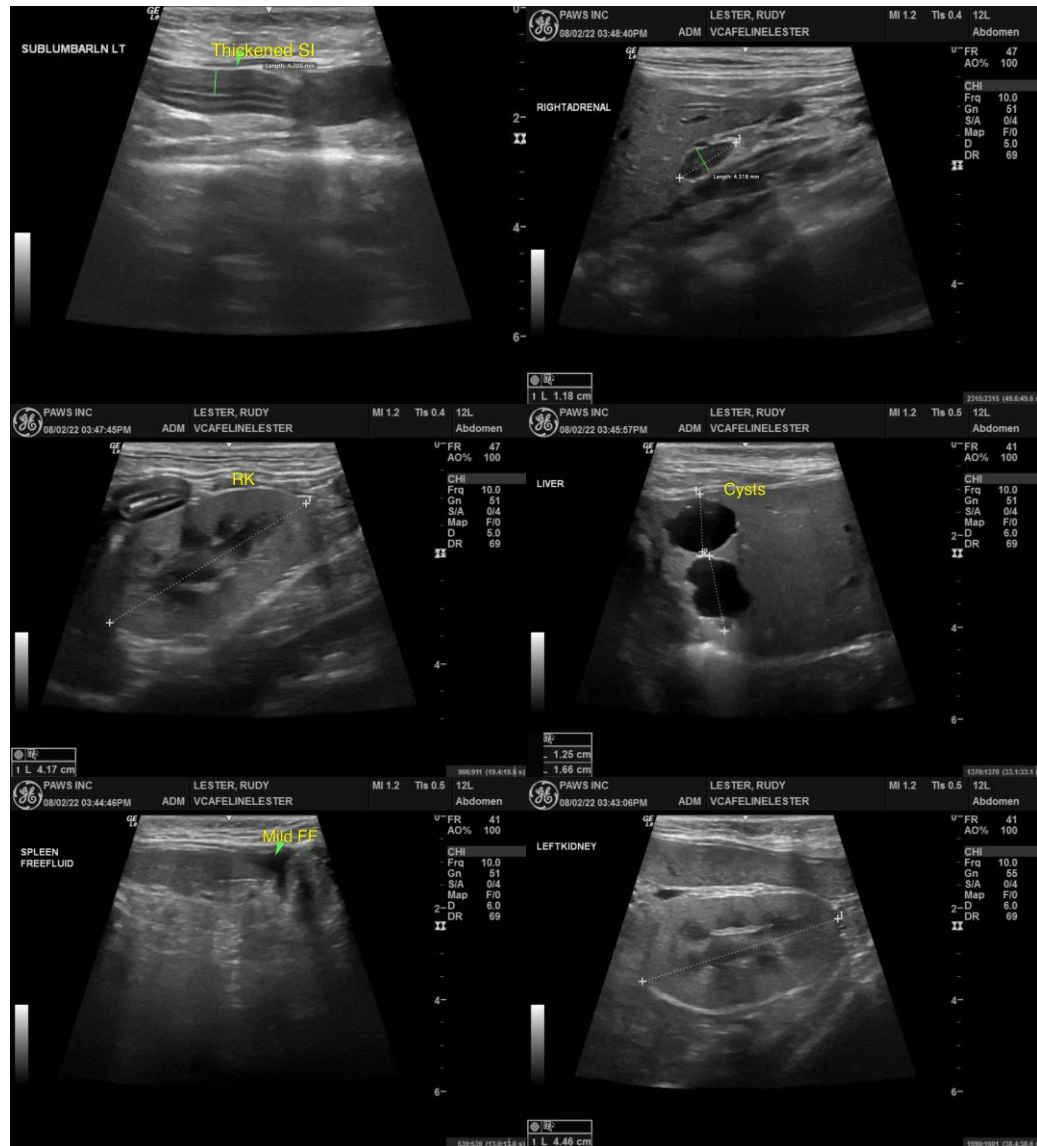
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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