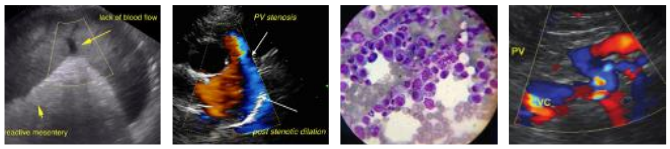
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Twinkie Fargo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Stoney Creek CVH

REFERRING VET

The Cat Hospital of Media

INVOICE

18163

DATE

11/19/22

PRESENTING CLINICAL SIGNS

History: Rapid weight loss and decrease appetite, with fever. Normal CBC / Chem / T4. On methimazole for hyperthyroidism and transdermal pred for asthma

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 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.4 cm in length. The right kidney is 4.1 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 3.5 mm at the caudal pole. The right adrenal gland height 3.9 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 8.5 mm.

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.

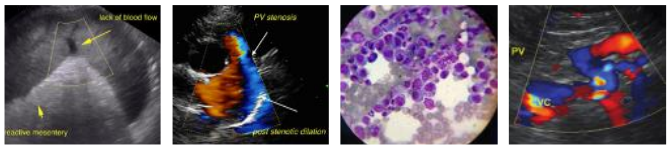
Gastrointestinal

The stomach is empty. The gastric wall is 2.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has a 6.0 cm length of diffusely thickened wall with a complete loss of layering. Wall measurement in this region is increased up to 1.2 cm. The rest of the jejunum and duodenum appear unremarkable. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas



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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. 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. The mesenteric lymph nodes were mildly enlarged and hypoechoic with a rounded shape, measuring up to 1.5 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- A diffusely thickened length of small bowel with loss of wall layering
- Mildly enlarged and rounded mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are most consistent with infiltrative neoplasia, such as lymphoma. An inflammatory etiology is considered less likely. Recommendations include:

- Biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.
- additional sampling via fine needle aspiration should be considered for flow cytometry or PARR, as indicated. More information about flow cytometry and PARR, including how to perform each test and when they are indicated, can be found on Colorado State University's website: https://vetmedbiosci.colostate.edu/chl/choose-a-test/
- A complete GI panel, with cobalamin supplementation if indicated.
- Supportive care as indicated, including fluid therapy, bland diet, antiemetics, appetite stimulants and gastroprotectants.
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if palliative care is desired.

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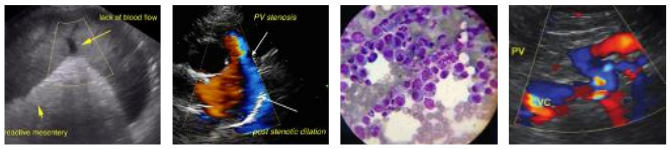

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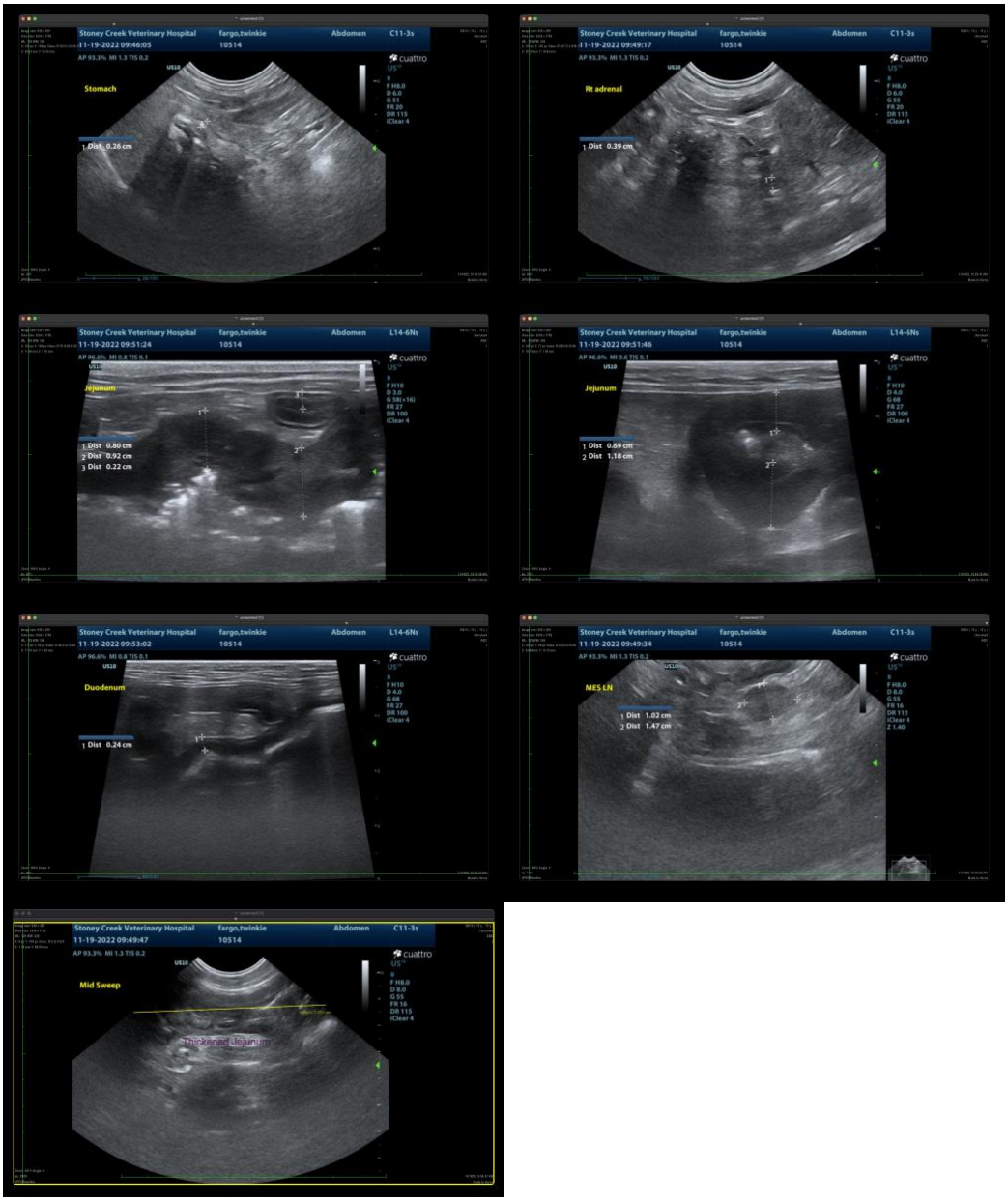

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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