



PATIENT

Gigi Digiacomo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

41470

DATE

9/20/22

PRESENTING CLINICAL SIGNS

Several year hx of presumed cholangiohepatitis that responded to supportive care. Presented 9/16 for recent vomiting, had lost 4 pounds, also coughing recently. CBC / Chem / T4 / U/A - mild azotemia (IRIS Stage 2), mod elevation in ALT / ALP (stable from prior flare-ups). Chest rads consistent with bronchitis / asthma.

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 (visualized to 2.0 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 moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.8 cm. The right kidney measures 2.9 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 2.4 mm cranially and caudally. The right adrenal gland measures 3.4 mm cranially and caudally.

Spleen

The spleen is of appropriate size (8.3 mm at hilus) 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. 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 is diffusely thickened up to 2.0 mm, it is 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 (2.6 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 4.1 mm. Overall wall layering is preserved.

The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is visualized and is 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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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intrabdominal fat are of appropriate echogenicity. The mesenteric lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to 1.5 cm in diameter. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Enlarged and rounded mesenteric lymph nodes with a diffusely thickened small bowel wall
- Thickened gallbladder wall – consistent with cholecystitis.
- Diffusely hyperechoic liver

SECONDARY FINDINGS

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the enlarged lymph nodes is consistent with malignancy, particularly lymphoma. Recommendations include:

- ❖ confirmation with fine needle aspiration using a 25G needle, for cytology
- ❖ additional sampling via fine needle aspiration should be considered for flow cytometry or PARR, as indicated. More information about flow cytometry and PARR, including how to perform each test and when they are indicated, can be found on Colorado State University's website: <https://vetmedbiosci.colostate.edu/chl/choose-a-test/>

The changes in the liver are consistent with cholangiohepatitis, although the possibility of infiltrative neoplastic disease cannot be ruled out. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

- ❖ bile acid testing is recommended to further assess severity of hepatic disease
- ❖ Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- ❖ Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluorquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.
- ❖ If there is no response to supportive and antibiotic therapy, then empiric prednisone at 2-4mg/kg / day could be considered.

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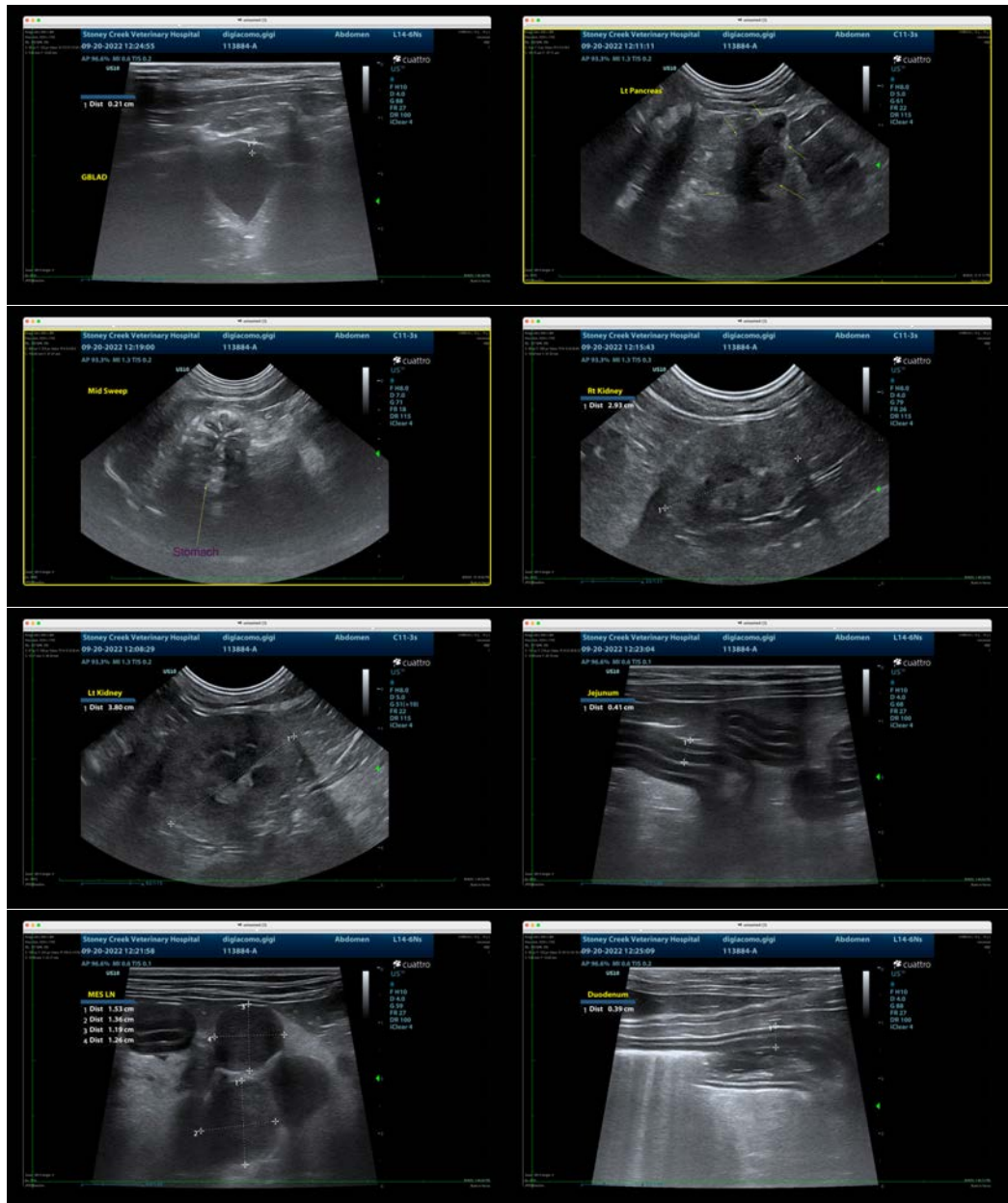
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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