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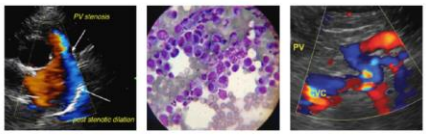

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Carmel Ezzo

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

8.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Rochester Veterinary Hospital

INVOICE

11586ag

DATE

09/09/2022

PRESENTING CLINICAL SIGNS

inappetance, vomiting

Abnormal PE/Chem/CBC/UA Results: Please see attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia and minor medullary mineral was present. Several left kidney cortical infarcts were present. The left kidney measured 3.4 cm in length. The right kidney measured 4.0 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

The small intestine presented intact wall layering with subjective 1:3 muscularis/mucosa ratio. A segment of the small intestine within the mid to cranial abdomen exhibited mild mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering measuring ~ 3-4 cm in length with

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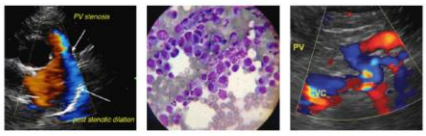

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wall width 0.46 cm. The duodenum wall measured 0.24 cm in width. Mild non-obstructive potential paralytic ileus within the abnormal intestinal segment was noted.

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

Pancreas

The pancreas was mildly prominent in size with areas of minor capsule asymmetry with mild hypoechoic non-homogeneous parenchyma.

Free Abdomen

No peritoneal effusion was present.

Multiple focally enlarged 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 0.43 cm.

Mild regional hyperechoic mesentery adjacent to the segmental abnormal intestine was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with cortical infarcts, medullary mineral and minor pyelectasia
- Segmentally thickened small intestine (likely jejunal) exhibiting mild mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering with associated non-obstructive paralytic ileus
- Multiple prominent mesenteric lymph nodes
- Associated peri-intestinal to perilymphatic hyperechoic mesentery
- Possible concurrent low grade chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding is the segmental abnormal small intestine suggestive of infiltrative criteria. Considerations may include inflammatory vs neoplastic infiltrative enteropathy i.e. IBD vs emerging round cell intestinal neoplasia. Given this presentation suspicion for emerging segmental neoplastic enteropathy is warranted yet not definitive. Full thickness intestinal biopsies would be required for definitive diagnosis.
Recheck GI panel to include PLI/TLI/Cobalamin/Folate may be considered. If sampling is not possible, empirical IBD protocol to include dietary therapy, cobalamin supplementation, as needed GI support and prednisolone trial at lowest effective dose to control clinical signs and assessment of clinical response and/or sonographic monitoring of the small intestine would be reasonable.

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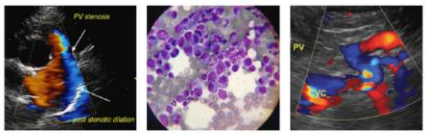

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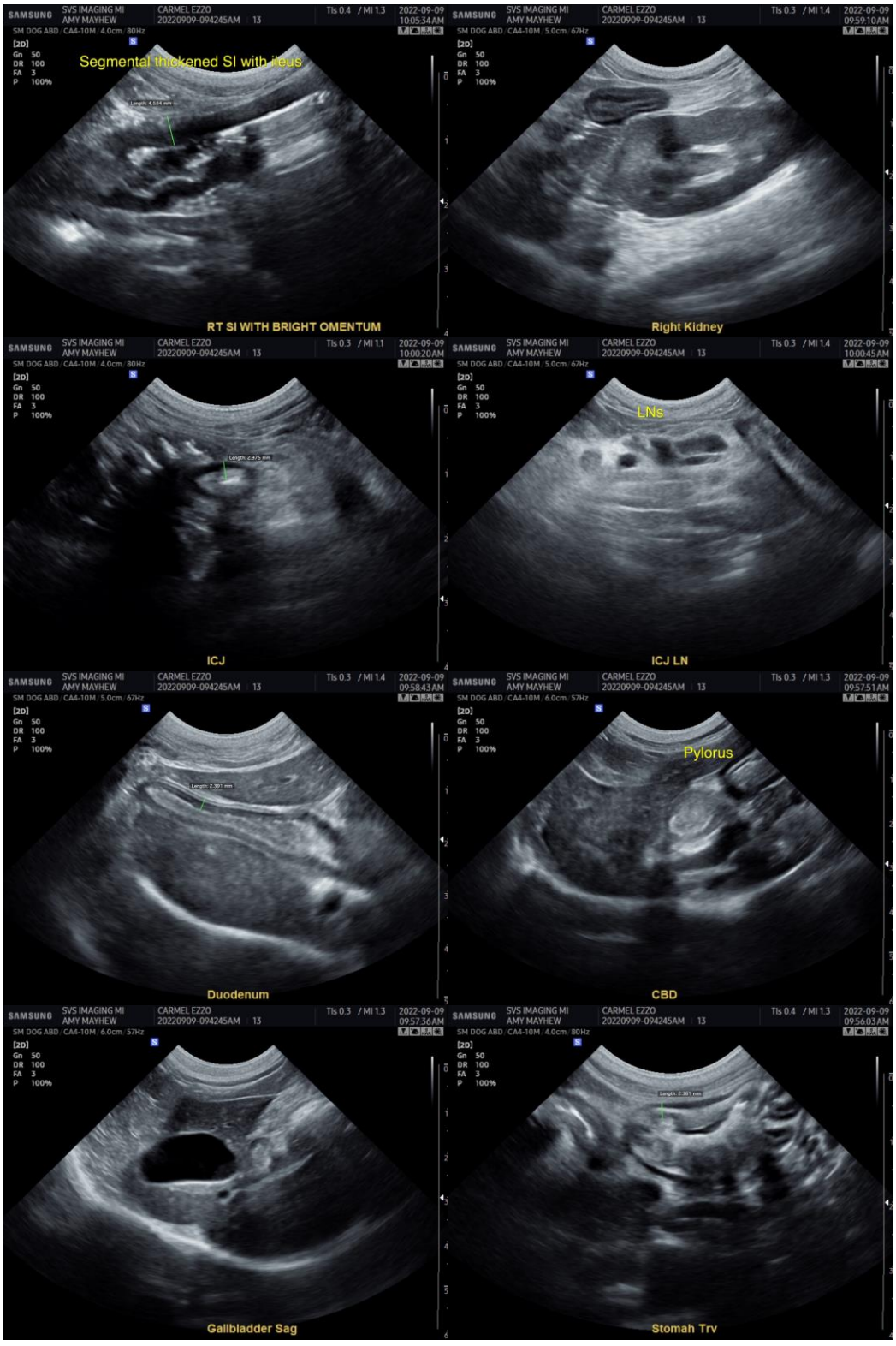

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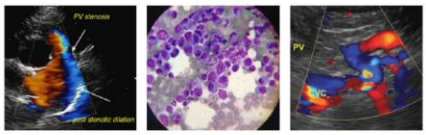

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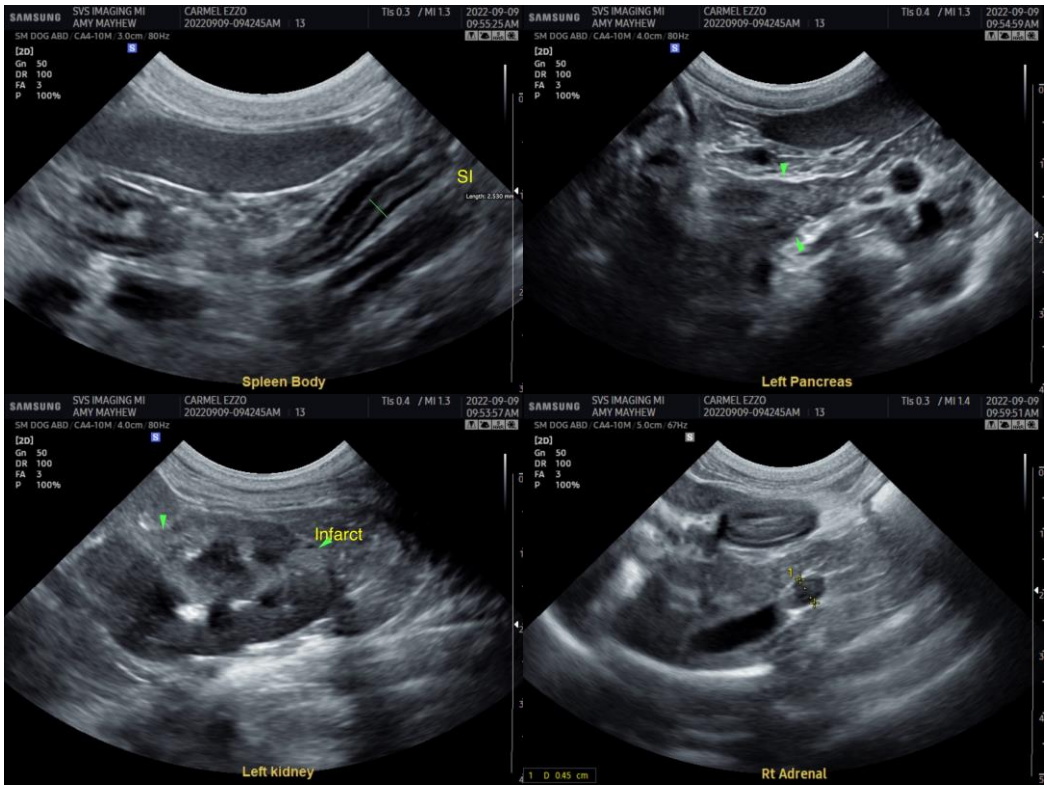

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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