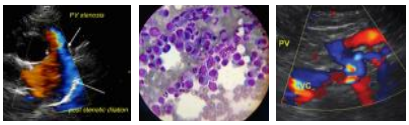
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/20/2022

PATIENT

Mrs. Tiddles Ottey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1-22-2010

WEIGHT

11 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Michelotti

INVOICE

10172

PRESENTING CLINICAL SIGNS

History: Increased vomiting in the week leading up to presentation on 1/14/22 up to several times a week. Soft stools noted. Workup 1/14/22 found radiographs wnl and bloodwork except for a non-regenerative anemia at 22%.

Current Medications: Cerenia 8 mg PO q 24 h. Hx of long-term prednisolone use, has been off for several months now.
Lab Results: HCT 22.3% 1/14/22. Urine specific gravity dependent 1.040. Trace proteinuria
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is upper limits of normal size (0.99 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The common bile duct measures 0.23 cm distally and can be followed to the duodenal papilla. There is no evidence of an intraluminal obstruction.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is visible/prominent, with normal curvilinear peripheral contours. The parenchyma is sightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dialted (0.30 cm in diameter).

Free Abdomen

The mesentery in the cranial abdomen, adjacent to the stomach, is hyperechoic. Trace free fluid is observed. A 0.57 cranial abdominal lymph node is visualized. Several prominent irregular hypoechoic lymph nodes are observed adjacent to the ileocecocolic junction, the largest measuring 1.45 cm in length. Surrounding mesentery is hyperechoic .

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic +/- active pancreatitis.
- Small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- There are multifocal areas of peritonitis, likely secondary to bowel, pancreas and/or lymph node pathology.

Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

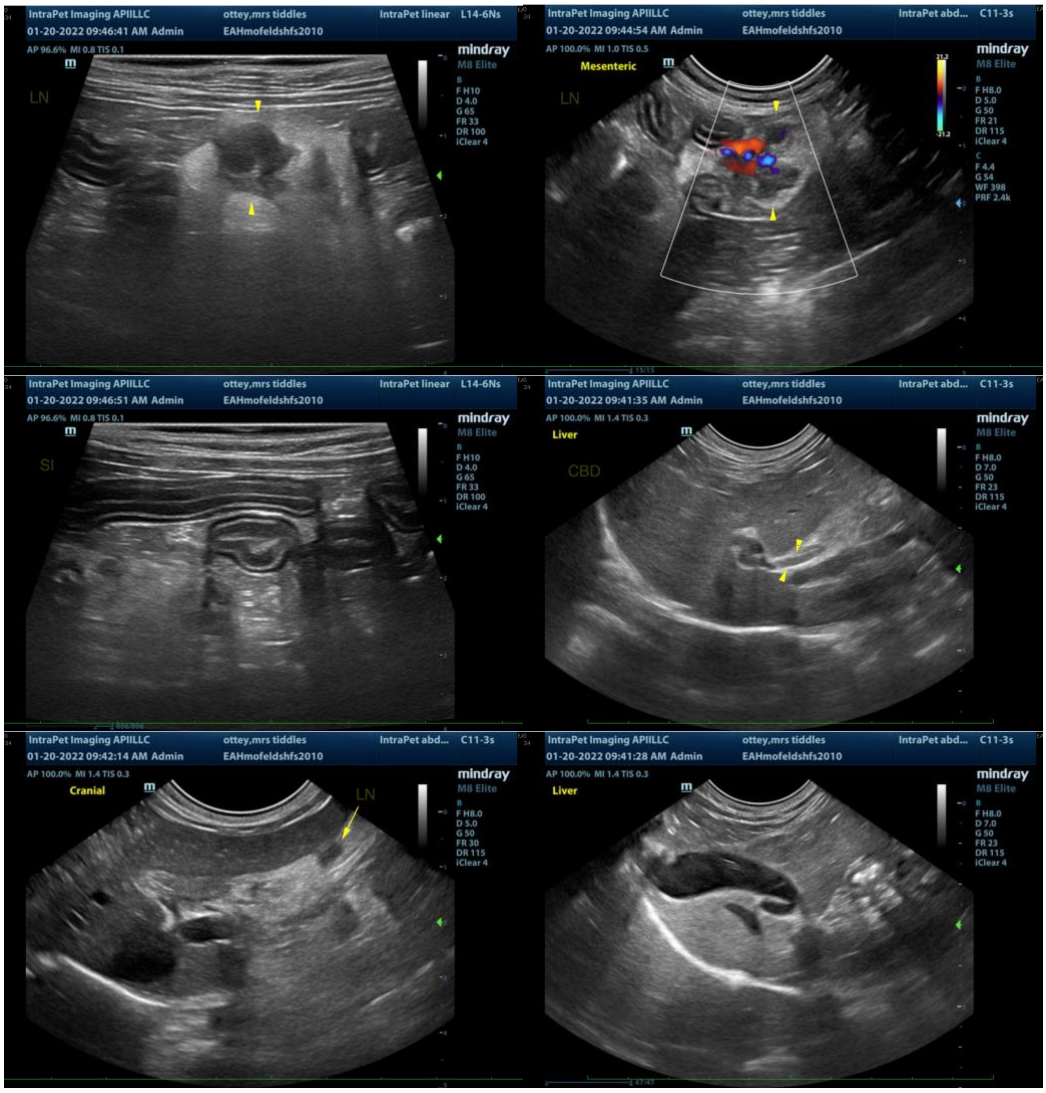
- A fine-needle aspirate of a prominent abdominal lymph node can be considered, if accessible and if if clotting status is appropriate.
- The following diagnostic/treatment recommendations can be considered:

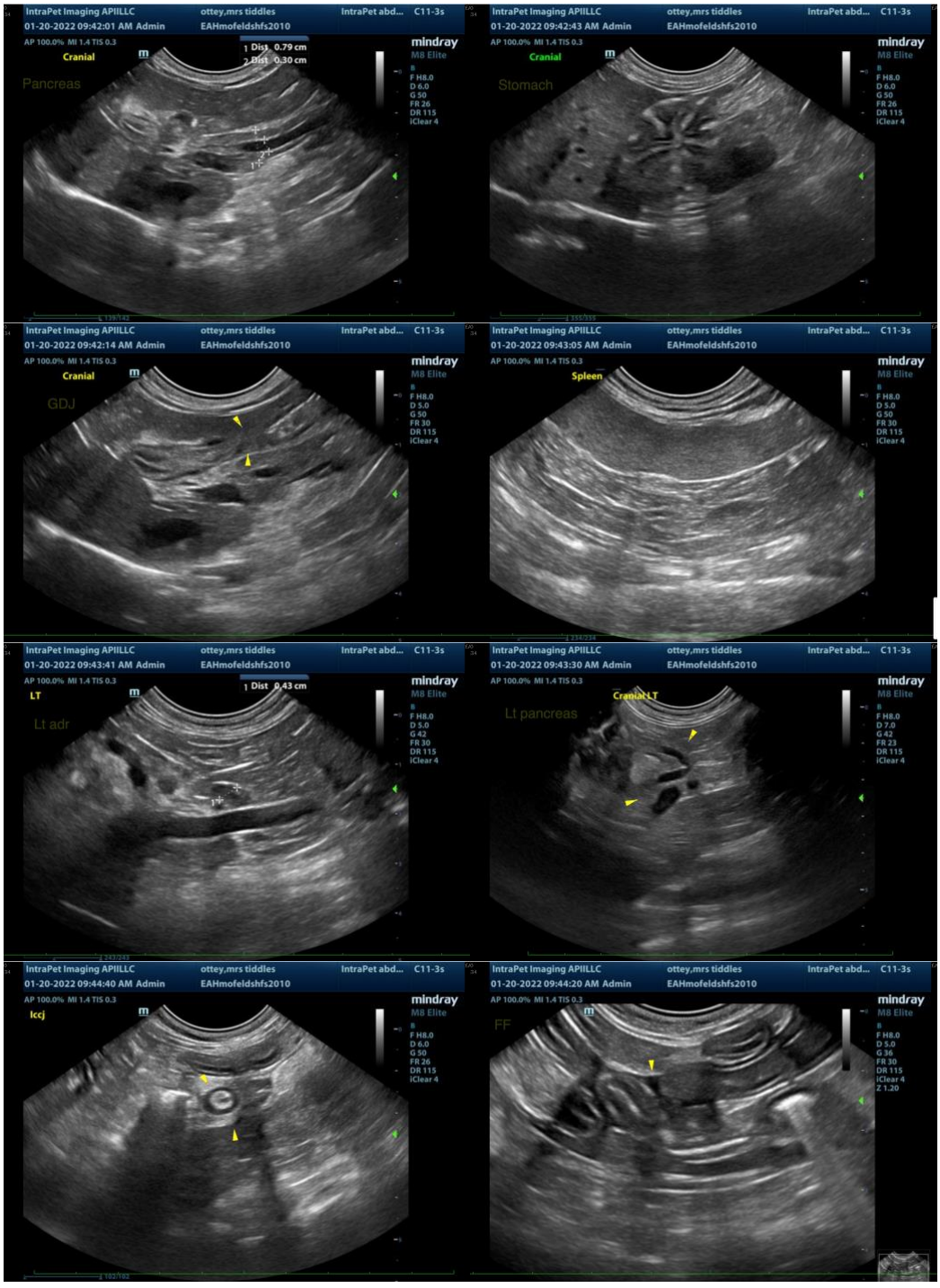
    1. Serum cobalamin, folate, PLI and TLI
    2. A fecal evaluation for ova/Giardia
    3. A 6-week limited antigen diet trial to assess for food allergies

4. Three-view thoracic radiographs are recommended to assess for esophageal disease

5. If the above diagnostics/therapeutics are inconclusive, consider GI biopsies (endoscopic or surgical)

6. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats





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.

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