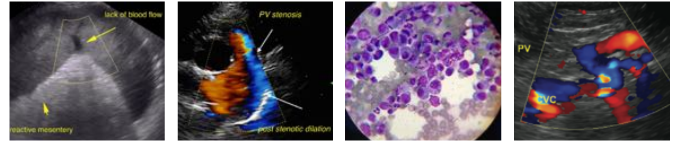


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hastur Leonhart

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

5.6 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Carmellini

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

39971

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Presented yesterday for anorexia, has also been vomiting. No prior vet care since kittenhood. CBC / Chem - BUN 42, Creat 2.2, SDMA 47, Globs 5.4, else unremarkable. Patient is extremely senstive to probe pressure even with gabapentin on board.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (1.0) cm.

Both kidneys are hyperechoic, and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.7 cm in length. The right kidney measured 2.6 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (4.3) mm at the cranial pole and (4.2) mm at the caudal pole. The right adrenal gland height is (3.2) mm at the cranial pole and (3.7) mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at (0.57) cm).

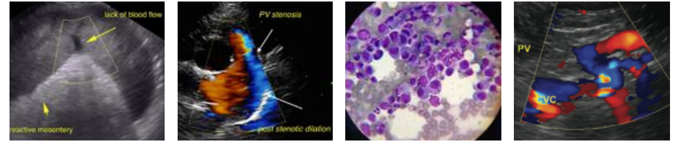
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with fluid. The gastric wall is (2.0) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The small bowel has focal changes to the normal wall thickness and layering. There is an approximately 3.0 cm length of bowel that measured 3.8 mm with complete loss of wall layering. The remainder of the small bowel appears normal with a wall thickness of 1.8 mm. There is mild fluid distension of the duodenum, with normal wall thickness and layering.

The visible portions of the colon are of normal thickness, up to (1.3) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Focal thickening of the intestinal wall. Consistent with GI lymphoma or severe inflammatory bowel disease.
- Acute pancreatitis.

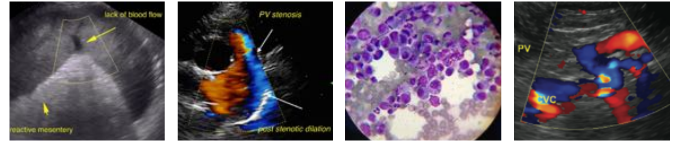
SECONDARY FINDINGS:

- Chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are concerning for GI lymphoma, although severe inflammatory bowel disease may also be possible. Recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel, with cobalamin supplementation if indicated.
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy,



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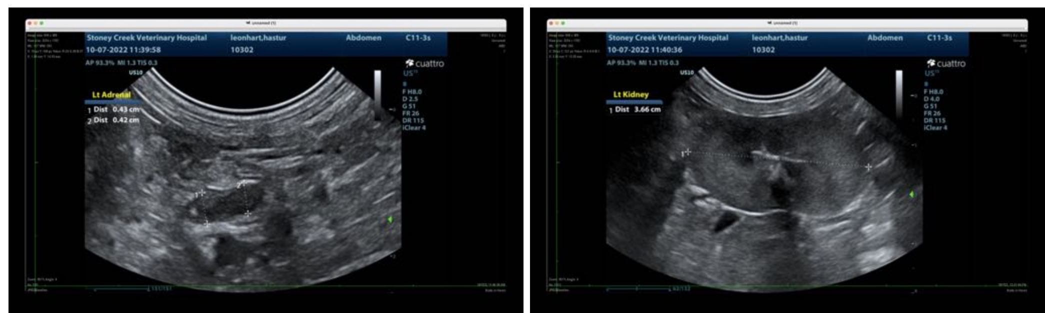
ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered. (dog only - Resting cortisol levels could also be considered).

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

- an fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- a highly digestible intestinal diet is recommended.
- if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines



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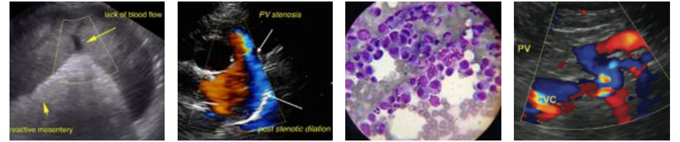

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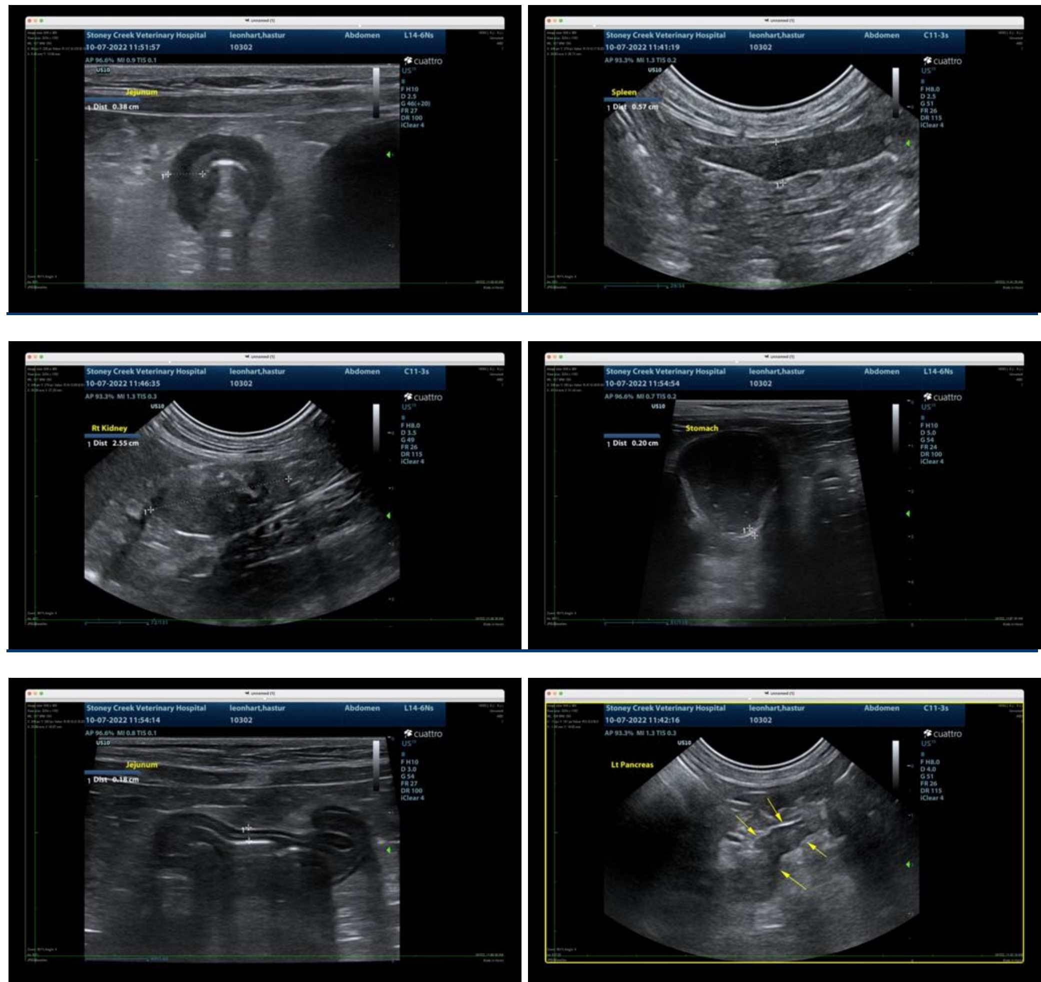

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com