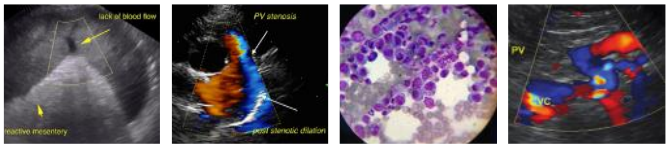
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sasha Rose

SPECIES

Feline

BREED

Domestic Short Hair

SEX

F/S

AGE

18

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman, CVT

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Newman

INVOICE

14962

DATE

9-22-22

PRESENTING CLINICAL SIGNS

Continued weight loss, anorexia, severe dental disease.
Abnormal PE/Chem/CBC/UA Results: chem/cbc/T4 azotemia stable at crea 2.7, bun 46 compared to values in 2019 With cytology mast cells are seen in smear. DFDX: reactive, neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted. The left kidney was subnormal in size measuring 2.3 cm in length. The right kidney measured 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 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 0.85 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 containing minor luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present in the gastric lumen.

The small intestine presented intact segmental to generalized prominent to variably thickened walls. The small intestinal wall width measured 0.28-0.36 cm in the segmental jejunum. No overt pathology was evident at the level of the ileocolic junction measuring 0.32 cm in width.

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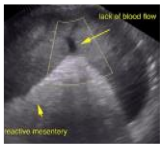

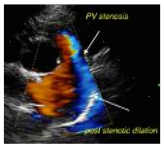

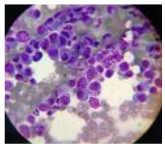
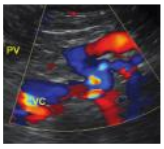

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation

Free Abdomen

Intermittent, mildly prominent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.41 cm width.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes
- Intact yet segmental to generalized thickened small bowel walls - probable IBD, potential for neoplastic enteropathy with round cells i.e., lymphoma
- Intermittent subjective benign / reactive mesenteric lymph nodes
- Possible chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported GI signs, the small intestine exhibited segmental to generalized mural changes suggestive of inflammatory enteropathy with minor potential for neoplastic infiltrative enteropathy, both of which may present in a similar sonographic manner.

At times, weight loss may be the only clinical sign associated with underlying intestinal disease in cats. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor. Full-thickness intestinal biopsies would be required for a definitive diagnosis.

No overt evidence of splenomegaly at this time, given reported mast cell cytology. Continued monitoring of splenic size would be ideal.

Pending GI panel results, empirical gastrointestinal support +/- Prednisolone trial at the lowest effective dose with continued monitoring of body weight and clinical response would be reasonable if sampling or additional diagnostics are not elected.

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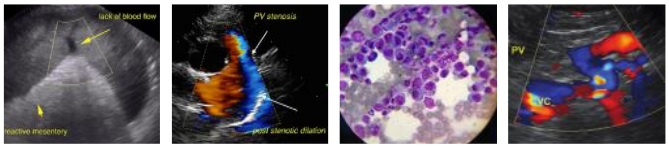

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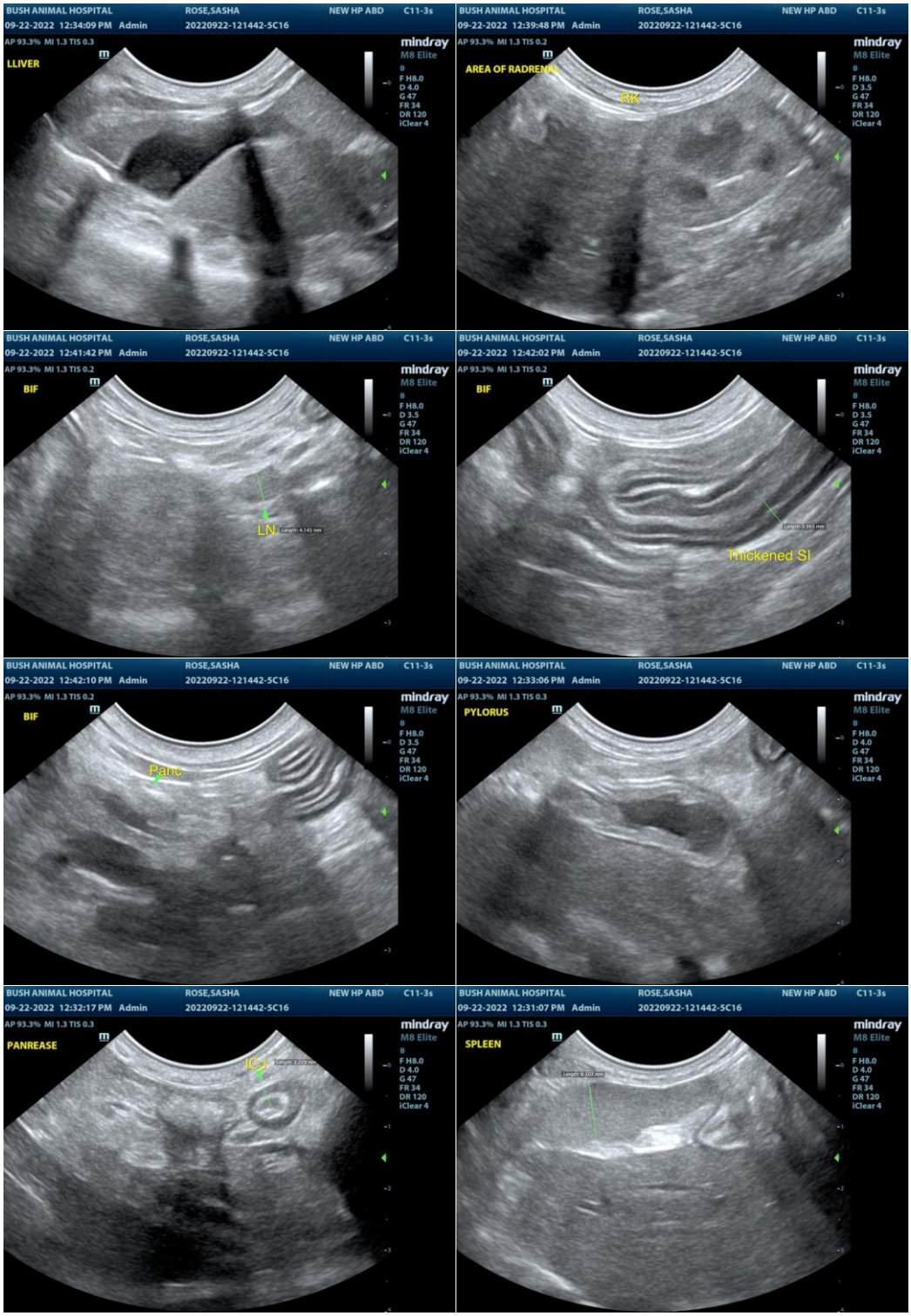

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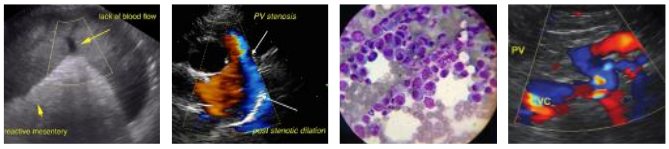

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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