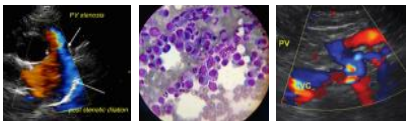
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

1/21/2022

**PATIENT**

Rosy Marti

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

6-10-2006

**WEIGHT**

6.875 Lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Timonium AH

**REFERRING VET**

Dr. McMichael

**INVOICE**

10190

## PRESENTING CLINICAL SIGNS

History: Mild weight loss. Chronic vomiting; thickened intestines.

Lab Results: fPL 8.8, Crea: 2.2; BUN: 58; SDMA: 28, Urine SG: 1.012, Glob: 2.6, T4: 2.3.
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 lumen is moderately distended with mostly anechoic urine. 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 (3.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Moderate pyelectasia is present (0.52 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is borderline small in size (3.00 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

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

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.32 x 0.30 cm hyperechoic nodule is observed in the mid- to caudal aspect. 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

### *Gastrointestinal*

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 diffusely thickened (up to 0.44 cm), with retention of the normal layering pattern There is disruption of the normal 1:3 muscularis to mucosal ratio with a >normal 1:1 ratio in most

segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

***Pancreas***
The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat and slightly mottled in appearance. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***
There is no evidence of free fluid. One to two mesenteric lymph nodes are visible, the largest measuring 0.75 cm in length.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

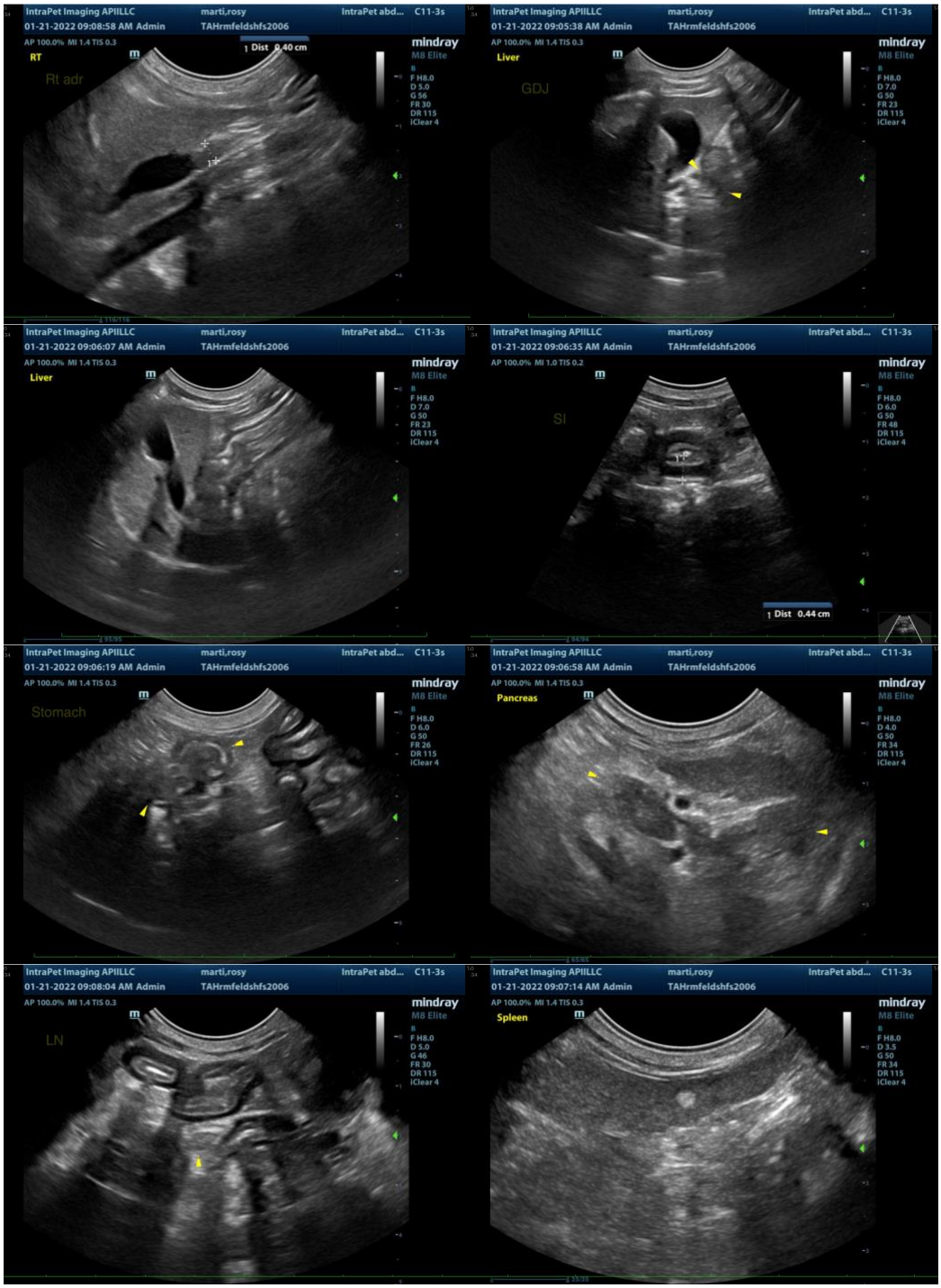
- The bowel pattern could be consistent with severe inflammatory bowel disease or GI lymphoma.
- The pancreatic changes are consistent with pancreatitis, which may be acute or acute on chronic in nature.

### Secondary Findings

- Age-related renal pathology with left pyelectasia.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma or lymphoid hyperplasia) with a low possibility of emerging neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the left pyelectasia, a urine culture and sensitivity is recommended. A UPC should also be considered if proteinuria is present. A Baseline blood pressure should also be obtained to assess for systemic hypertension.
- Regarding the bowel changes, gastrointestinal biopsies (endoscopic or surgical) would be necessary to get a definitive diagnosis. Surgical biopsies would be ideal, as all areas of bowel can be accessed with this method. A GI panel is also recommended to assess for maldigestion/malabsorption, which is common with chronic intestinal disease. If biopsies are not to be pursued, consider empirical treatment for inflammatory bowel disease with a limited antigen diet and corticosteroids. However, the client must be advised of the risks of treatment without a definitive diagnosis.
- If the patient is to undergo anesthesia, three-view thoracic radiographs are recommended to assess cardiopulmonary status.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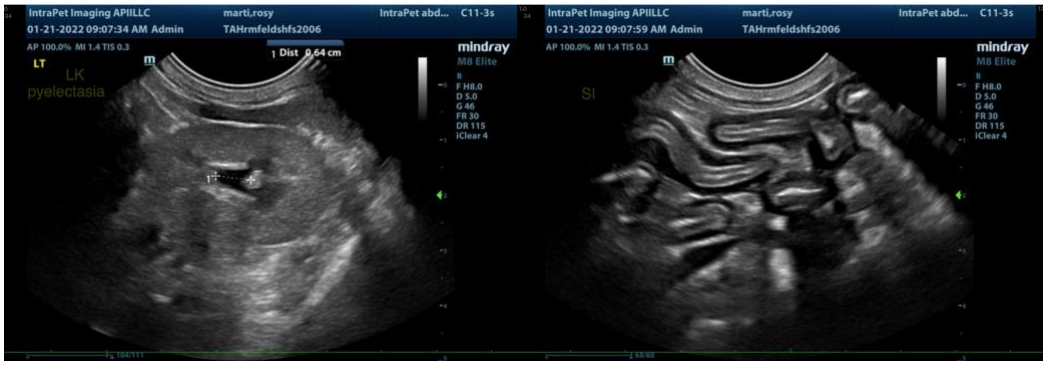


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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