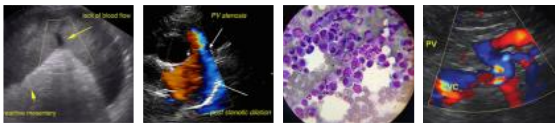


PATIENT

Floki Melikian

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 years

WEIGHT

7.36 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Diane Heider

INVOICE

14948

DATE

9-22-22

PRESENTING CLINICAL SIGNS

Weight loss, palpable jejunal LNN (nonpainful palpation), soft stools daily, stomatitis Current Medications Metronidazole 50mg BID Primary Question/Differential to Be Answered in This Exam Rec) abdominal U/S to image abdomen/GIT/LNN for possible source of decreased appt and weight loss Abnormal PE/Chem/CBC/UA Results: CBC Hct 25.5% (28.2-52.7) 32.5% Mono 567 (40-530) 580 Chem SDMA 9 (0-14) 16 TP 9.1 (6.3-8.8) 8.0 Alb 2.2 (2.6-3.9) 2.5 Glob 6.9 (3.0-5.9) 5.5 ALP 67 (12-59) 22 Hyperglobulinemia - likely chronic inflammation (did palpate presumed enlarged jejunal LNN)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, 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.

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 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

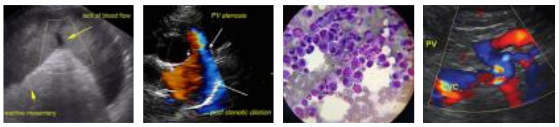
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

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 0.72 cm width at the level of the hilus.

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 primarily anechoic luminal content. 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 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.21 cm

The colon extending from the proximal colon just distal to the ileocolic junction and including the descending colon exhibited generalized mildly thickened walls with decreased colonic mural echogenicity and indistinct to loss of discernable colonic wall layering detail. The proximal colon wall width measured 0.36 cm. The descending colon wall width measured 0.30 cm. The colon was primarily empty containing semi-formed to soft fecal matter, consistent with patient history.

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

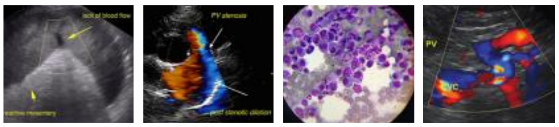
Intermittent to multiple, variably enlarged mesenteric lymph nodes, as well as mildly prominent medial iliac lymph nodes, were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a mesenteric lymph node adjacent to the ileocolic junction measured 3.3 cm x 1.2 cm. An example of a medial iliac lymph node size was 0.73 cm x 0.36 cm.

Mild peri intestinal to pericolic hyperechoic mesentery was present. No overt free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal intact gastrointestinal wall layering
- Diffuse thickened colon exhibiting mural hypoechogenicity and indistinct / loss of colonic wall layer detail - chronic colitis, infiltrative neoplasia, granulomatous disease i.e., dry FIP, all potentials
- Intermittent to multiple, variably enlarged, hypoechoic mesenteric and minor medial iliac lymphadenopathy - hyperplasia, reactive lymphadenitis, early neoplastic lymphadenopathy, possible
- Possible concurrent low-grade pancreatitis



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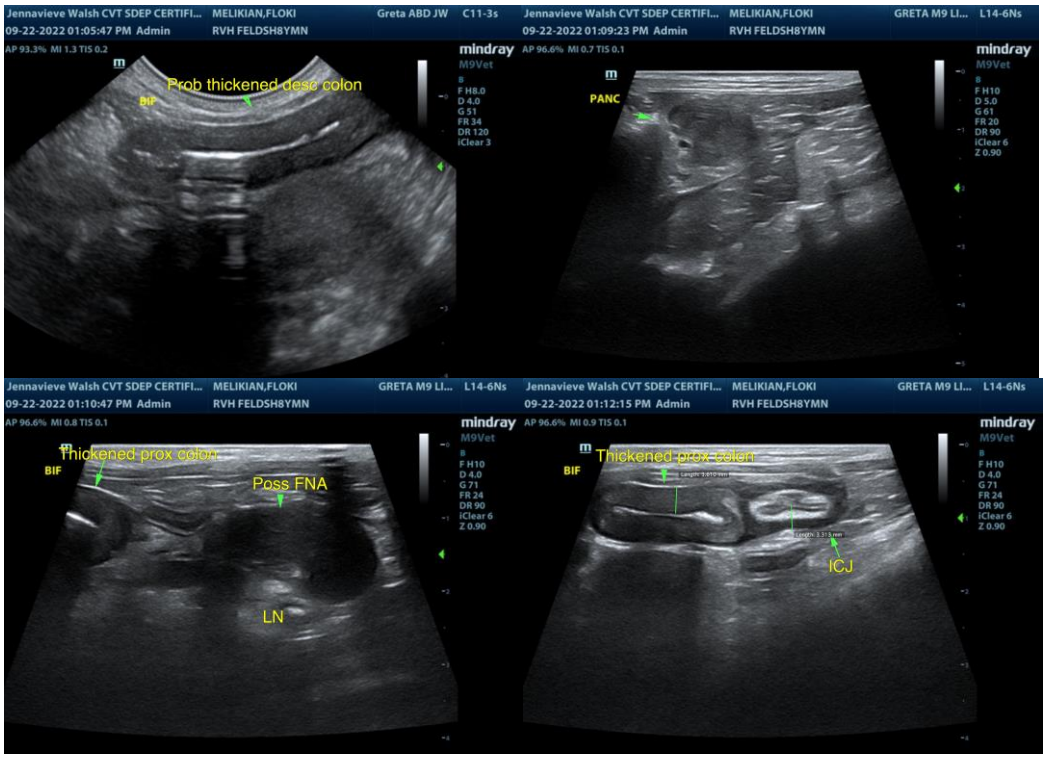
Secondary Findings

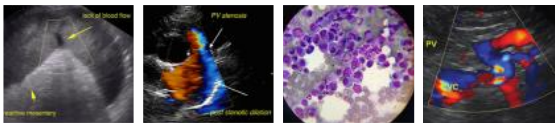
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible, ultrasound-guided FNA of an enlarged mesenteric lymph node for screening cytology +/- C/S, if clinically indicated, could be considered. Enterocolic and lymphatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate, diarrhea PCR panel, +/- infectious disease serology are warranted.

Empirically and pending additional diagnostics, cobalamin supplementation every 2 weeks, broad spectrum deworming, dietary therapy i.e., hydrolyzed vs. higher fiber diet, and a high colony count probiotic may prove beneficial. If biopsies are not possible, Prednisone trial +/- compounded Prednisolone/Metronidazole/Sulfasalazine combination at appropriate dose BID initially for 14 days, then SID and an assessment of clinical response may be considered.





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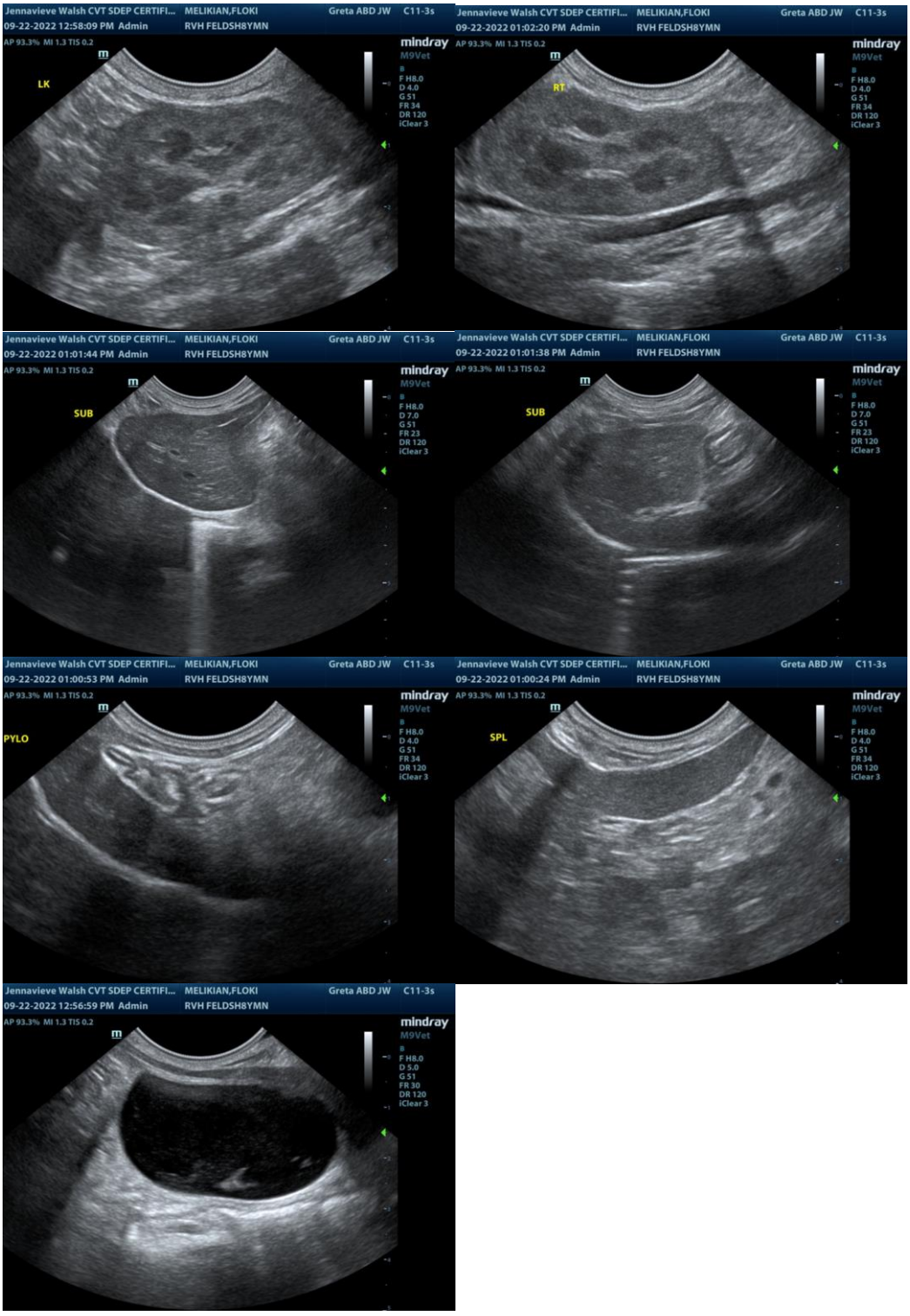

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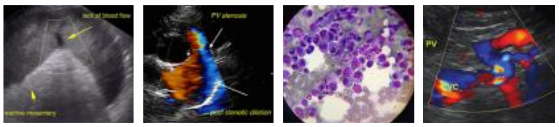

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AnimalSoundsNW.com 541-357-9423

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The information and recommendations provided are based on the images presented by the referring veterinarian/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