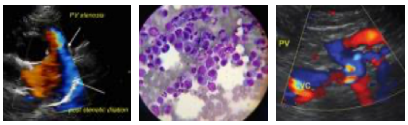
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

10/11/2021

PATIENT

Bella Feduchak

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7/3/2011

WEIGHT

6.42 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart WellPet Center

REFERRING VET

Dr. Key

INVOICE

122334

PRESENTING CLINICAL SIGNS

History: After last U/s, owner determined were not going to go to surgery. Wanted to treat symptomatically. Pet placed on 2 weeks of Amoxicillin, Denamarin, Cerenia 6mg EOD, and herbals. On u/s LN decreased in size and less inflammation at first. Last week, bile duct looked distended more and GB had looked thicker with large amount of crystalized looking debris. Pet having diarrhea but no vomiting. Stool starts normal then lighter in color and looser throughout day. Pet started on Metronidazole 35mg/ml on 10/7.
Current Medications: Denamarin 90mg SID, Metronidazole 35mg BID, Cerenia 8mg EOD, Conc. Yi Guan Jian 0.2g SID, B12 1000mcg/ml- .25mls every other week.
Lab Results: Pending.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 8-2-2021.
Sedation: not needed
Stat Report: not requested

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

The right kidney is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.39 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 (0.62 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and is slightly mottled in appearance. No distinct focal lesions are observed. There is a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is thickened (up to 0.34 cm), irregular and hyperechoic. A moderate to large amount of aggregated echogenic to mineralized debris +/- tiny choledocoliths are observed within the lumen of the gallbladder and proximal cystic duct. The cystic and common bile ducts are tortuous and mildly dilated (up to 0.30 cm in diameter) with thickened walls. The common bile duct can be followed to the level of the duodenal papilla. There is no obvious evidence of a distal obstruction.

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 segmentally dilated with gas and

chyme. 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 with a 1:1 ratio in some segments. Discreet masses are not identified. There is a prominent muscularis layer in the distal ileum. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm) in diameter.

Free Abdomen

Trace free fluid is observed. A few cranial and mid-abdominal lymph nodes are visualized, the largest measuring 1.84 cm in diameter. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma. Changes similar to previous scan.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The gallbladder and cystic/common bile duct changes are most consistent with cholecystitis and cholangitis, respectively. Mineralized gallbladder debris +/- tiny choledocoliths.
- Hepatic changes are non-specific and could be consistent with inflammatory/infectious disease, hepatic lipidosis, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are consistent with chronic pancreatitis.

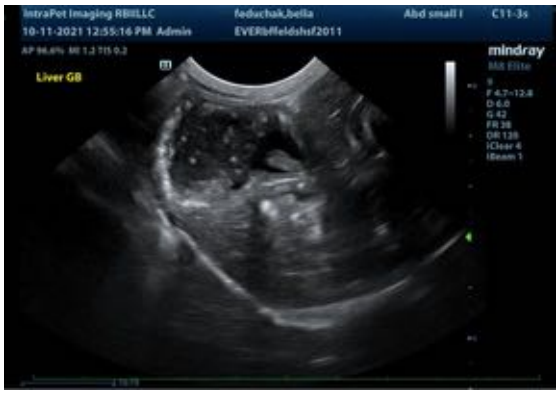
Secondary Findings:

- Bilateral age-related nephropathy.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider transitioning to a limited antigen diet as empirical treatment for inflammatory bowel disease.
- Also consider prophylactic deworming with Fenbendazole ,if not already performed.
- Ultimately, endoscopic or surgical gastrointestinal biopsies would be necessary to get a definitive diagnosis. If surgical biopsies are pursued, hepatic and pancreatic biopsies can also be considered. Otherwise, continued supportive care for "triaditis" is recommended.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Liver GB
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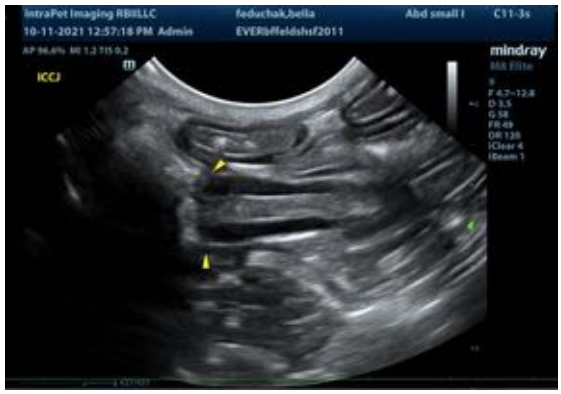
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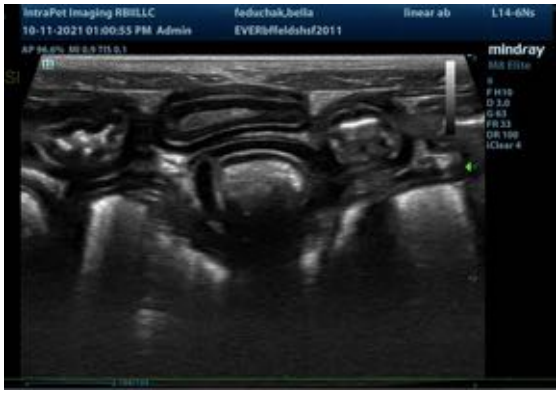
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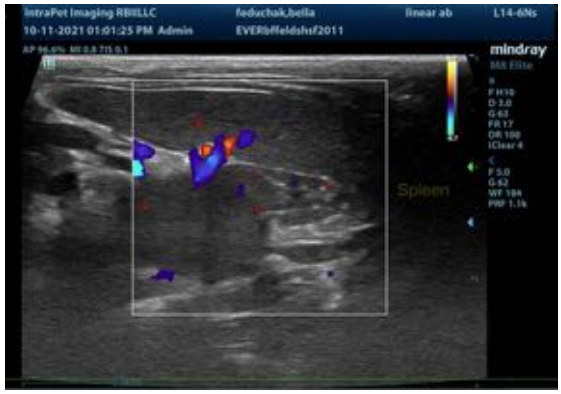
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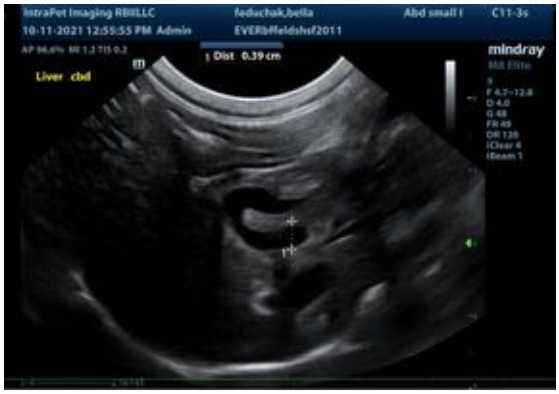
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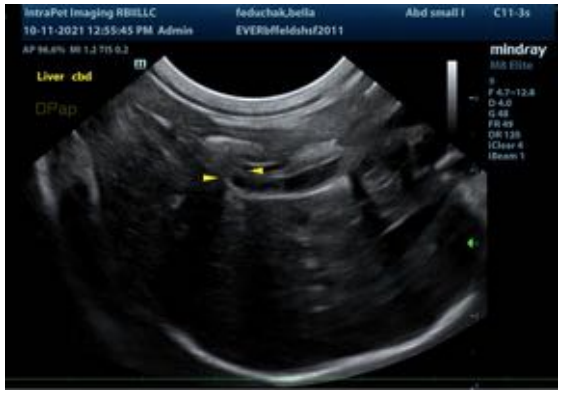
Dist 0.39 cm
Liver cbd
mindray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EVERbffeldshsf2011
Liver cbd
DPap
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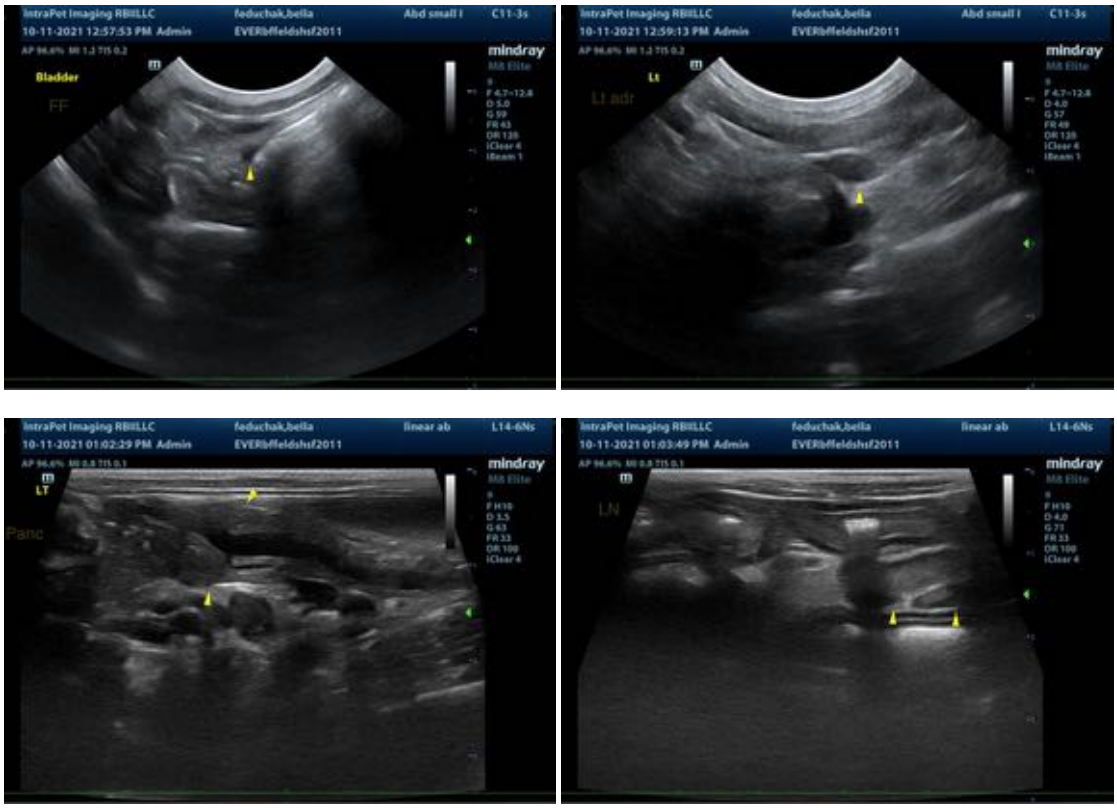

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
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