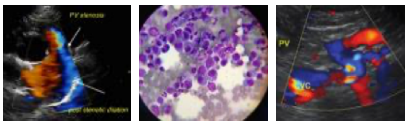
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

10/18/22

PATIENT

Kira Maier

SPECIES

Feline

BREED

ASH

SEX

Female, spayed

AGE

1/6/2011

WEIGHT

8.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Belvedere VH

REFERRING VET

Dr. Molenelli

INVOICE

14110

PRESENTING CLINICAL SIGNS

Presented on 7/2/2022 for unexplained weight loss (3 lb); PE nsf.
Blood work alt 429, abdominal ultrasound in 8/22 consistent with IBD or emerging lymphoma- liver architecture nsf. Continued weight loss on b12 and PR diet; started prednisolone 2.5 mg Sid on 920/22.
Recheck exam weight gain per owner monitoring and looked ok; repeat blood work liver values significantly worse and now anemia.
Bloodwork from 10/10/22 shows ALT of 1160, ALP of 422, hematocrit 24%.
Current Medications: b12 .25 mls weekly, prednisolone 2,5 mg sid
Date of Previous IntraPet Ultrasound: 8/2022. See attached.
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 mildly to moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.23 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.35 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 (0.80 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 hypoechoic relative to the spleen and homogeneous in appearance. There is a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The duodenal papilla is normal in size (0.38 cm in width).

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas
The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen
There is no evidence of free fluid. A few prominent lymph nodes are observed in the cranial abdomen, the largest measuring 0.46 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

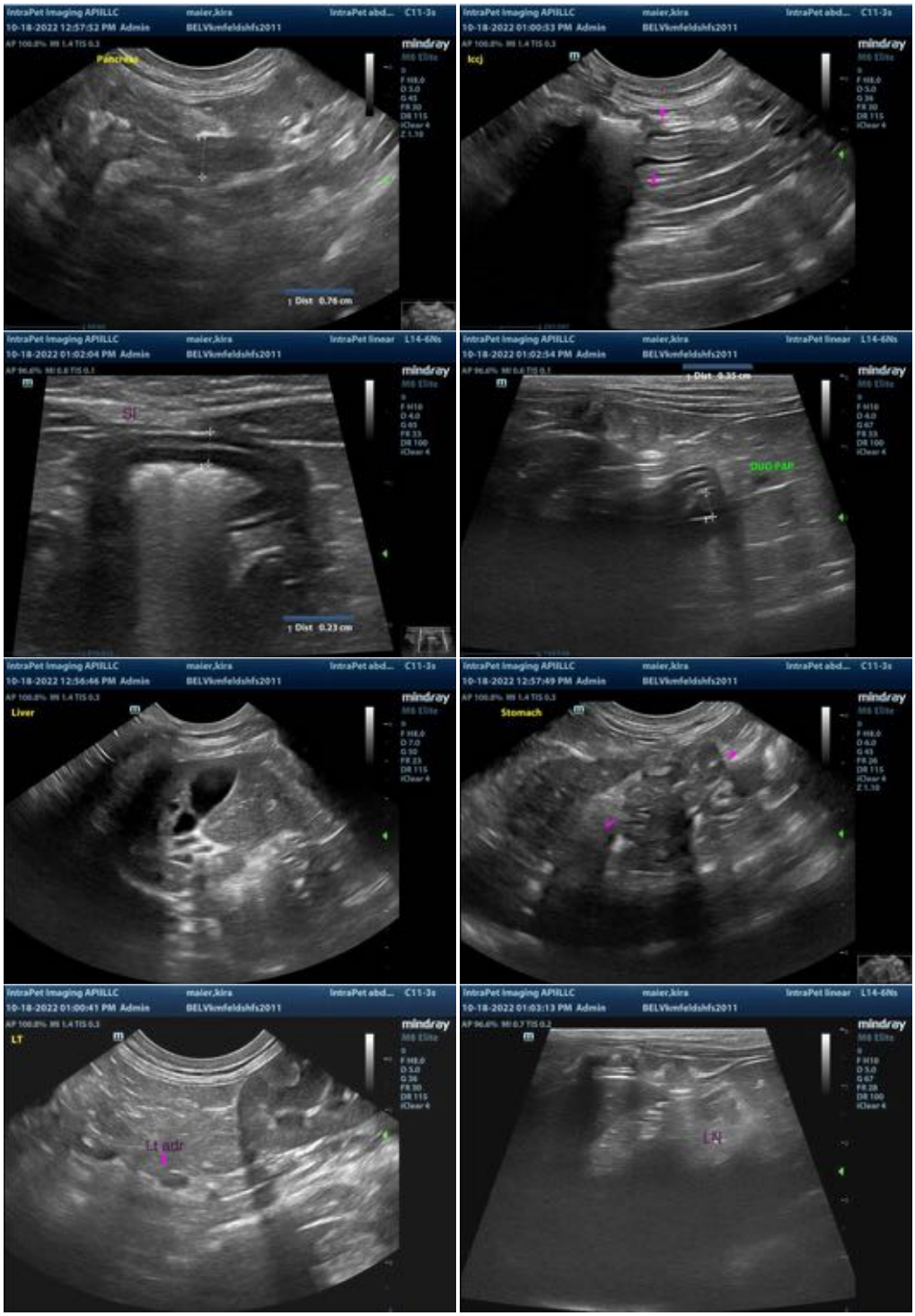
- The increase in hepatic portal markings is suggestive of an inflammatory process (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis).

Secondary Findings:

- Minor, age-related pancreatic changes. Mild chronic pancreatitis is also present, particularly if the patient's clinical history fits with this diagnosis.
- Bilateral chronic age-related renal changes. Renal changes appear to have worsened slightly since the previous sonogram.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*The bowel pattern has improved since the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Given the substantial increase in liver enzymes in the past few months, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) should be considered (if clotting status is appropriate). If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.
- Given the pancreatic and renal changes, also consider toxoplasmosis testing (IgM, IgG).
- Also consider a GI panel (serum cobalamin, folate, TLI and PLI).
- While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis (broad spectrum antibiotics, hepatic anti-oxidants) with close monitoring of the liver values.



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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