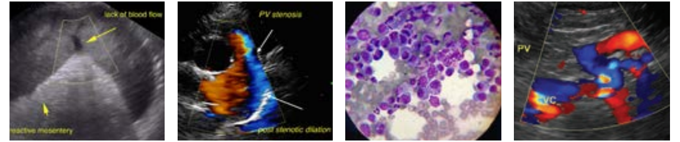


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Peaches Fetters

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Keely Zhang

INVOICE

45754

DATE

3/8/23

PRESENTING CLINICAL SIGNS

Chronic elevated liver values (most recently ALT 284, ALP 143), and now Globs elevated (6.2), with wt loss and vomiting. Patient also recently has inappropriate urination.

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 are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is trace dilation of the left renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.6 cm. The right kidney is 3.8 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 measures 3.9 mm. The right adrenal gland measures 2.9 mm.

Spleen

The spleen is of appropriate size (5.4 mm) 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.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There is a 3.3 cm x 3.2 cm isoechoic mass originating from the left caudal lobe, and a 2.5 cm x 2.0 cm hyperechoic cystic mass located in the right cranial lobe. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

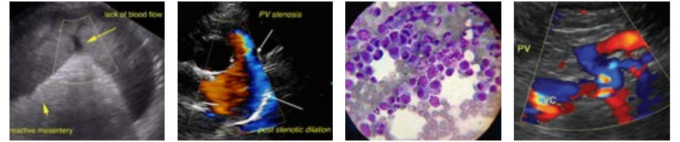
The gallbladder is moderately distended with anechoic contents. There are choleliths present within the gallbladder lumen measuring up to 5.0 mm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.3 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.7 mm for duodenum and 3.2 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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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.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.4 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Hyperechoic hepatic parenchyma with multiple masses
- Thickened small bowel with an appearance typical of infiltrative bowel disease

SECONDARY FINDINGS

- Non-obstructive choleliths
- Bilateral chronic renal changes with pyelectasia in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

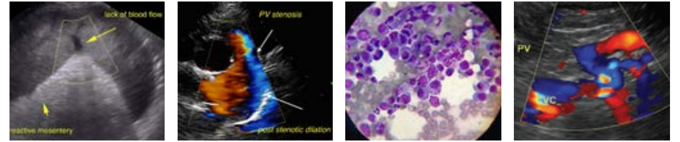
The appearance of the liver is concerning for malignant neoplasia, although significant chronic inflammatory change is also possible. Recommendations include:

- Fine needle aspirate of the affected areas with a 25-gauge needle.
- 3-view chest radiographs.
- If biopsy is not elected, then empiric treatment for cholangiohepatitis could be considered, including broad-spectrum antibiotic therapy, corticosteroid, SAMe, and Ursodiol.

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.

The changes in the kidneys are consistent with chronic renal disease. The presence of pyelectasia in the left kidney along with the history of recurrent urinary tract infection suggests there may also be an element of chronic pyelonephritis. Correlate with clinical response to treatment and laboratory changes.



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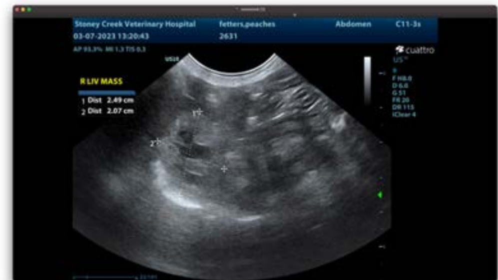

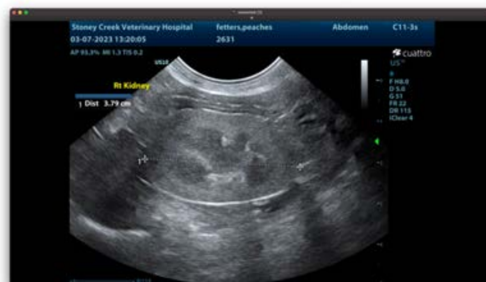

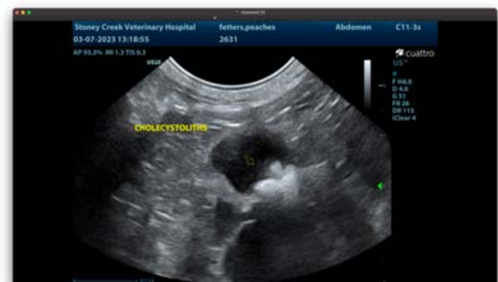

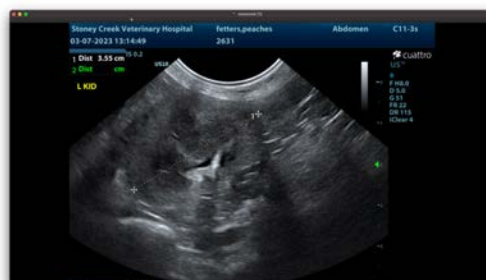

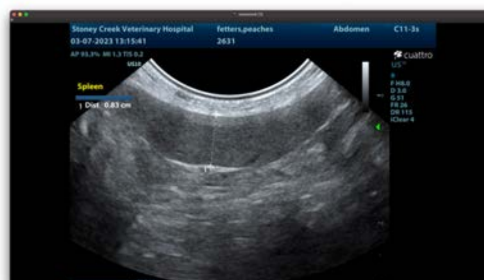

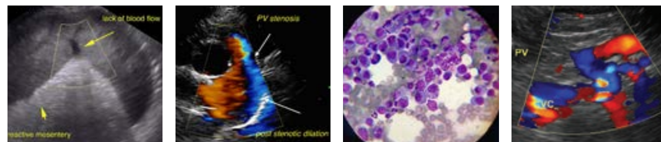

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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