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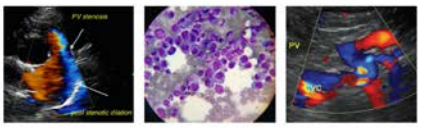

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Thomas Amundson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Westerhof

INVOICE

24898

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Weight loss, inappetence, lethargy
Abnormal PE/Chem/CBC/UA Results: Hyperthyroidism-controlled, CBC/Chem unremarkable

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 were noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.1 cm. The left kidney measured 3.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm in width. The right adrenal gland measured 0.35 cm in width.

Spleen

The spleen exhibited primarily finely textured parenchyma 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 mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild prominent yet intact pyloric walls and minor retained pyloric fluid. Pylorus wall measured 0.35 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective prominent walls. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

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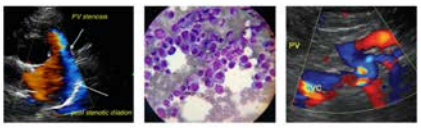

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Free Abdomen

No effusion.

Intermittent, mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 1.7 cm x 0.7 cm. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

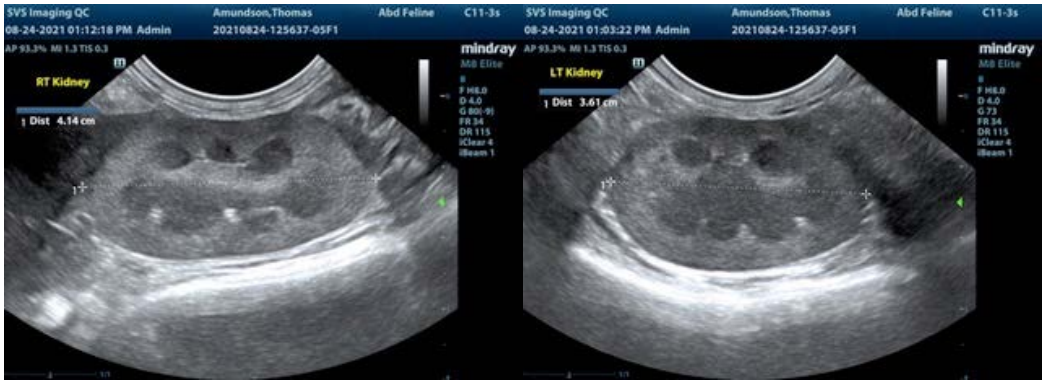
ULTRASONOGRAPHIC FINDINGS

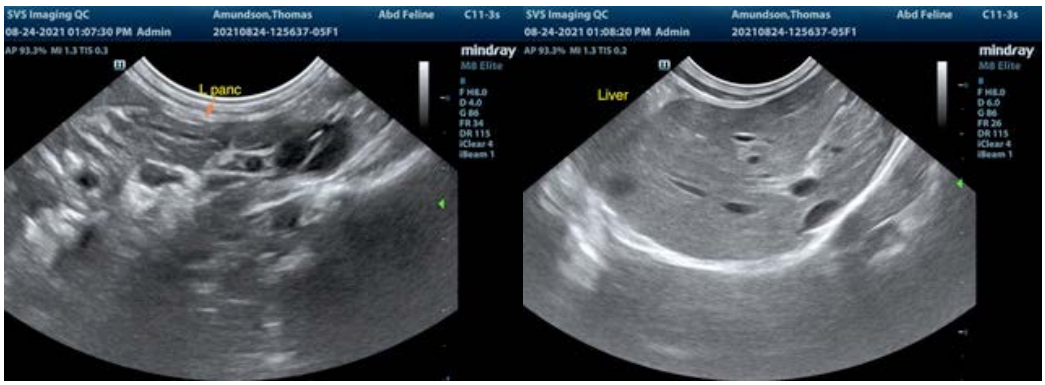
- Pancreatitis
- Probable inflammatory enteropathy
- Mild subjective hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtly prominent yet intact wall layering, which is suggestive (although not definitive) for inflammatory enteropathy given the patient's clinical signs. Minor potential for early neoplastic infiltrative enteropathy with round cells such as lymphoma. The overall appearance of the liver was non-specific without reported hepatic enzyme elevations.

If evidence of hepatic enzyme elevation, or for screening purposes given the weight loss, hepatic FNA (assuming normal clotting status and using 25-guage needle) could be considered. Triad disease may be a possibility in this patient. Further assessment may include GI panel to include PLi, TLI, cobalamin and folate, as well as 3-view chest radiographs to rule out occult thoracic pathology, which may account for weight loss. Empirically, continued gastrointestinal support +/- empirical triad disease therapy may be considered.





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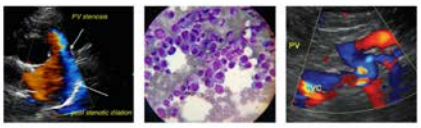

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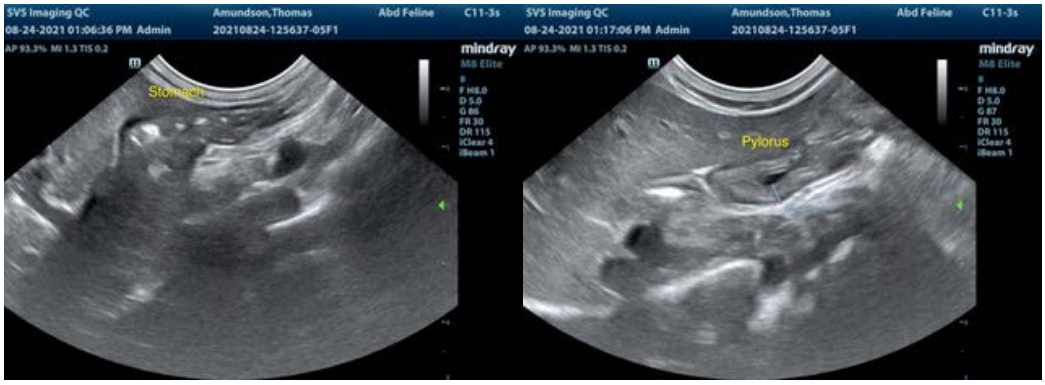

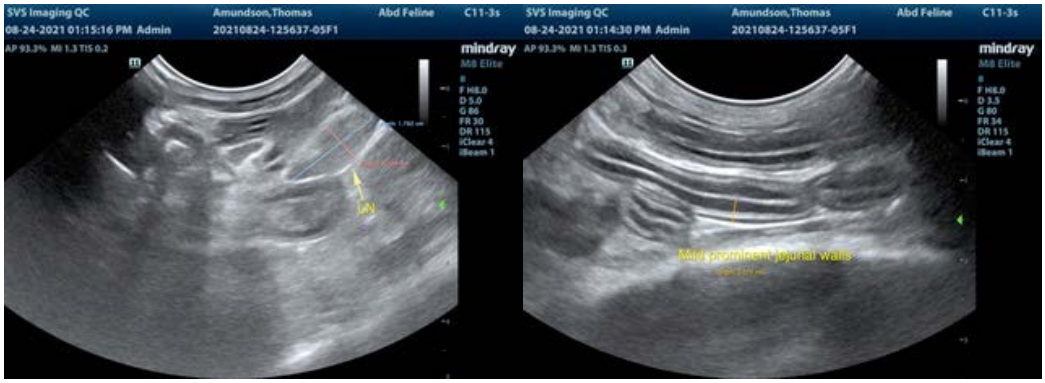

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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