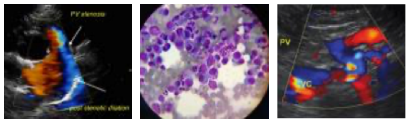
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10.10.2022

PATIENT

Kit Kat Johnson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/28/2007

WEIGHT

5.91 lbs

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Farris

INVOICE

11801

PRESENTING CLINICAL SIGNS

Generalized weight loss so now underweight when pet in for annual. Her frequency vomiting is unchanged from chronic low level.

Current Medications: None listed.
Lab Results: cbc/chem/t4 and fecal- Eosinophils high on labs so fecal keyscreen done and that was negative for parasites. ALT 163. Normal T4. USG 1.028. 1+ proteinuria. Inactive sediment.

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** is 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. The region of the trigone is normal.

The **left kidney** is normal size (3.25 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 (3.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is mildly enlarged (1.17 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 moderate amount of aggregated, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly to moderately distended ingesta and soft, shadowing material. 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 0.26 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal

ratio in most segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The left limb of the **pancreas** is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. 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. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.02 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. The soft, shadowing material within the gastric lumen may represent foreign material (i.e., hair and/or normal ingesta). It appears nonobstructive at this time.

- The mild splenomegaly could be consistent with a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, or similar). Alternatively, infiltrative neoplasia (i.e., round cell tumor) may be present.

Secondary Findings

- Bilateral, chronic, age-related renal changes

- Minor, age-related pancreatic remodeling

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

Given the mild splenomegaly, a fine-needle aspirate of the spleen can be considered if clotting status is appropriate.

Other considerations include the following:

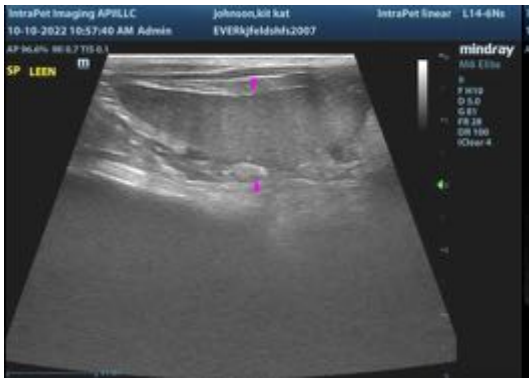
1. A malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M), is recommended.
2. A limited antigen or hydrolyzed protein diet trial is also recommended.
3. GI biopsies (endoscopic or surgical) are recommended.


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet abd... C11-3s
10-10-2022 10:53:29 AM Admin
EVERkjfeldshfs2007
mindray
Stomach


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet abd... C11-3s
10-10-2022 10:53:40 AM Admin
EVERkjfeldshfs2007
mindray
Cranial Pancreas
Dist 0.48 cm


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet abd... C11-3s
10-10-2022 10:55:27 AM Admin
EVERkjfeldshfs2007
mindray
kidney


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet linear L14-6Ns
10-10-2022 10:57:09 AM Admin
EVERkjfeldshfs2007
mindray
SI


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet linear L14-6Ns
10-10-2022 10:57:40 AM Admin
EVERkjfeldshfs2007
mindray
SP LEEN


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet abd... C11-3s
10-10-2022 10:52:59 AM Admin
EVERkjfeldshfs2007
mindray
Liver/GB


IntraPet Imaging APILLC
Johnson,kit kat
IntraPet linear L14-6Ns
10-10-2022 10:56:59 AM Admin
EVERkjfeldshfs2007
mindray
LN

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com