



PATIENT PRESENTING CLINICAL SIGNS

Myles Vivian Presented for vomiting, not eating, weight loss, lethargy and diarrhea. History of mild hypertrophic cardiomyopathy. Suspected intestinal thickening/mass. Abnormal PE/Chem/CBC/UA Results: Normal

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

Feline Plain and post contrast studies of the abdomen and post contrast study of the thorax available for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

DSH **Abdomen**

SEX Mild generalized thickening of the small intestinal wall appears to be present with an average wall thickness of 3mm.

MN Severe generalized thickening of the wall of the cecum is seen. The layering appears to be partially maintained. The wall however measures up to 7mm in thickness.

AGE The mesenteric lymph nodes are moderately enlarged with the jejunal lymph nodes measuring 8mm in diameter.

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INTERPRETED BY Small mineral attenuating foci are seen within the renal diverticuli of both kidneys. Renal size and shape are considered within normal limits. Occasional small cortical renal cysts are present.

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The spleen presents within normal limits.

HOSPITAL NAME The liver is of normal size, shape, and attenuation. Mild generalized thickening and increased contrast enhancement of the gallbladder wall are seen as well as mild dilation of the cystic duct and extrahepatic biliary ducts. The common bile duct is nondilated. The pancreatic duct is not dilated.

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There is no evidence of regional mesenteropathy.

REFERRING VET Thorax

Dr. Runde

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

One cranial mediastinal lymph node is enlarged at 6mm diameter.

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

53711 A mild generalized bronchial pattern is noted.

DATE The lung parenchyma presents the expected architecture and attenuation behavior.

8-24-22 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse enteropathy with small intestinal wall thickening
- Severe wall thickening of the cecum.
- Mesenteric lymphadenomegaly
- Suspect cholecystitis / cholangitis.
- Chronic bilateral nephropathy.
- Mediastinal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the presence of mild generalized wall thickening throughout the small intestine. Transmural loss of wall layering is not noted. The cecal wall is severely thickened with 7mm thickness. Again, here the wall layering is at least partially maintained. Note the presence of concurrent lymphadenomegaly within the mesentery. Differential diagnosis includes inflammatory bowel disease/eosinophilic enteritis versus diffuse infiltration with round cells.

The findings of the biliary system suggest presence of cholangitis / cholecystitis.

The changes of the cranial mediastinal lymph node are equivocal for reactive hyperplasia versus a lymphomatous or other neoplastic infiltrate.

Full thickness biopsy of the small intestinal and cecal wall as well as sampling of the mesenteric lymph nodes is recommended for further definition. Parenchymal sampling of the liver could be considered as well.

At this time, there is no evidence of mechanical ileus.



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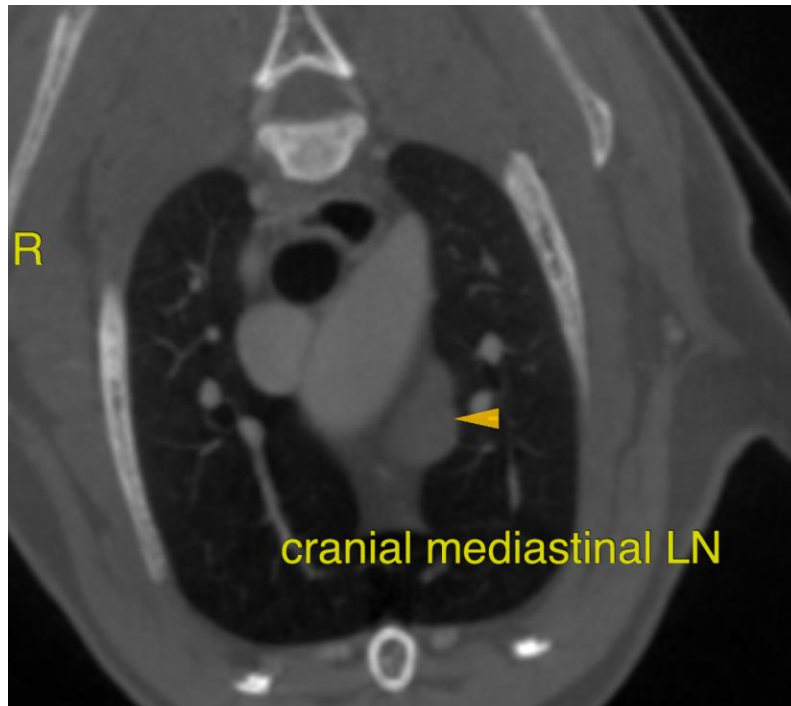
Dr. Runde

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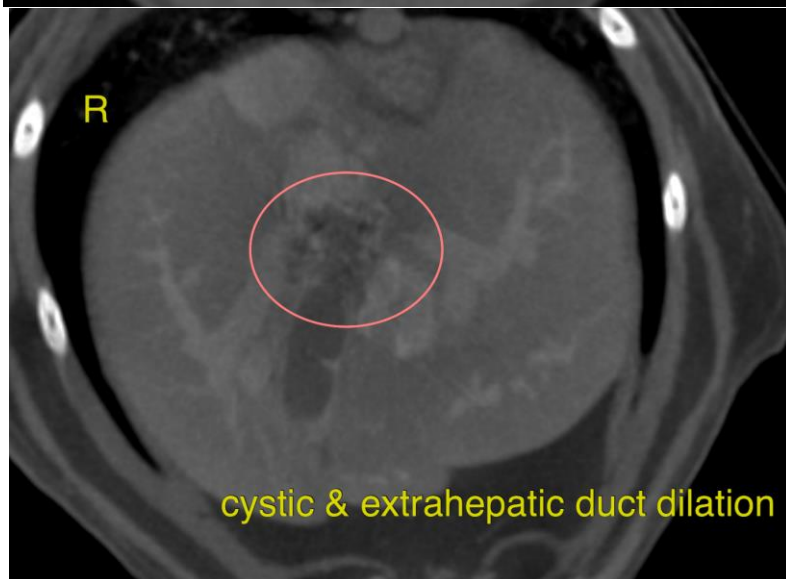
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cranial mediastinal LN



cystic & extrahepatic duct dilation



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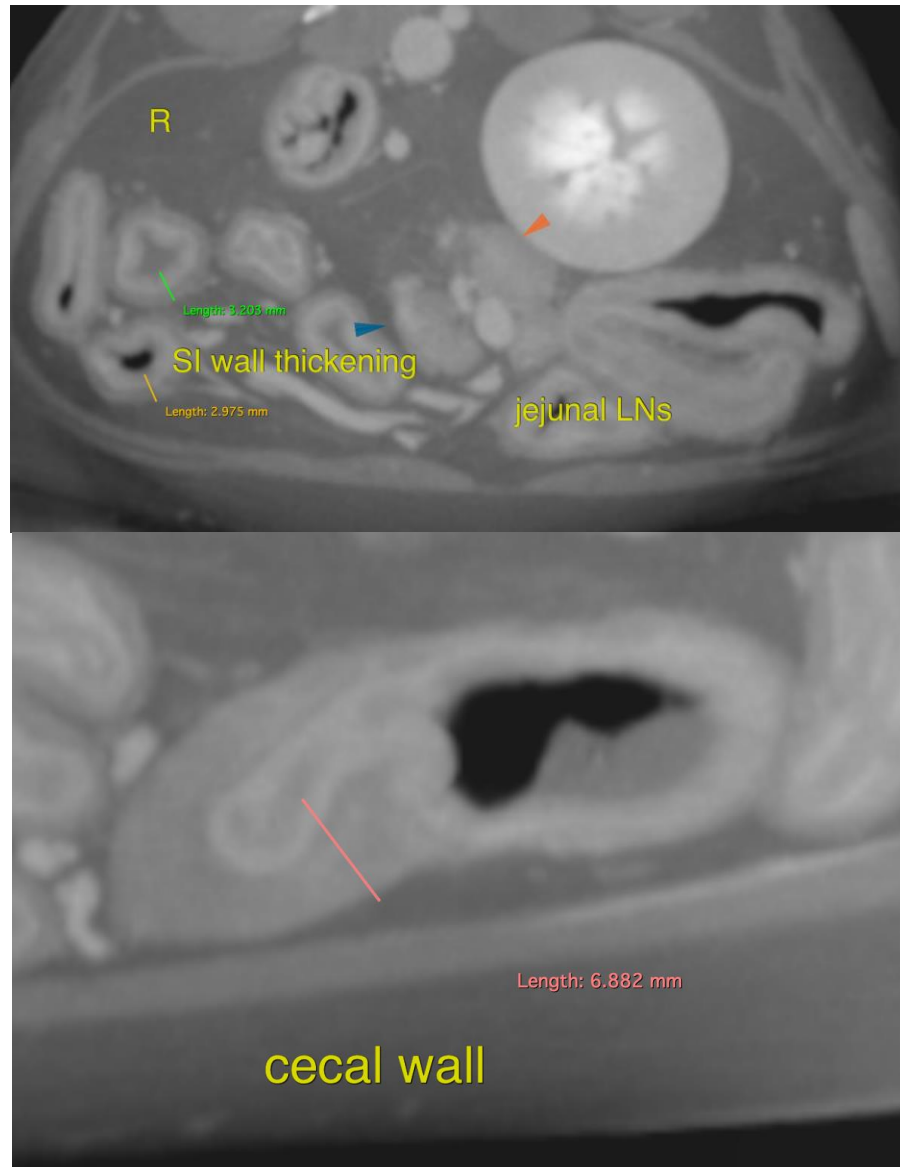
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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