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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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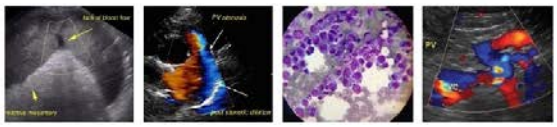

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Willow MacLeod

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

45712

DATE

3/3/23

PRESENTING CLINICAL SIGNS

Previous ultrasound done Oct 2021 read by Dr. Andrea Nicastro at Sonopath. Has been on Thyrotabs and Benazepril. Follow up from last scan as owner wants to make sure that nothing has changed as he has been having issues at times with BMs, straining and his meow sounds different.

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys exhibit mildly decreased corticomedullary differentiation. Infarcts are seen within the left renal cortex. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.9 cm. The right kidney measures 3.3 cm.

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 measured 3.4 mm. The right adrenal gland measures 4.2 mm.

Spleen

A 1.0 cm x 1.5 cm isoechoic mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measures 7.2 mm at the hilus.

Liver

The liver is subjectively enlarged, and the parenchyma is diffusely disrupted by cystic change. 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 and a small amount of freely-moveable echogenic sludge. 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 normal in thickness (2.2 mm) with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.1 mm for duodenum and 3.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Pancreas

The pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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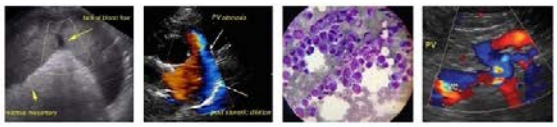

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Free Abdomen

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.

PRIMARY FINDINGS

- Stable small intestinal change, consistent with infiltrative bowel disease.
- Progressive hepatic changes, consistent with biliary cystadenomas, benign hepatic cysts, or less likely biliary cystadenocarcinomas.
- Stable splenic nodule

SECONDARY FINDINGS

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small bowel and spleen are stable when compared to the report from October of 2021. The lesions in the liver appear to have progressed in that the entirety of the liver is now affected as compared to the images in 2021, when the left side appeared to be predominantly affected. However, if there is no evidence of deteriorating liver function, this progression may be incidental. Recommendations include:

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or low grade gastrointestinal lymphoma. Recommendations include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, or empiric cobalamin supplementation
- ❖ 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, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.
- ❖ Bile acid testing to further assess liver function.
- ❖ Urinalysis and urine culture if indicated, if not already performed.

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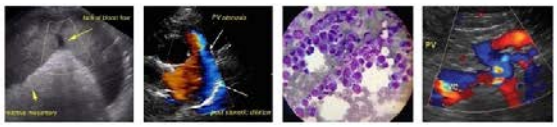

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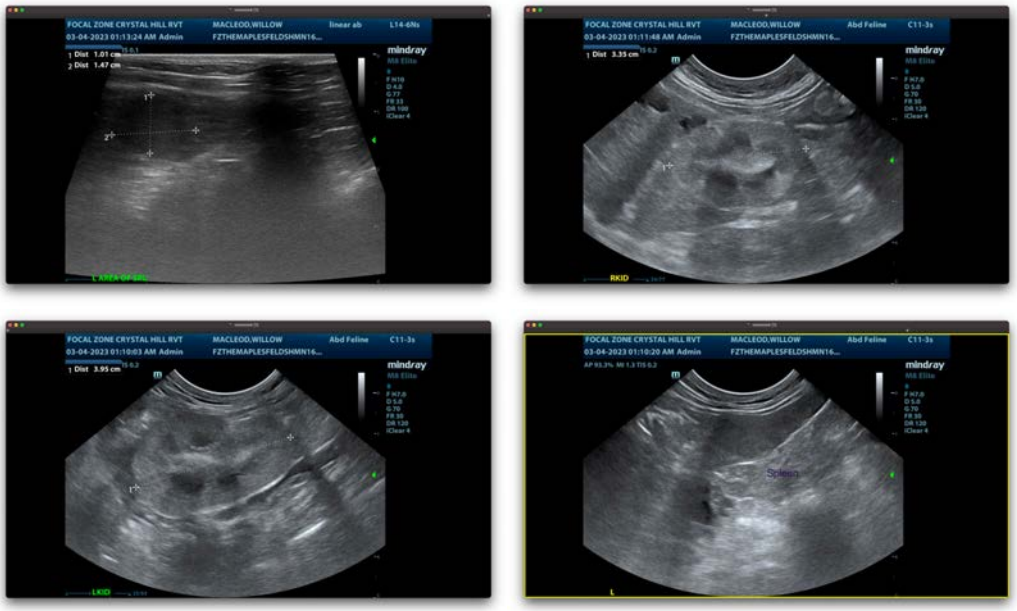

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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