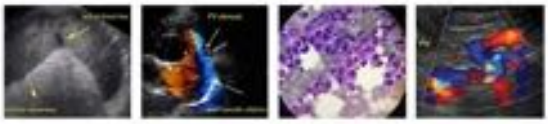

PATIENT

Aria Patterson

SPECIES

Feline

BREED

Bengal

SEX

Female, spayed

AGE

14 Years

WEIGHT

5.74 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Marysville

REFERRING VET

Dr. Grace Berg

INVOICE

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1/18/22

PRESENTING CLINICAL SIGNS

History: Species: Feline Gender (altered?): FS Age: 14 yrs Weight in #: 5.74 Breed: Bengal Chief Concern/Provisional Dx: Vomiting, weight loss History: Chronic vomiting. Seems to improve when food is changed. Most recently pet has started to look more boney. Physical : Resents abdominal palpation Decreased BCS Senior Screen Summary 1/8/22: Increased fPl with T4 in suspect range

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is slightly irregular. A small amount of suspended echogenic debris as well as some stranding material is observed within the lumen. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.51 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 in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

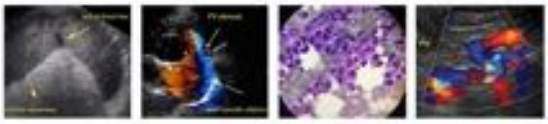
The spleen is subjectively prominent in size (1.02 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 lumen is moderately distended. A bi-lobed confirmation is present. The wall is normal in thickness. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.29 cm) with a normal



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layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio and thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.05 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are consistent with age-related remodeling +/- fibrosis. Concurrent low-grade pancreatitis may be present, particularly if the patient exhibits discomfort on cranial abdominal palpation.

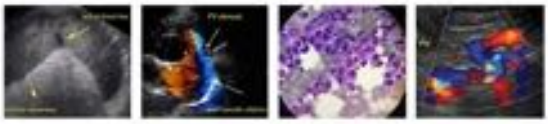
Secondary Findings:

- Bi-lobed gallbladder- incidental.
- The mild splenomegaly may be a normal variant for this patient. Alternatively, lymphoid hyperplasia, extramedullary hematopoiesis, passive congestion, splenitis or less likely, infiltrative neoplasia may be present.
- Minor bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the borderline T4 values, consider a free T4 by equilibrium dialysis, if not already performed.
- Regarding the sonographic changes, consider the following:

1. Malabsorption panel including serum cobalamin, folate, TLI and PLI.



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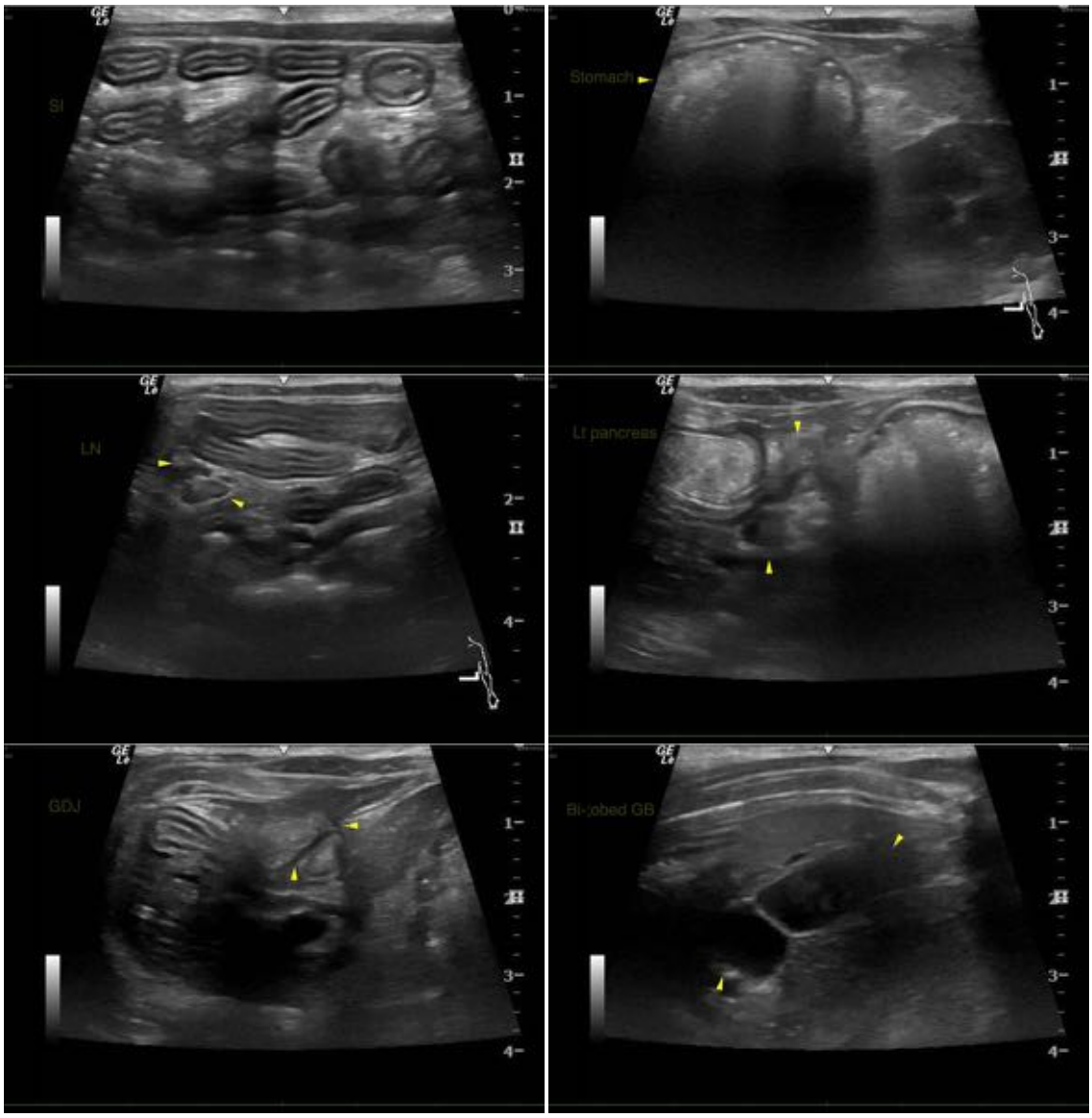
2. A 6-week limited antigen diet trial to assess for food allergies.
3. Fecal evaluation for ova and Giardia.
4. Thoracic radiographs to assess cardiopulmonary status.

- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Surgical biopsies would be ideal as all areas of bowel can be accessed with this method.



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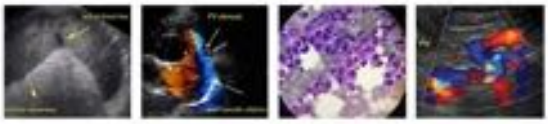

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pawsonography@gmail.com 530-786-8340

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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