



PATIENT

Riley Berthier

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.1 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

Dr. Omotayo Conteh

INVOICE

39291

DATE

7/7/22

PRESENTING CLINICAL SIGNS

presented for vomiting and diarrhea. History of chronic pancreatitis, IBS/IBD and kidney disease, nodules on the liver as per last ultrasound over a year ago P on prednisolone 5mg am, 2.5mg pm long term Aventi Kidney Vit B12 5000mcg 0.25ml every week diet: RC Fel Multi Renal + HP Dry and renal support wet P had loose stool 1-2x daily unresolved, 4x over last 24 hours vomited 4 over last 24 hours, O thought P might have eating kibble so fast. P still have appetite and has asked for food this morning, P drinks a lot. P was still chasing sister cat around in the house today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is 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.

Both kidneys are hyperechoic, and exhibit poor cortico-medullary differentiation. There is no evidence of nephrolithiasis or mineralization. Trace pyelectasia is present in both kidneys. The proximal ureter is not visible (normal).

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.

Spleen

The spleen is diffusely enlarged, measuring up to 1.5 cm at the hilus with diffuse hypoechoic nodules. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The visualized portions of the liver are 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 distended with anechoic contents. The wall was thin and continuous with no focal lesions. The common bile duct is dilated and tortuous.

Gastrointestinal

The stomach is empty. The visualized portions of the gastric wall measure up to 2.7 mm with normal deviations due to rugal folds.

The visualized portions of the duodenum, jejunum, and ileum are of normal to slightly increased thickness, up to 3.1 mm with loss of the appropriate 1:3 muscularis to mucosa ratio.

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



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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.

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:

- Enlarged, diffusely mottled spleen
- Mildly thickened small bowel with increased muscularis layer thickness

SECONDARY FINDINGS:

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic changes are concerning for infiltrative neoplasia such as lymphoma or splenic mastocytosis, though a reactive splenitis is also possible. Recommendations include:

- ❖ Ultrasound-guided fine needle aspiration with a 25G needle, after pre-medicating with diphenhydramine.

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

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel.
- ❖ 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. (dog only - Resting cortisol levels could also be considered).

I know this patient is already being treated for inflammatory bowel disease. Depending on the findings in the spleen, if it is determined that the IBD is contributing to the current signs, the addition of Chlorambucil therapy could be considered. In the short term, supportive care with Cerenia and probiotics is recommended.

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



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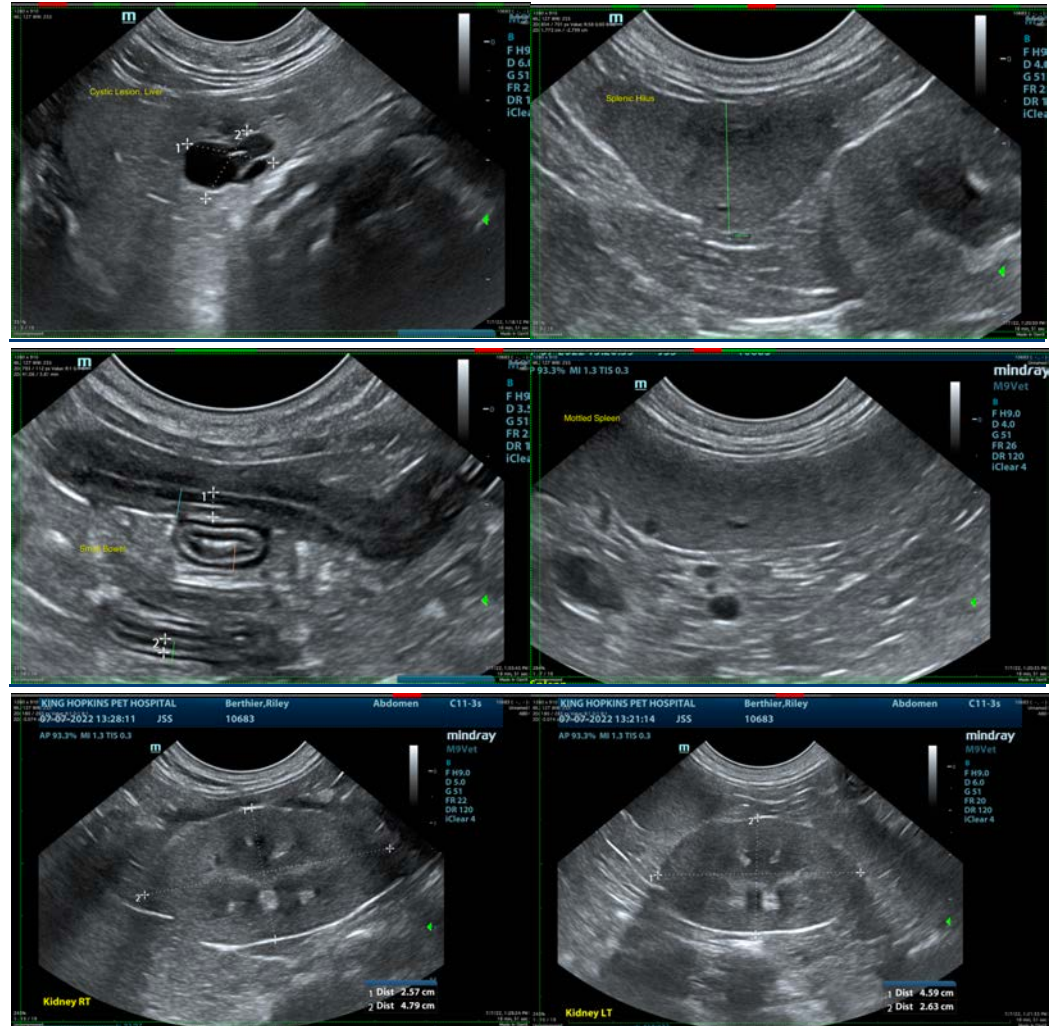
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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