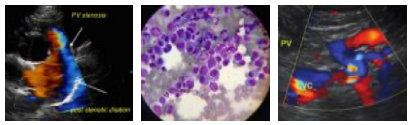
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/17/2022

PATIENT

Mr. Key Key Loetz

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

4/19/2007

WEIGHT

10.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River VH

REFERRING VET

Dr. Hicks

INVOICE

12851

PRESENTING CLINICAL SIGNS

History: Anorexia; P came in 12/23/21- weight loss, not eating
PE- BCS- 4/9; Heart murmur Grade 4/6; dental tartar. Tx- SQ fluids, oral Mirtazapine 1/4 tab; Convenia inj, Oral Metronidazole lia x 7 days. Presented again 1/13/22- not eating in several days, 3.1 # weight loss; mm more pale; murmur present.

Current Medications: 1/13/22- SQ fluids again tonight, Cerenia inj, Mirtazapine 1/4 tab PO.
Lab Results: Cr 3.3 (0.8-2.4), BUN 56 (16-36), K- 3.3 (3.5-5.8).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of mineralized sand is present within the lumen as well as a scant amount of suspended echogenic debris. No distinct calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.38 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is poor corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is poor corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. 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 curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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 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 mildly 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 and mild thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileal wall is thickened (up to 0.40 cm) with a disproportionate thickening of the muscularis layer. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

There is no evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 0.73 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease. Emerging lymphoma is also possible but considered less likely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes are most consistent with age-related remodeling/fibrosis. Concurrent low-grade pancreatitis may also be present.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- Bilateral, chronic nephropathy with non-obstructive nephrolithiasis and trace pyelectasia.
- Urinary bladder sand.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, consider the following:
    1. Baseline blood pressure measurement

2. Urine culture and sensitivity

3. UPC (if proteinuria is present)

4. Serial monitoring of the patient's renal values and blood pressure is recommended to assess for progression of the renal disease.

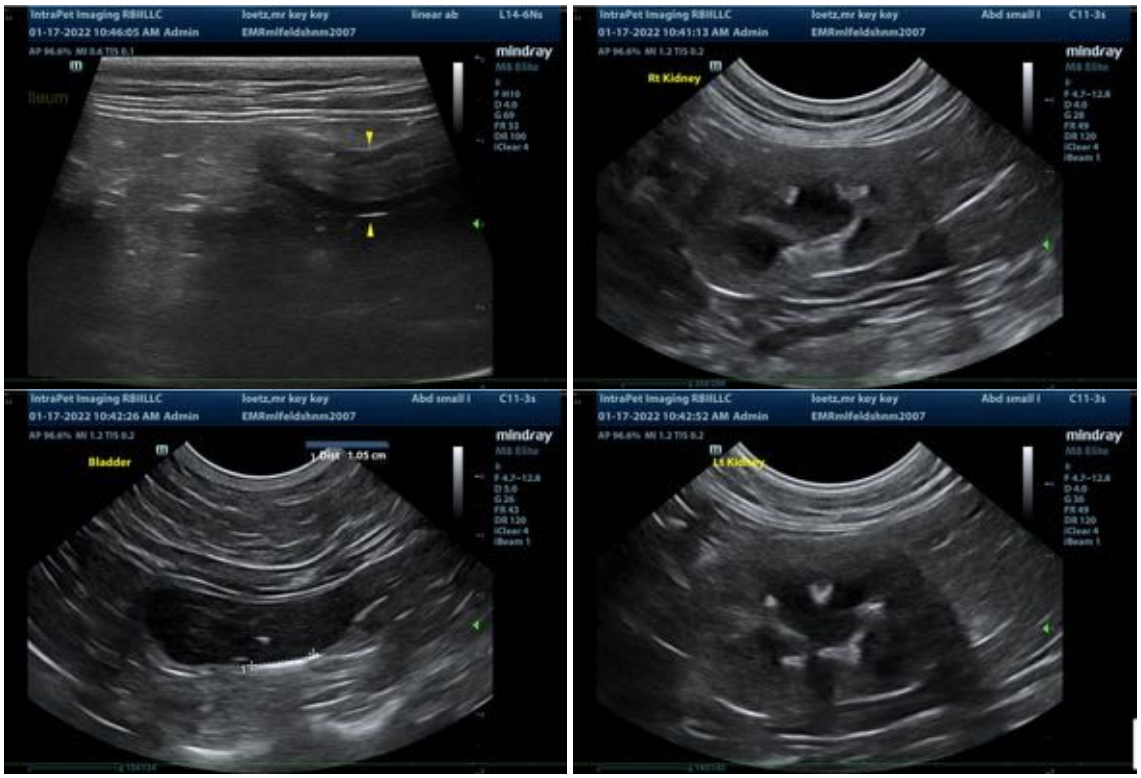
- Regarding the other sonographic changes, consider the following:

1. Malabsorption panel (send to Texas A&M)

2. Fecal evaluation for ova and Giardia.

3. Ultimately, endoscopic or surgical gastrointestinal biopsies would likely be necessary to get a definitive diagnosis. However, the patient's kidney status must be taken into account with regards to anesthetic risk.

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.

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Spleen


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LT Pancreas
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Liver


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The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com