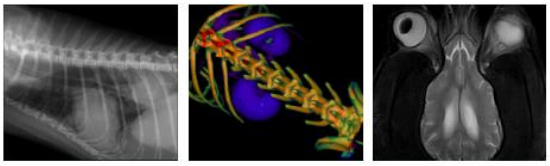
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Ninja Gardiner

SPECIES

Cat

BREED

Domestic Short Hair

SEX

Male Neutered

AGE

5

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Colyton Veterinary Hospital

REFERRING VET

Bao Truong

INVOICE

55647

DATE

12-15-22

PRESENTING CLINICAL SIGNS

Chronic diarrhea for approximately a year. Case has been monitored by both regular vet and referral center for 8 months. The currrent assessment from referral centre (SASH) is: Overall, the ICJ cytology in combination with relatively chronic GIT signs, peripheral eosinophilia and mild hyperglobulinaemia may be consistent with FGISF; however cytology is not diagnostic of this and ddx include FIP, atypical infection, neoplasia with secondary inflammation/infection. Histopathology is likely required for definitive diagnosis. Currently on Prednisolone 5mg in the morning and 2.5mg in the afternoon. Not responsive and Ninja has lost more weight over oast 4 weeks (400g)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies in soft tissue, lung, and bone windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

Mild diffuse wall thickening of the small intestinal wall is noted with maintained wall layering. Average small intestinal wall thickness varies between 2.5 and 3mm. Multifocal circumferential wall thickening of the colon is seen level with the ileocecocolic junction within the transverse colon as well as within the descending colon with a wall thickness ranging between 3-3.5mm. Partial loss of the wall layering is noted.

The mesenteric lymph nodes present mild symmetric enlargement.

The colon and ileocecocolic lymph nodes present moderate symmetric enlargement measuring up to 9mm in diameter.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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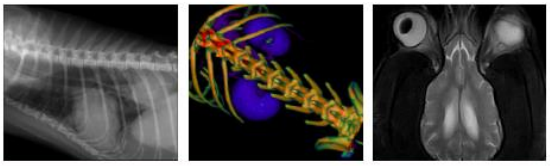

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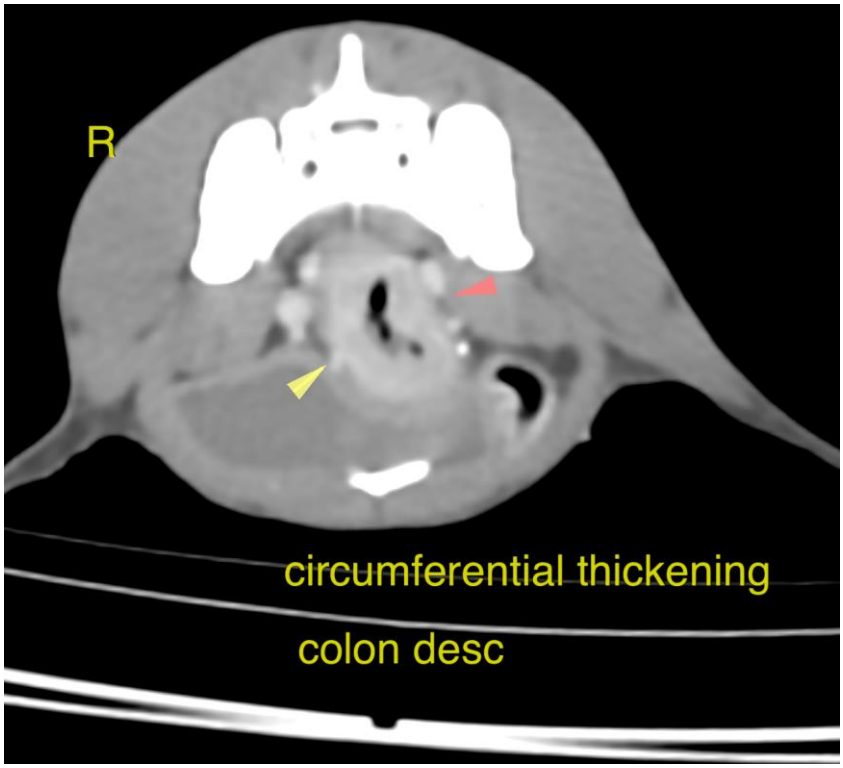
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse small and large intestinal wall thickening with partial loss of wall layering and concurrent mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree and pattern of wall thickening is most compatible with diffuse inflammatory infiltration of the intestinal wall and concurrent reactive lymphadenitis. Eosinophilic enteritis, atypical infectious gastroenteritis, and diffuse neoplastic infiltrate such as with round cells are potential differential diagnoses. Further definition by means of full thickness intestinal biopsies and either fine needle aspiration or biopsy of the mesenteric lymph nodes would be ideal for further definition.



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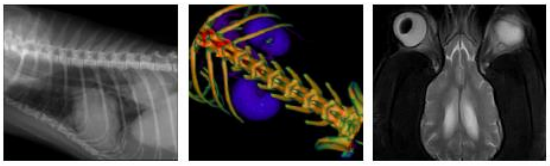

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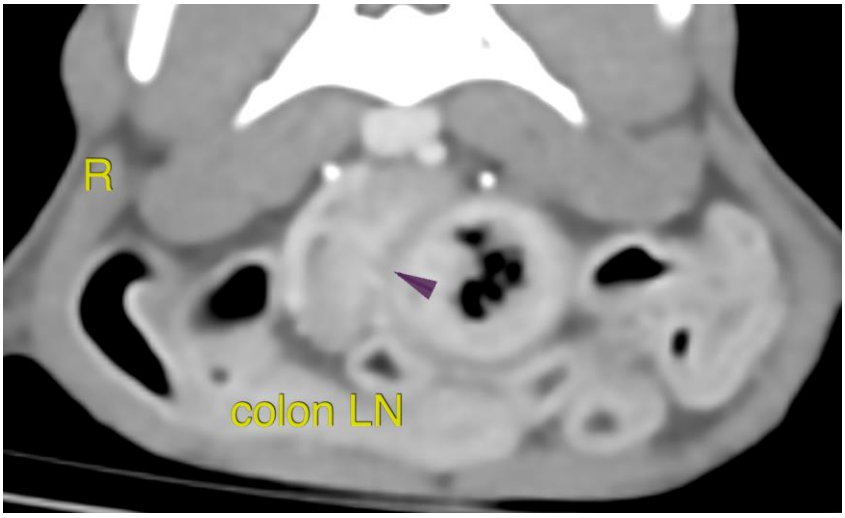

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com