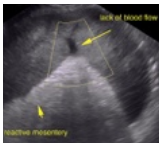
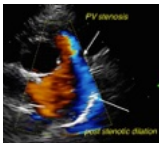
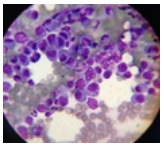
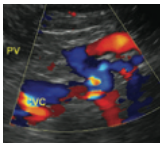
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Fleur Laskowski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Feline

**AGE**

6Y

**WEIGHT**

8.2#

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

Dr. Lepowski

**INVOICE**

10380

**DATE**

8/8/2023

## PRESENTING CLINICAL SIGNS

Chronic Vomiting r/o FB vs IBD vs other, consistent weight loss,

## 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. Minor non-dependent particulate sediment which may indicate minor cellular debris/protein crystalline debris, lipid, or mucus. 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 size and margination were 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. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 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 0.43 cm. No overt pathology area of the right adrenal gland.

### *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 0.7 cm width level of the mid spleen.

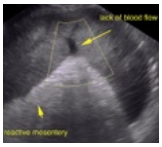
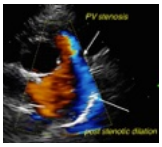
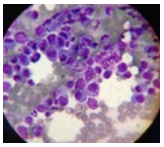
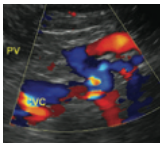
### *Liver/ Gallbladder*

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 containing primarily anechoic luminal content with mild echogenic gallbladder sediment. 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 contained a minor amount of non-shadowing ingesta sonographically suggestive of food.

Generalized variably thickened small intestine secondary to generalized propensity for variably thickened muscularis layer. Within a mid to caudal abdominal segment of jejunum moderate to marked wall thickening with moderate to marked muscularis layer hypertrophy measuring 0.67 cm wall width. By comparison adjacent thicken intestine measured up to 0.40 cm wall width. No evidence of obstructive pattern.

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Fleur Laskowski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Feline

**AGE**

6Y

**WEIGHT**

8.2#

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

Dr. Lepowski

**INVOICE**

10380

**DATE**

8/8/2023

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

### *Pancreas*

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### *Free Abdomen*

Intermittent variably 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 peri lymphatic inflammation was evident. An example of lymph node size was 2.1 cm x 0.95 cm.

Intermittent scant pockets of peri intestinal free fluid was present.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Generalized thicken small intestine with possible emerging jejunal mural mass.
- Associated mesenteric lymphadenopathy.
- Scant per intestinal free fluid.

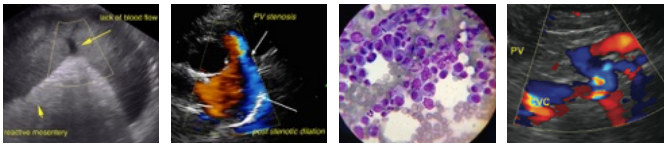
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generalized thicken small bowel wall consistent with infiltrative enteropathy. Considerations may include inflammatory infiltrative enteropathy, such as IBD, eosinophilic enteritis, or similar. Neoplastic infiltrative enteropathy with round cell such as lymphoma, mast cell neoplasia, possible granulomatous enteropathy i.e., dry form FIP with associated mesenteric lymphatic hyperplasia, reactive lymphadenitis, early neoplastic, or granulomatous lymphadenopathy possible.

Initial screening FNA cytology of the enlarged assessable mesenteric lymph node could be consider for possible further clarification. Full thickness intestinal and lymphatic biopsies would be required for definitive diagnosis and recommended for guidance of future therapy given relatively young age of the patient a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD protocol with as needed gastrointestinal support and sonographic monitoring of the gastrointestinal tract and lymphadenopathy would be a more conservative approached.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Fleur Laskowski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Feline

**AGE**

6Y

**WEIGHT**

8.2#

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

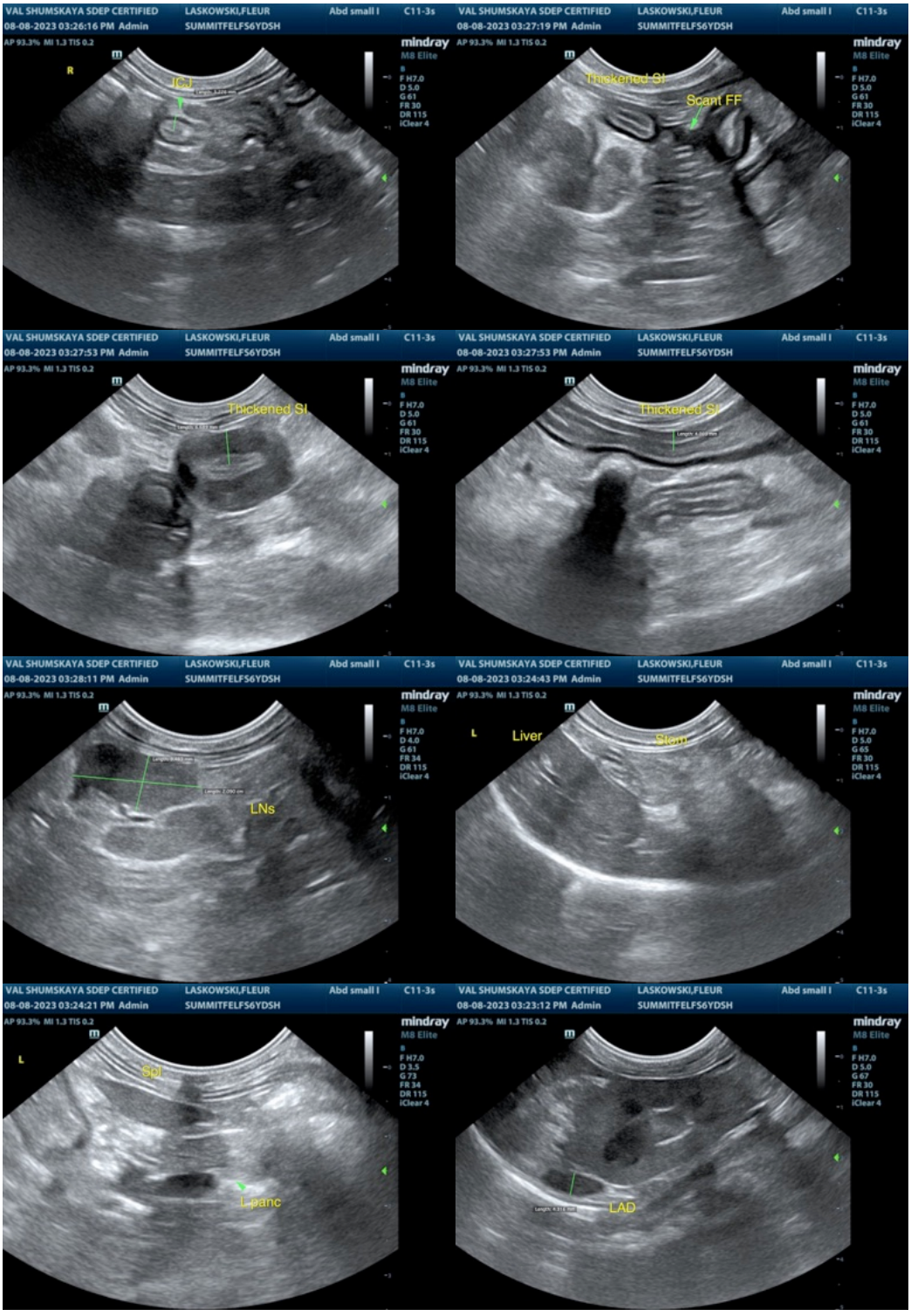
Dr. Lepowski

**INVOICE**

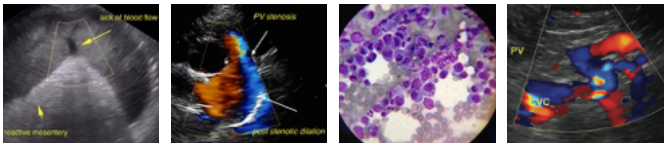
10380

**DATE**

8/8/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Fleur Laskowski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Feline

**AGE**

6Y

**WEIGHT**

8.2#

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

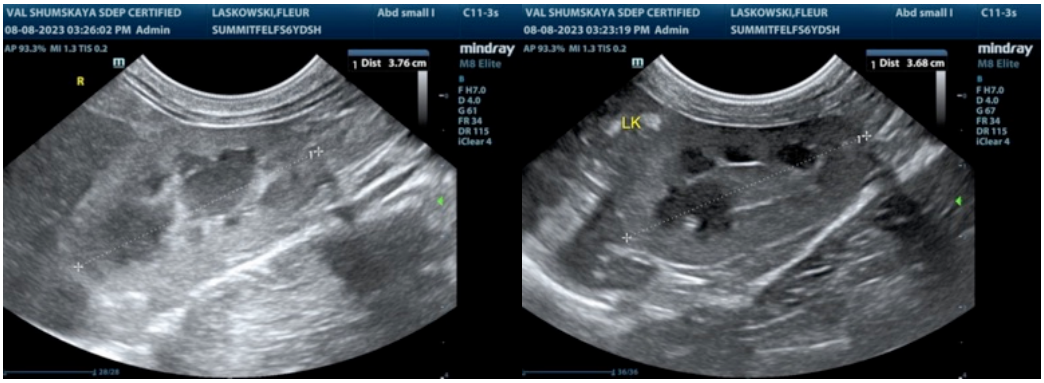
Dr. Lepowski

**INVOICE**

10380

**DATE**

8/8/2023




**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**