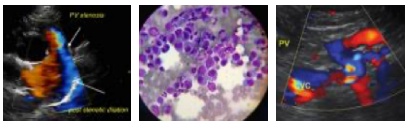
IMAGING PERFORMED BY

IntraPet.com



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DATE

1/31/23

PATIENT

Mia Hartog

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3/31/2010

WEIGHT

2.76 kg.

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

14522

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, weight loss, chronic vomiting. Long term history of chronic intermittent vomiting, now minimal at about once monthly but has recently lost weight. Labs 1/20 at rDVM showed elevated ALT/AST and eosinophilia. GI panel pending.

Current Medications: Pradofloxacin 0.8mL once daily, Lysine supplement
Lab Results: 1/20: ALT 496, AST 166, eos 1.035. 1/27: ALT 528, ALP 129, GGT 12, fecal negative.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.68 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.48 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 normal in size (0.78 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 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. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. A short (1-2 cm) segment of small intestine in the caudal abdomen is thickened (up to 0.32 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern. There is disruption in

the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall is normal. No obstructive disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.95 cm in length.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The small intestinal segment with the loss of normal layering is concerning for emerging neoplasia (i.e., lymphoma). Adjacent peritonitis is present. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma) or reactive change.

Secondary Findings:

- Mild bilateral age-related renal changes with subtle dystrophic mineralization.

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely) should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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