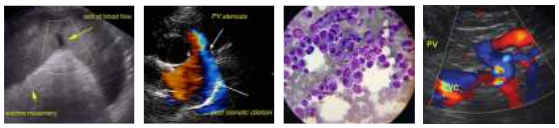


PATIENT

Cecil Mueller

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam, SDEP Clinical Sonographer

HOSPITAL NAME

VCA Delta Oaks

REFERRING VET

Dr. Arthur Laham

INVOICE

12085

DATE

8/9/21

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic Wt loss . Enteritis . Hyperthyroidism is stable now in medication . Current Medications Metronidazole 1.23 mg BID

Abnormal PE/Chem/CBC/UA Results: labwork from April 2021 Unremarkable save ALT = 469

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. Moderate, particulate, nondependent 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mild uniformly increased echogenicity with uniform echotexture. The renal cortex appeared to be mildly 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 4.3 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

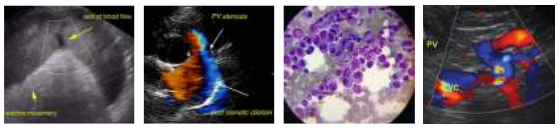
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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. Minor asymmetrical medial capsule contour was present. 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. The spleen measured 0.77 cm width.

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 normal in size with primarily anechoic content. The gallbladder exhibited mildly echogenic yet non-thickened walls. The cystic and common bile ducts were normal.



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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. The gastric body wall width measured 0.25 cm.

Segmental wall thickening with loss of wall layering was present in the likely jejunum, measuring approximately 4.0-5.0 cm in length with wall width measuring up to 0.95 cm. Additional segmental to generalized intestinal tract not involved with the intestinal mass exhibited intact yet subjective altered 1:3 Muscularis/ mucosa ratio owing to segmental to generalized variable muscularis hypertrophy. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Regional lymphadenopathy and surrounding echogenic omentum was present around the abnormal intestine. The Ileocolic junction exhibited intact wall layering without evidence of overt mural hypertrophy or additional Ileocolic mass, measuring 0.41 cm in width.

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 reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

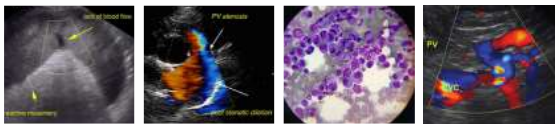
Primary Findings

- Generalized enteropathy with mid to caudal abdominal small intestinal mural mass
- Hepatopathy
- Probable mild chronic active pancreatitis
- Bilateral mild chronic renal changes
- Urinary bladder sediment

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.

Overall, the small intestine Including the small intestinal mural mass was consistent with infiltrative enteropathy with considerations including inflammatory or neoplastic Infiltrative enteropathy with



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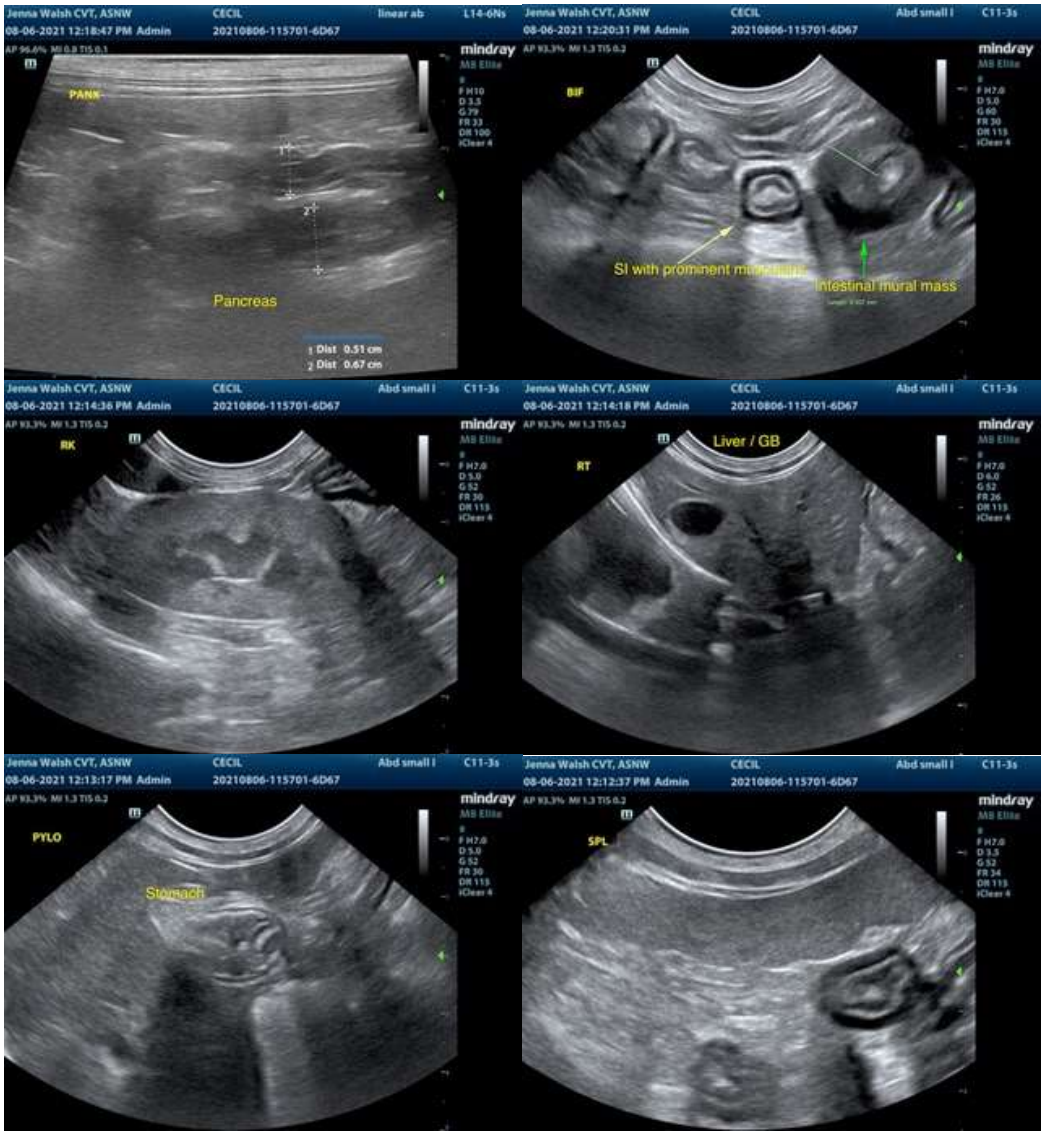
round cells i.e., lymphoma, mast cell neoplasia, or other. Potential for additional neoplastic etiologies is possible as well as potential for Dry Form FIP, which also may present in a similar sonographic manner.

Additionally, given the ALT elevation and suspected chronic active pancreatitis, chronic Triad Disease may be a potential in this patient. Further clarification may include intestinal biopsies +/- resection of the intestinal mural mass, pancreatic and hepatic biopsies.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment as well as correlation with the sonographic appearance of the pancreas.



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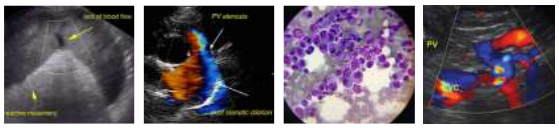

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AnimalSoundsNW.com 541-357-9423

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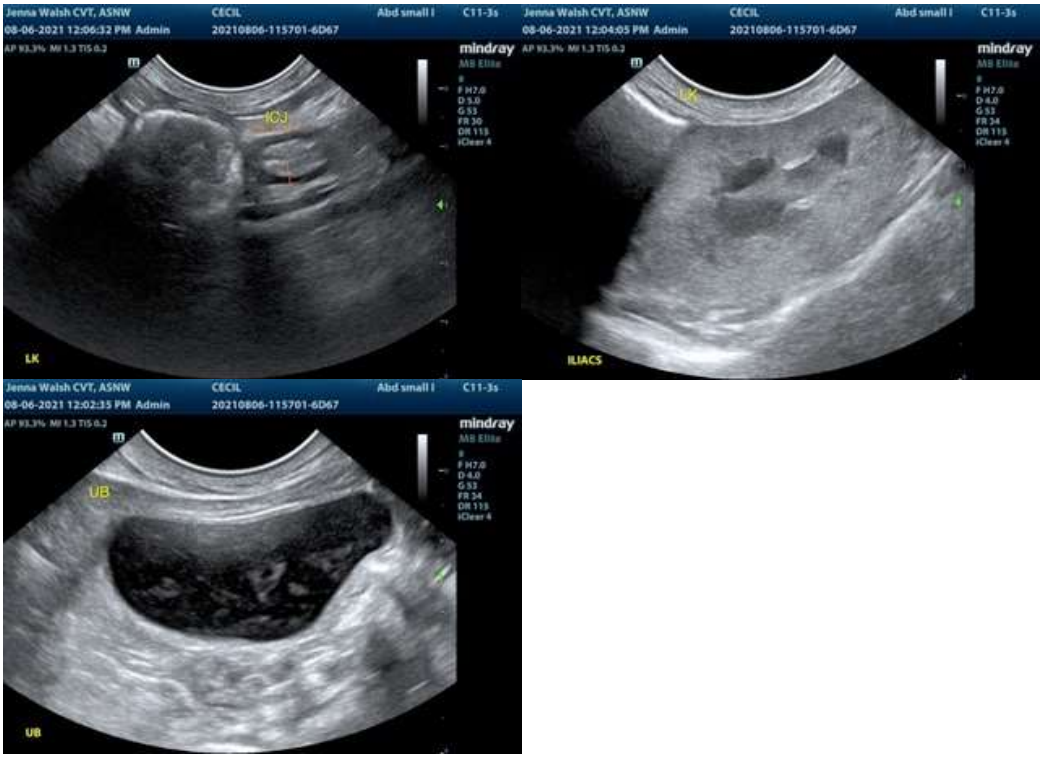

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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