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Clinical Sonography & Telecytology
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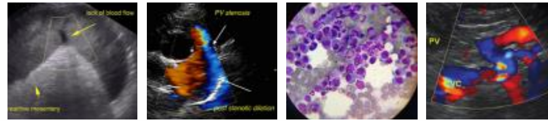


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Ophelia Lantz

SPECIES

Feline

BREED

Siamese

SEX

FS

AGE

11yr

WEIGHT

11.53lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Sundholm

INVOICE

11564ag

DATE

09/08/2022

PRESENTING CLINICAL SIGNS

Ophelia has been experiencing progressive weight loss for the last few months. She has lost 6 pounds within a year. In the last few weeks she has begun having diarrhea and decreased appetite. A physical exam on 8/8/22 was unremarkable.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 and fecal testing were done 8/8/22 and were within normal limits Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and 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 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 4.4 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width.

Spleen

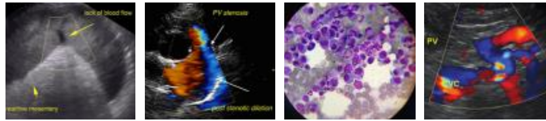
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.76 cm width at the level of the hilus.

Liver

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 with mild primarily dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.23 cm in diameter.



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The small intestine presented intact yet segmental to generalized thickened wall layering with thickened muscularis layer and secondary altered to inverted muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.21 cm in width. The jejunum wall measured up to 0.37 cm in width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented subtle uniform hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No peritoneal effusion was present.

Multiple variably enlarged hypoechoic to swollen mid-abdominal mesenteric lymph nodes were present. Mild evidence of perilymphatic hyperechoic mesentery was observed. An example of a mesenteric lymph node measured 6.3 cm x 2.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy with altered to inverted muscularis/mucosa ratio
- Associated multiple hypoechoic to swollen mesenteric lymph nodes
- Possible concurrent low-grade pancreatitis

Secondary

- Mild age-related kidneys
- Mild gallbladder debris-suspect incidental given lack of reported cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner and may be considered a less likely differential diagnosis. Associated mesenteric lymphatic hyperplasia, lymphadenitis or neoplastic lymphadenopathy is possible. Intestinal and lymphatic neoplastic criteria is favored in this case given the degree of altered wall layering and mesenteric lymphadenopathy although not definitive.

Assuming normal clotting status and using a 25g needle a mesenteric lymph node FNA is recommended for screening cytology. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. If additional diagnostics are not elected, empirical medical therapy for IBD with assessment of clinical response and monitoring of body weight would be reasonable.

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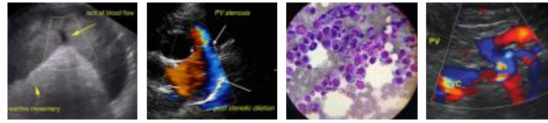

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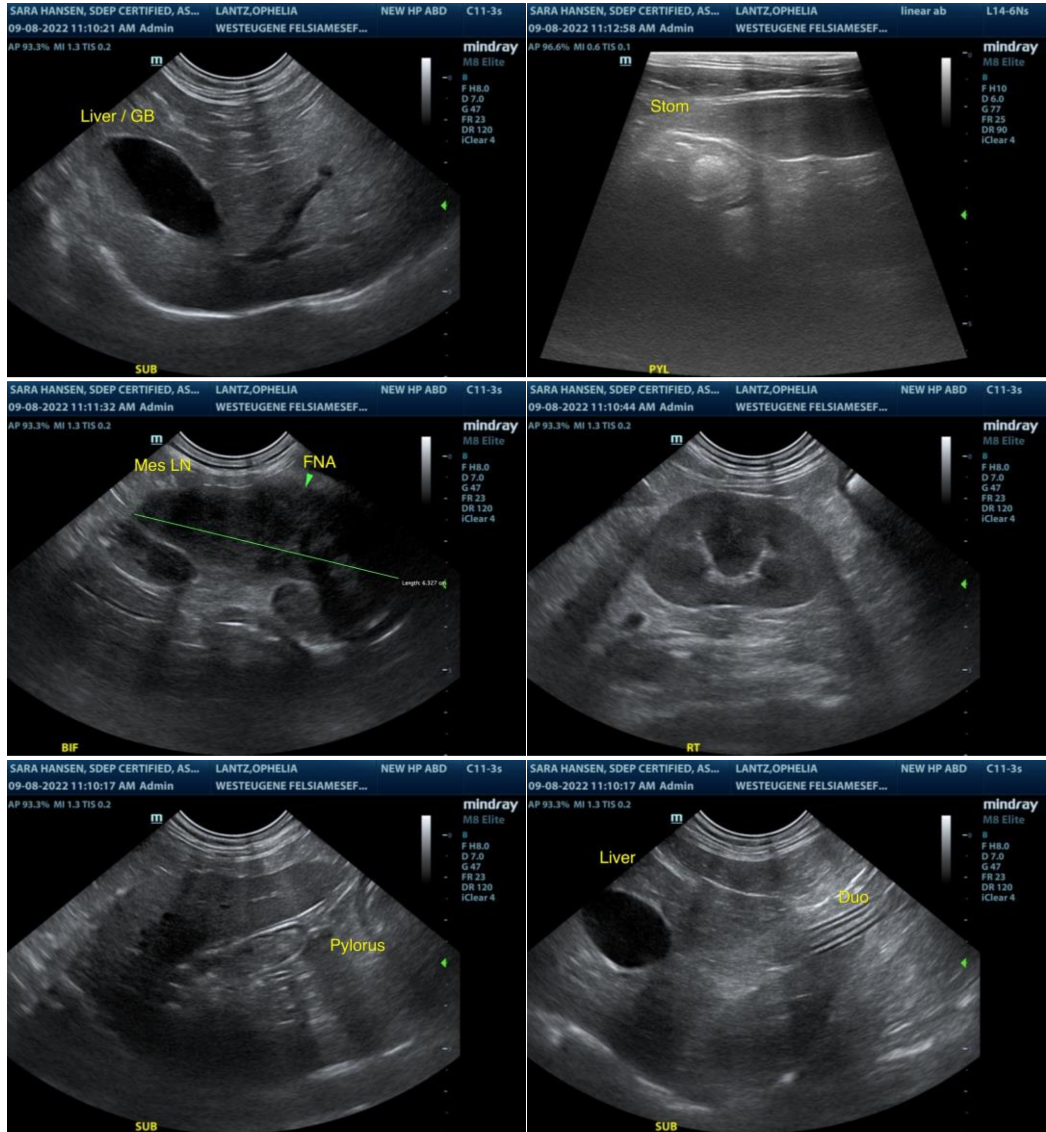

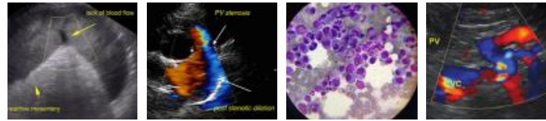

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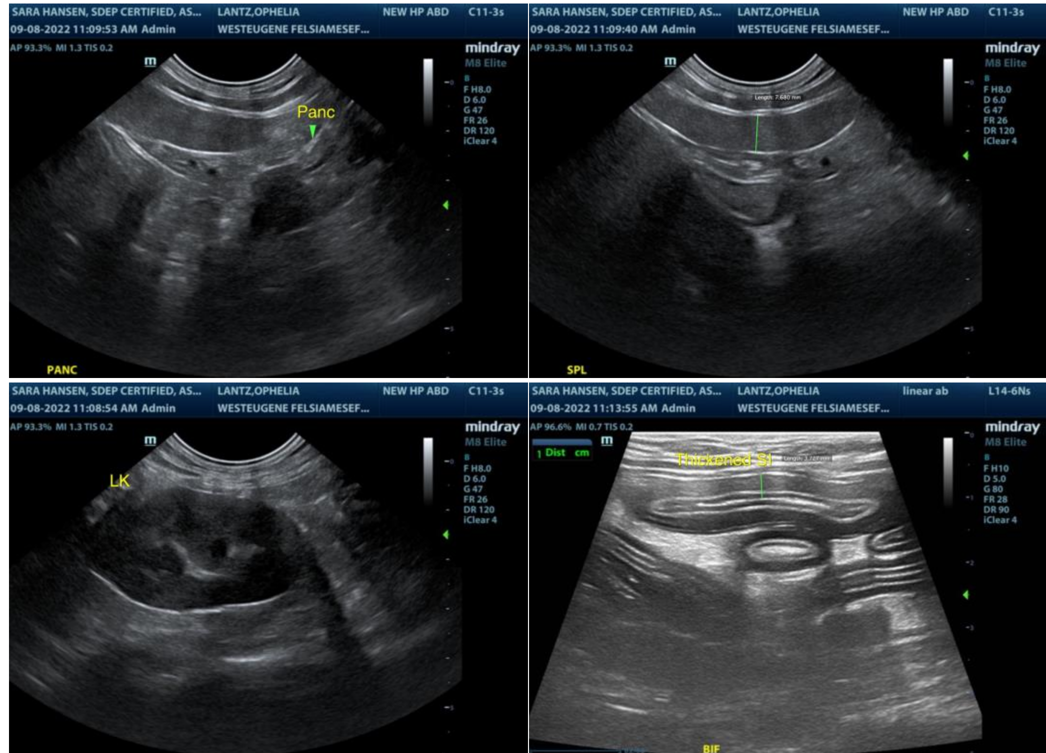

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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