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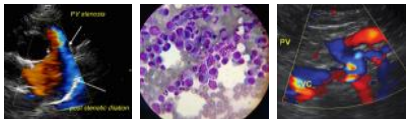

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DATE

10/21/21

PATIENT

Mac Brennan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/1/2004

WEIGHT

2.72 kg

INTERPRETED BY

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

HOSPITAL NAME

White Marsh AH

REFERRING VET

Dr. Brennan

INVOICE

13935

PRESENTING CLINICAL SIGNS

History: Mac is a hospital cat that has exhibited weight loss, chronic diarrhea for 2 1/2 years, and anemia. Icteric upon exam.

Current Medications: No current medications.
Lab Results: CBC- anemia, monocytosis. Chem- increased ggt (7). Increased cardio pro-bnp (175). U/a increased RBC; good sg. Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 mostly 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 (3.77 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. A few small nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

The right kidney is normal size (3.62 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. A few small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.19 cm in width at the level of the hilus) with a slightly undulating medial 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. Several multiseptated cystic masses are observed throughout the organ, mainly on the right side. In the remaining parenchyma, there are minor changes consistent with age-related remodeling. Hepatic vasculature and

intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is distended. The wall is normal in thickness. A small to moderate amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal. The common bile duct can be followed to the level duodenal papilla and is normal in diameter (0.28 cm). The duodenal papilla is thickened (0.66 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 to mildly thickened (0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is dilated (0.31 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A few prominent hypoechoic mesenteric lymph nodes are visualized, the largest measuring 1.31 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic masses are most consistent with biliary cystadenomas or biliary cystadenocarcinomas.
- Bowel pattern 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 chronic pancreatitis

Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization and nonobstructive nephrolithiasis
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hepatic masses, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.

- Regarding the patients' clinical signs, the following diagnostics can be considered:

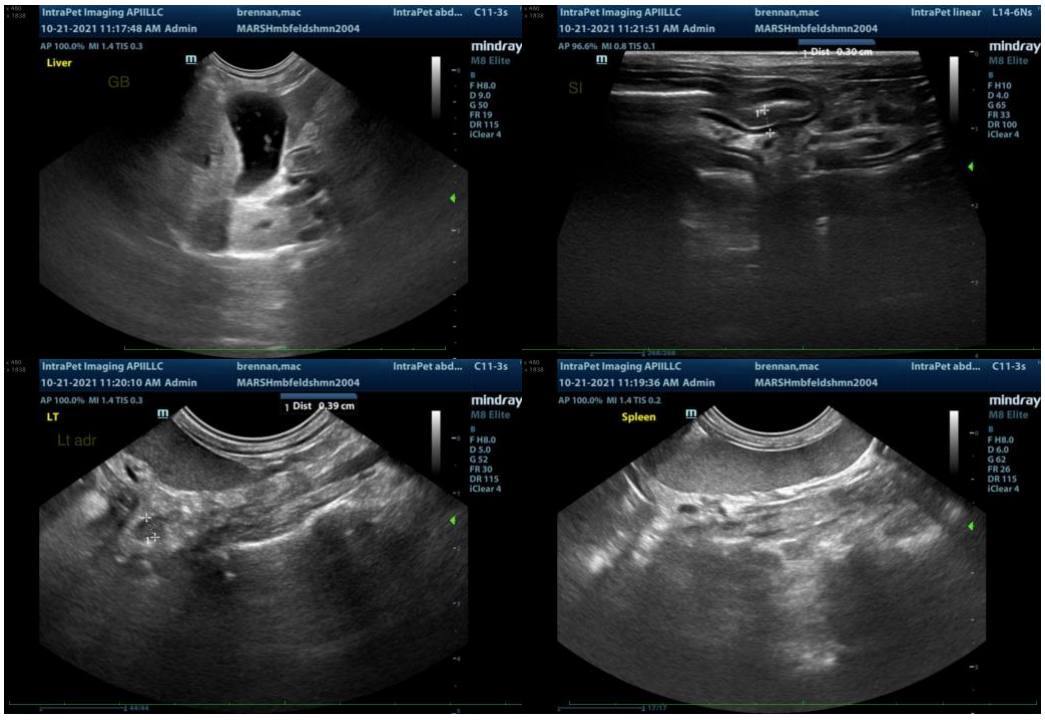
    1. GI panel, including serum cobalamin, folate, TPL, and PLI

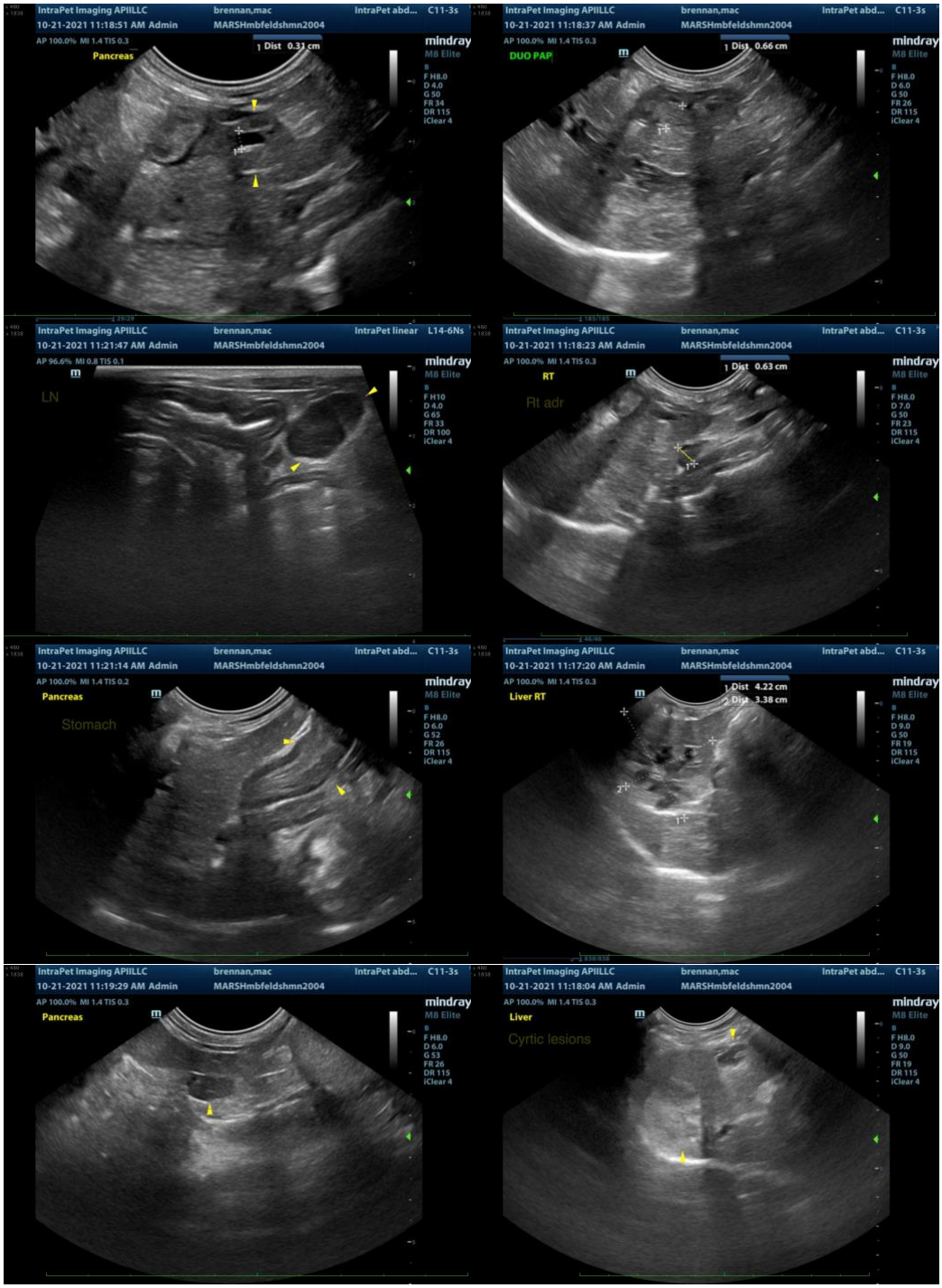
    2. Fecal evaluation for ova and Giardia

    3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

    4. A 6-week limited antigen diet trial to assess for food allergies

    5. +/- endoscopic or surgical gastrointestinal biopsies. If biopsies are not be pursued, empirical treatment for inflammatory bowel disease with prednisolone can be considered. However, the patients' cardiac status must be taken into account as corticosteroids can push patients with underlying heart disease into congestive heart failure.





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.

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