



PATIENT

Herbie Champion

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

11.56 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

12299

DATE

9/24/21

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea. Weight loss noted (timeframe not clear- before today cat hasn't been seen since 2018) Current Medications Cerenia

Abnormal PE/Chem/CBC/UA Results: Senior screen at Idexx- SDMA 16, rest 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. Primarily anechoic urine was present in the lumen. Moderate, nondependent to swirling, particulate 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical infarctions were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 0.78 cm in width.

Liver/ Gallbladder

The liver presented normal in size. The parenchyma of the liver exhibited generalized mild uniform increased echogenicity. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was subnormal in size, likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.



PATIENT

Herbie Champion

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

11.56 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

12299

DATE

9/24/21

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 exhibited intact yet mild prominent wall layering with semi-formed feces.

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

Multiple jejunocolic 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 jejunal lymph node size was 3.0 cm x 1.5 cm. An example of a colic lymph node size was 1.4 cm x 0.7 cm. Small pockets of scant peritoneal free fluid were noted primarily in the cranial abdomen around the liver.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate urinary bladder sediment
- Enterocolonopathy with generalized prominent small intestine muscularis layer
- Associated jejunocolic lymphadenopathy
- Mild active to chronic active pancreatitis
- Small pockets of scant peritoneal free fluid

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.

The small Intestine and likely colon are consistent with Infiltrative enterocolonopathy. Inflammatory Infiltrative enterocolonopathy such as IBD / eosinophilic enterocolitis or neoplastic infiltrative enterocolonopathy with round cells such as lymphoma, mast cell disease or other, both of which may present in a similar sonographic manner, are possible.



PATIENT

Herbie Champion

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

11.56 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

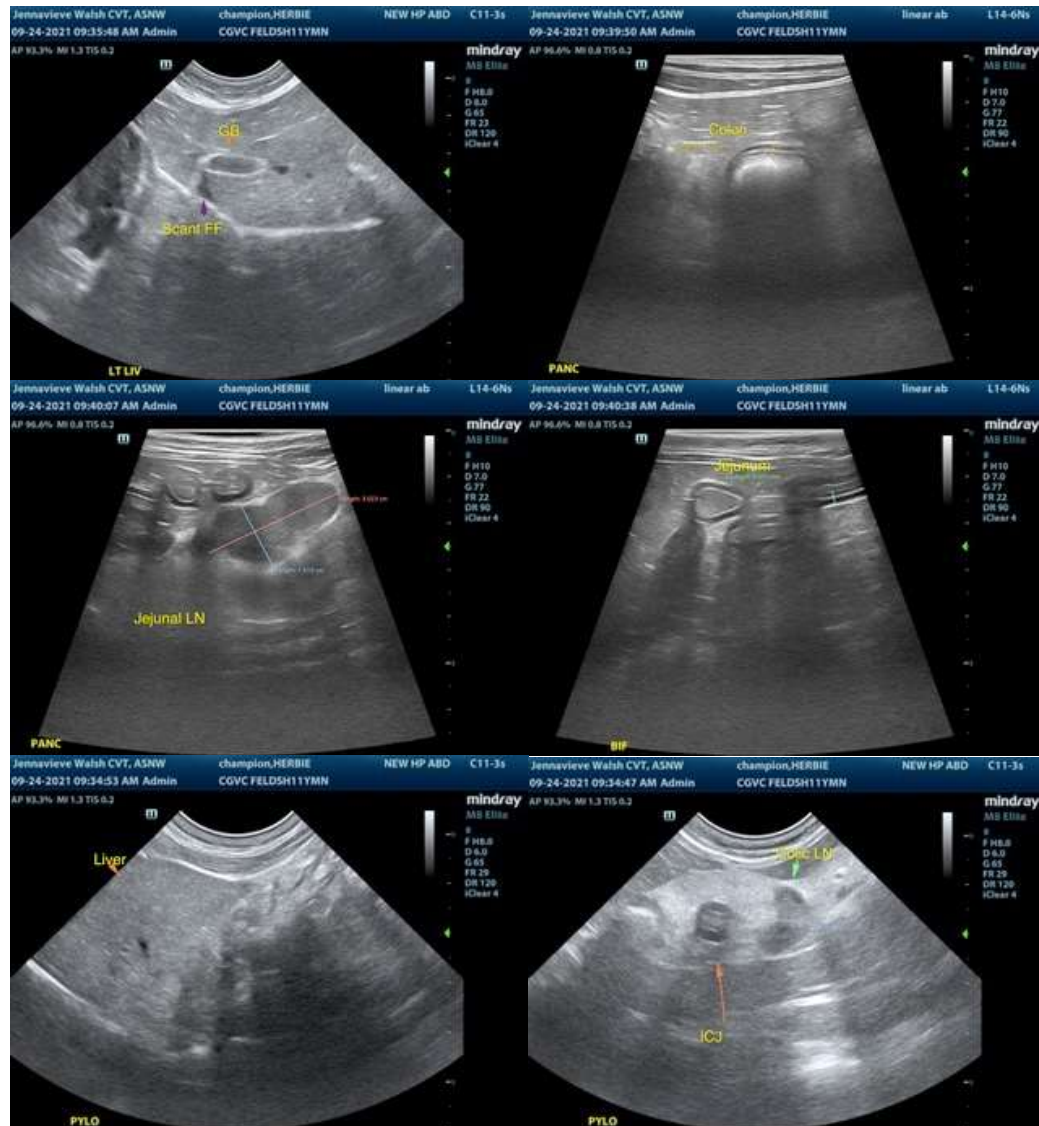
12299

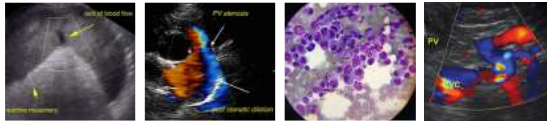
DATE

9/24/21

The associated lymphadenopathy may indicate moderate hyperplasia, reactive lymphadenitis, or neoplastic lymphadenopathy. An ultrasound-guided lymphatic FNA may be considered for screening cytology. Otherwise, full-thickness intestinal and lymphatic biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD protocol which may include hydrolyzed diet, cobalamin supplementation, as-needed gastrointestinal support, and Prednisolone at the lowest effective dose to control clinical signs, would be appropriate. Potential for Triad disease may be considered in this patient if previous or future hepatic enzyme elevations.





PATIENT

Herbie Champion

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

11.56 lbs.



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

12299

DATE

9/24/21

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