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Clinical Sonography & Telecytology
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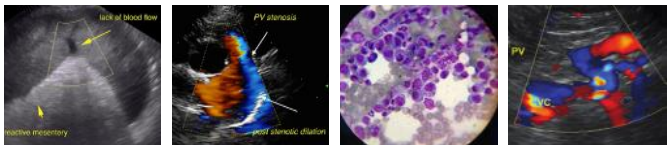

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mallory Hallman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

4.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Kim

INVOICE

11613ag

DATE

09/12/2022

PRESENTING CLINICAL SIGNS

Vomiting, inappetence , elevated BUN. Current meds: Mirtazapine

Abnormal PE/Chem/CBC/UA Results: Elevated BUN

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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The bilateral kidneys exhibited subnormal size with asymmetrical contour and suspect cortical infarcts. Moderate loss of corticomedullary border demarcation was present. The left kidney measured 2.7 cm in length. The right kidney measured 2.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the left or right adrenal glands.

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. The spleen measured 0.66 cm in width at the level of the hilus.

Liver

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. 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 with mild echogenic luminal. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.2 cm in diameter.

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 pylorus wall measured 0.26 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mid-abdominal intestine suggestive of jejunal location exhibited mild to moderate mural hypertrophy with loss of discernable wall layering measuring 4-5 cm in length, wall wight measuring 0.62 cm. The duodenum measured 0.27 cm in width.

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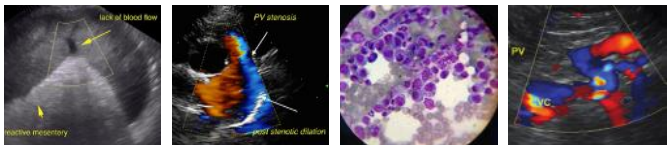

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Normal visible colon wall layers were present with apparent semi formed to soft feces exhibiting mild distal acoustic shadowing in lumen.

Pancreas

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

Free Abdomen

Regional mesenteric lymphadenopathy mid abdomen primarily adjacent to the thickened mid-abdominal small intestinal segment was present, measuring 0.80 cm in width. No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Thickened segmental mid-abdominal small intestine, potential intestinal mural mass
- Associated regional per-intestinal mesentery lymphadenopathy
- Possible low-grade chronic/chronic active pancreatitis
- Bilateral chronic renal changes with subnormal bilateral renal size
- Mild non-obstructive proximal CBD dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Segmental inflammatory vs neoplastic infiltrative enteropathy or less likely dry form FIP with associated lymphoid hyperplasia, reactive lymphadenitis or neoplastic/metastatic lymphadenopathy possible. Assuming normal clotting status and using a 25g needle a thickened intestinal segment FNA +/- regional lymph node is recommended for screening cytology. Biopsies likely required for a definitive diagnosis.

This CBD dilation finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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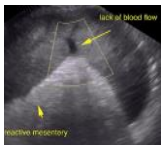
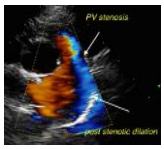
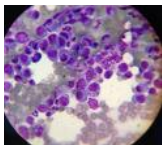
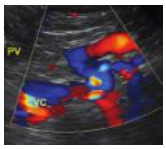

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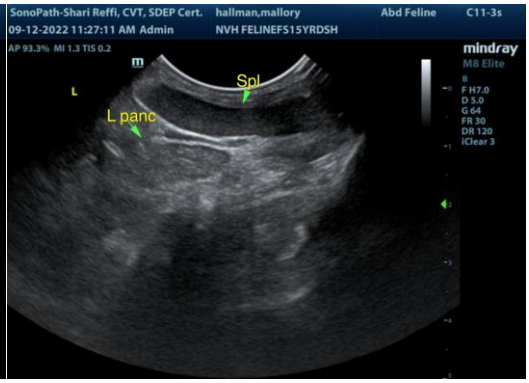

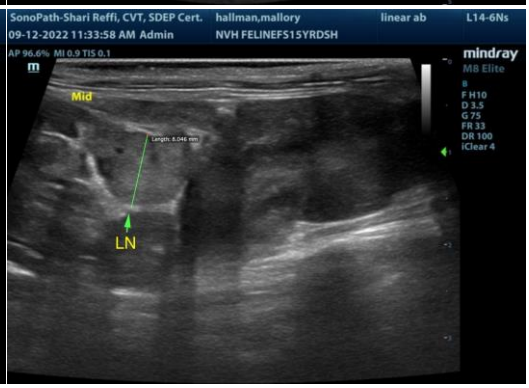

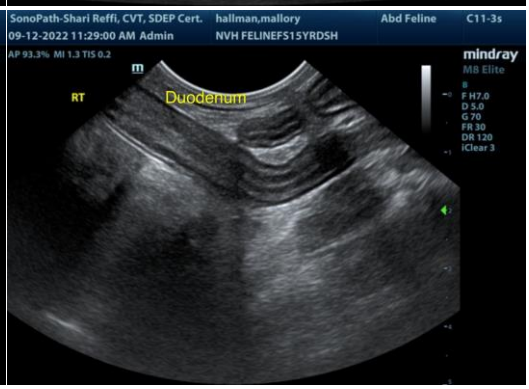

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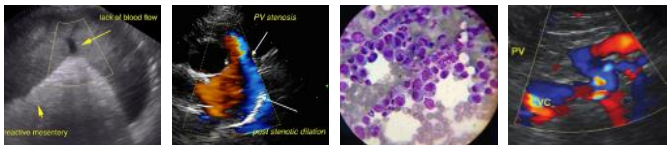

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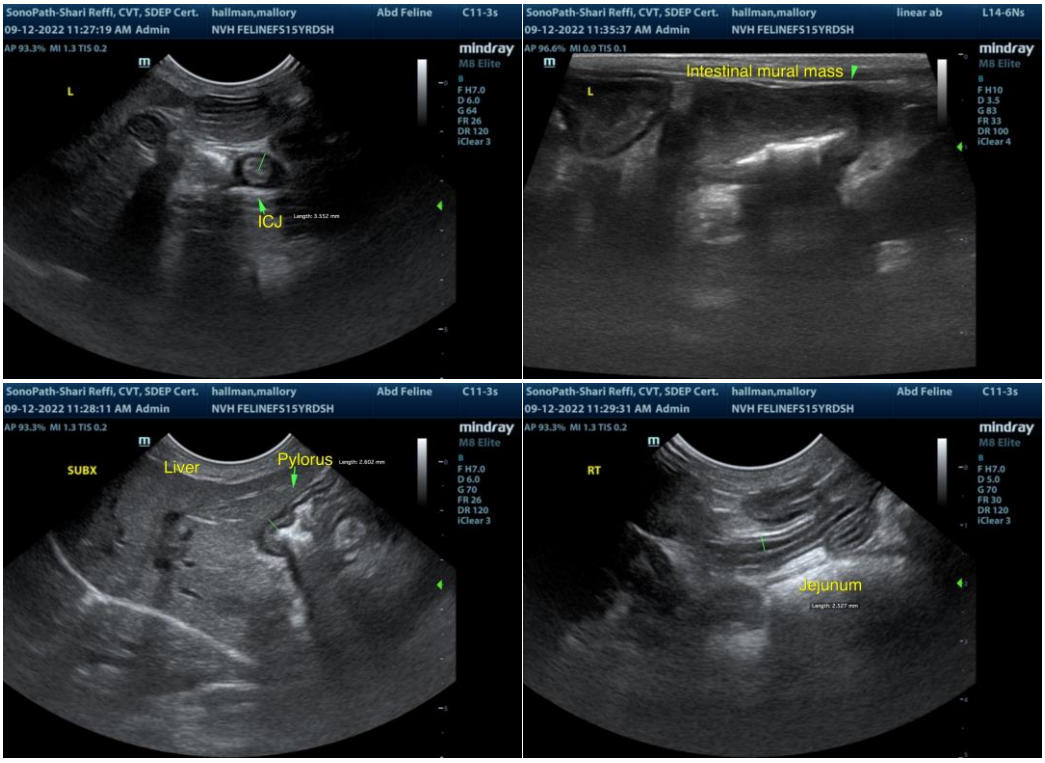

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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