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Clinical Sonography & Telecytology

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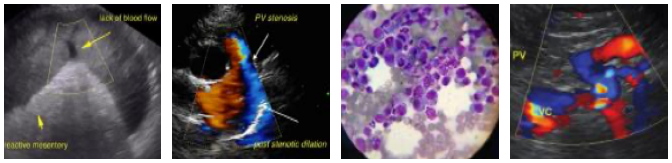


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Carlie Giacobbe

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr Shendell

INVOICE

12925

DATE

5.1.23

PRESENTING CLINICAL SIGNS

History: Pet presented for concern with increased appetite (3-week duration). Otherwise doing well per owner. Current meds: PRN famotidine (occ. per owner)

Abnormal PE/Chem/CBC/UA Results: ALT 337, AST 79, Lymphocytes 0.799, MCH 17.2

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 3.3 cm in length. The right kidney is 4.3 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 4.7 mm at the caudal pole. The right adrenal gland height 4.2 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 8.1 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 gallbladder wall is focally thickened with small focal polypoid lesions, with no evidence of rupture. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

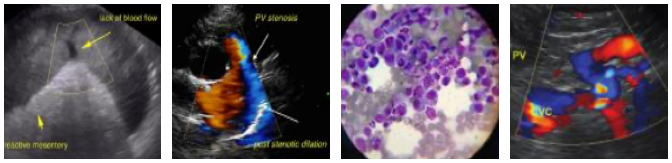
The stomach is empty. The gastric wall is 2.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.5 mm for duodenum and 2.2 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

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 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.



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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 1.6 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

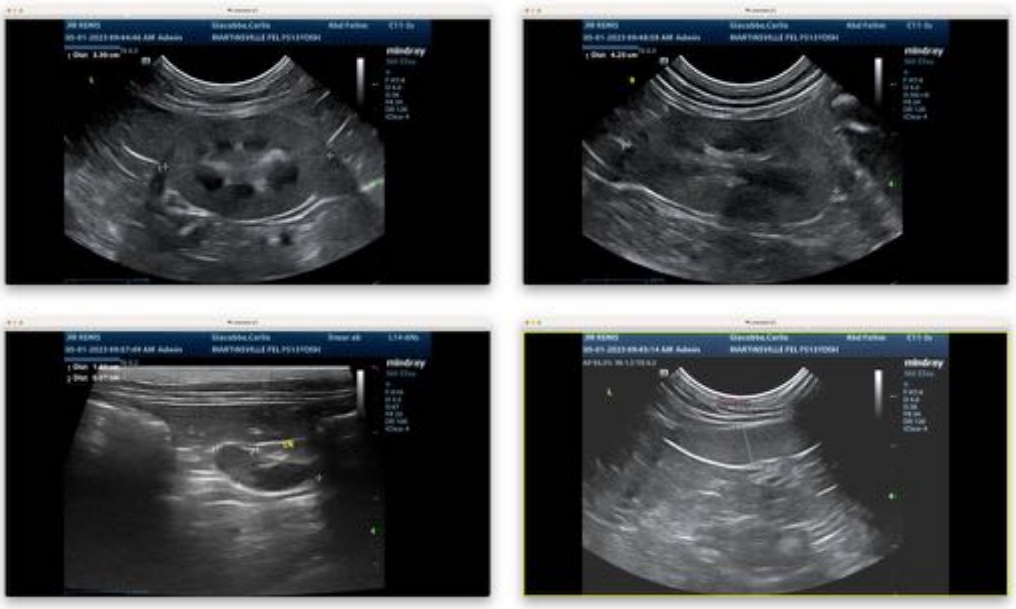
Findings

- Diffuse small intestinal changes typical of infiltrative bowel disease
- Reactive mesenteric lymph nodes
- Polypoid changes to the gallbladder, which are an incidental finding in older cats

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small intestines are consistent with inflammatory bowel disease and are most likely the explanation for the noted weight loss and increased appetite. Mild elevations in liver values can be seen with intestinal disease in cats, and so most likely, there is no specific pathology associated with the liver. Additional 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.



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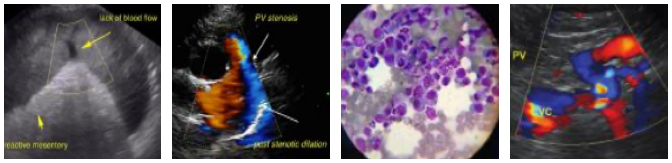

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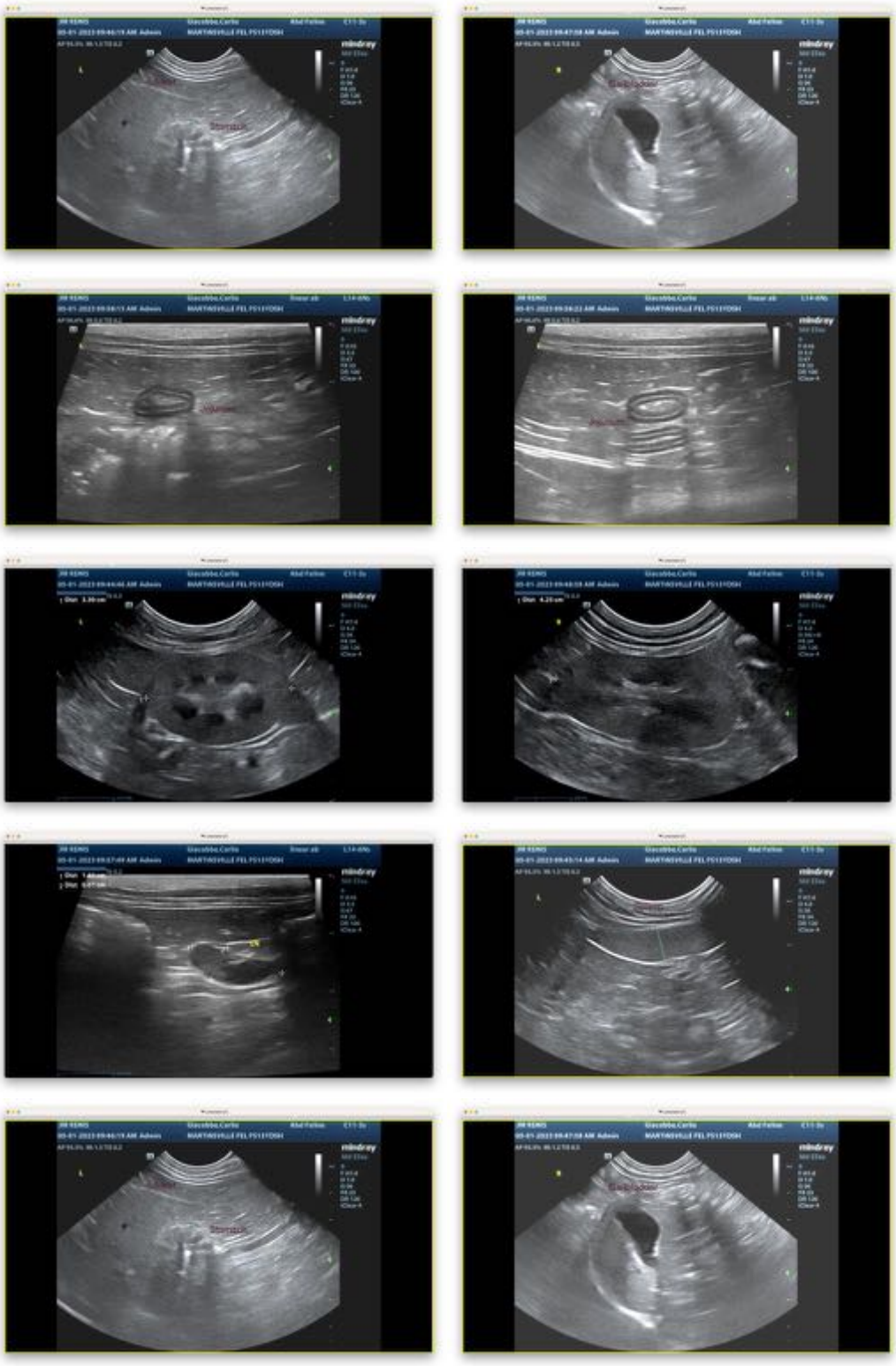

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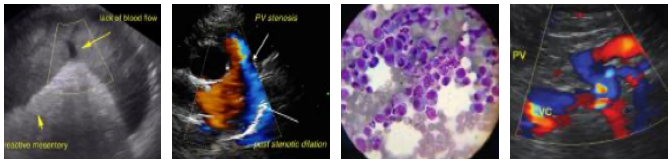

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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