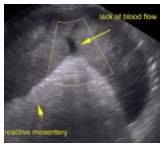
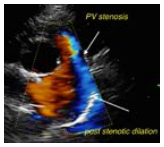
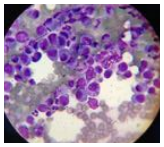
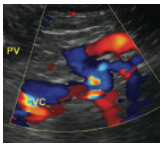
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Hudson Naselli

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
3 years

WEIGHT
7.9 lbs

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

IMAGING PERFORMED BY
Dr. Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Mengine

INVOICE
32899

DATE
9/13/22

PRESENTING CLINICAL SIGNS

History: Patient has gradually lost 2 pounds over last 18 months, and 0.6# over last month. Intermittent diarrhea. Currently, 2 days of diarrhea, decreased appetite and lethargy. CBC / Chem wnl, fPl pending. Patient was not fasted

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 (1.0) 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 (3.6) cm in length. The right kidney is (3.8) 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 (2.8) mm at the cranial pole and (2.8) mm at the caudal pole. The right adrenal gland height is (2.5) mm at the cranial pole and (2.5) 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. The spleen measured 6.4 mm at the hilus.

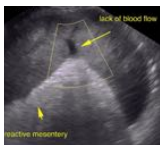
Liver

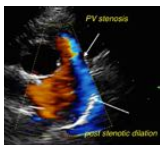
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

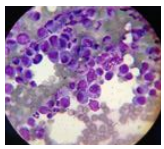
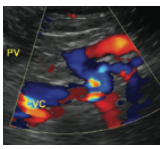
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is (2.2) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.





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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to (3.6)mm. Overall wall layering is preserved.

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

Pancreas

The left limb of 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 is mildly dilated.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to (1.2) 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

PRIMARY FINDINGS:

Mildly thickened small bowel with reactive mesenteric lymph nodes.

SECONDARY FINDINGS:

Hypoechoic pancreas with no evidence of active inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract 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, with cobalamin supplementation if indicated.
- 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. (dog only - Resting cortisol levels could also be considered).

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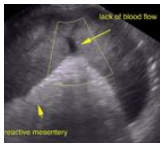

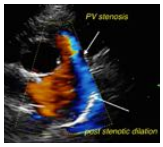

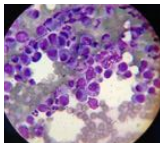
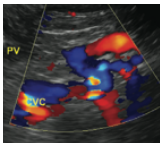

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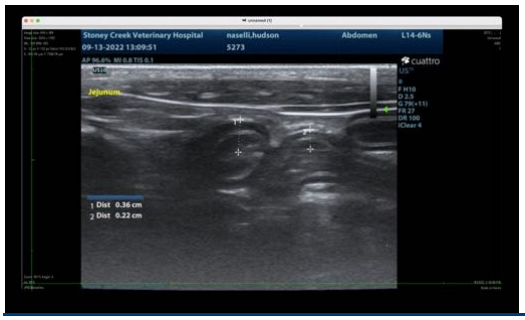
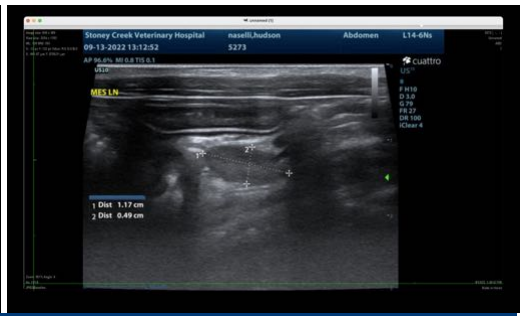
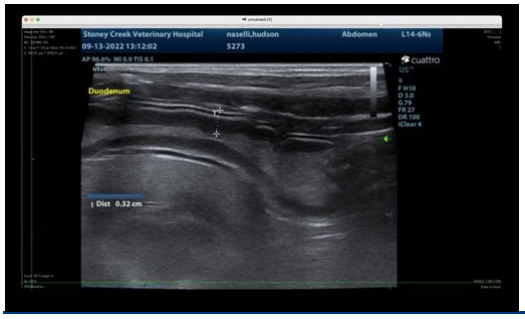
While the pancreas appears abnormal, my understanding is that pancreatic blood markers are normal. Future monitoring for chronic pancreatitis should be considered.







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