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Clinical Sonography & Telecytology
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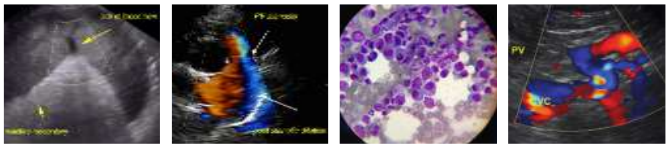

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maggie Gohman

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14

WEIGHT
8 lbs

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

IMAGING PERFORMED BY
Dr. Trae Cutchin

HOSPITAL NAME
Friendship Springs VC

REFERRING VET
Dr. Trae Cutchin

INVOICE
12240

DATE
9/14/21

PRESENTING CLINICAL SIGNS

Was seen about 10 days ago for well care and no problems were found or reported. Pt developed acute vomiting and diarrhea over this past weekend.
Abnormal PE/Chem/CBC/UA Results: A week ago CBC, chem, T4 and UA were normal except slight to very mild azotemia with USG 1.020. Abdominal radiographs are 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 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 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 left kidney measured 3.2 cm in length. The right kidney was borderline subnormal in size compared to normal renal size for the species, measuring 3.0 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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 0.64 cm in width.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, non-expansive, cystic-appearing, parenchymal nodules were present. An example measured 0.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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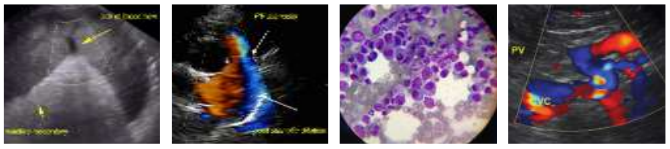

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Gastrointestinal

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized nonformed feces, consistent with diarrhea, was present in the colon lumen with lumen dilation.

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

Intermittent, 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). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.44 cm width.

Subtle, primarily peri-intestinal reactive mesentery was present. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

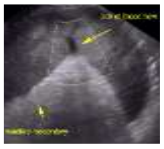
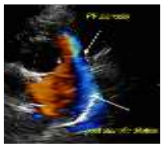
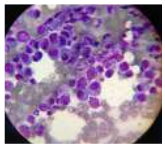
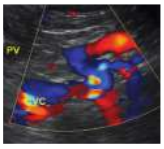
- Pancreatitis
- Enterocolonopathy with prominent small bowel muscularis layer - acute Inflammatory bowel episode or chronic IBD suspected, potential for neoplastic infiltrative enteropathy with round cells i.e., lymphoma or other possible
- Associated mild hypoechoic mesenteric lymphadenopathy - suspect lymphoid hyperplasia or mild reactive lymphadenitis, potential for early neoplastic lymphadenopathy possible yet considered less likely
- Intermittent, nonspecific, cystic-appearing, hepatic nodules - hepatic cysts or small cystic biliary adenomas probable

Secondary Findings

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis to assess for parasitic ova / Giardia +/- diarrhea PCR panel and a GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Enterocolic biopsies are required for a definitive diagnosis. Given the acute onset of the gastrointestinal signs, as-needed gastrointestinal support and medical

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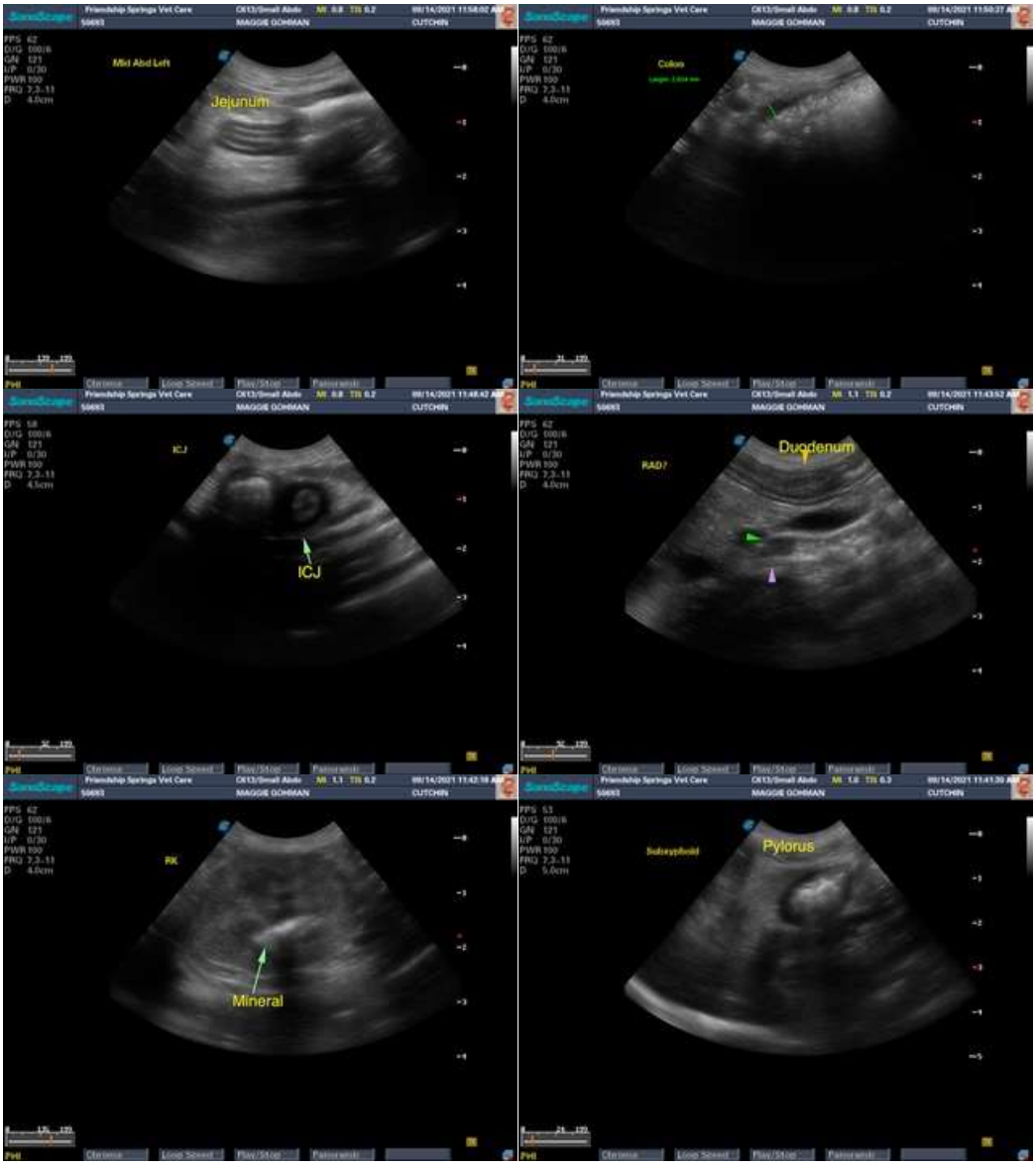
therapy for pancreatitis would be appropriate. However, if chronic gastrointestinal signs, evidence of weight loss, or if biopsies are not possible, appropriate IBD / pancreatitis protocol may be considered.



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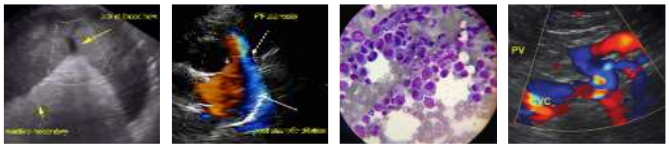

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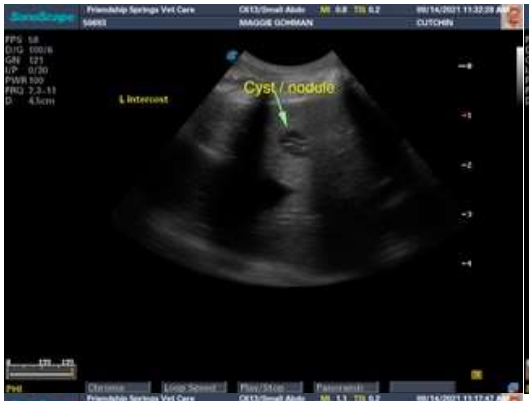

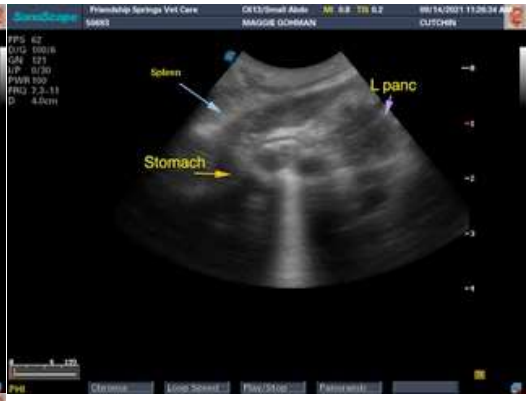

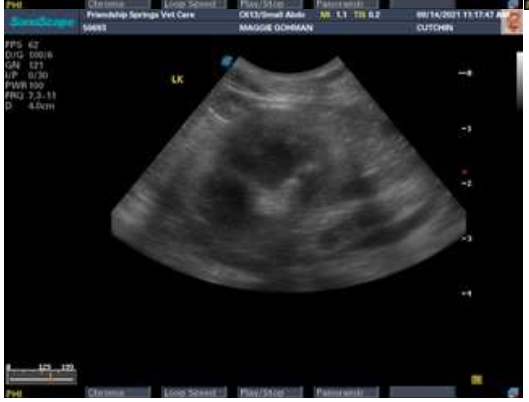

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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