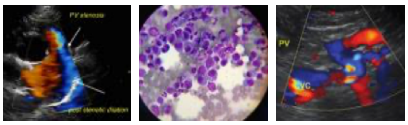
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/25/21

PATIENT

Jasper Grynkiewicz

SPECIES

Feline

BREED

Burmese

SEX

Male, neutered

AGE

3/9/2012

WEIGHT

8.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River VH

REFERRING VET

Dr. Hicks

INVOICE

12417

PRESENTING CLINICAL SIGNS

History: Patient seen 8/25/21 for wellness exam; doing well but CC of vomiting over past 2 weeks, seemed worse on dry food (Diet- Hill's), started feeding chicken only and improved, did eat treats with no problem, marginal weight loss (8.6 to 8.3lb). Inint. tried Hills ID with Metronidazole, no change; 9/13/21- went to Prednisolone 5mg/ml BID x 10 days, then SID x 10 days, then EOD, during this time slowly put back onto Hills; when went to EOD Prednis. vomiting restarted; O has since gone back to chicken.

Current Medications: No current medications.
Lab Results: BUN 42; moderately decreased platelets.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 mildly distended. A small 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 2 cm, are normal.

The left kidney is normal size (3.34 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. Renal vasculature is normal.

The right kidney is normal size (3.58 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.55 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 few cm

proximal to the ileocecal colic junction, a focal segment of small intestine is thickened (up to 0.65 cm). The mucosal layer in this region is irregular and heterogeneous and there is questionable loss of normal layering pattern. In the remaining small intestinal segments, there is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer. The ileocecal colic junction and colonic wall are 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 evidence of free fluid. A few prominent lymph nodes are observed at the mesenteric root, the largest measuring 0.74 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The focal small intestinal wall thickening (as well as the diffuse changes) could be consistent with an inflammatory process or emerging neoplasia.
- If the patient is currently receiving Prednisolone, the underlying bowel pathology may be masked to some degree.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Bilateral age-related degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a definitive diagnosis is desired, an abdominal exploratory with gastrointestinal and mesenteric lymph node biopsies can be considered. The thickened segment of bowel should be biopsied. Three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- A malabsorption panel is also recommended.


IntraPet Imaging SPIILLC IntraPet I... GRYNKIEWICZ,JASPER Abd small I C11-3s
10-25-2021 08:22:13 AM Admin EMRVCjgfelburmmn2012abd
Stomach
mindray

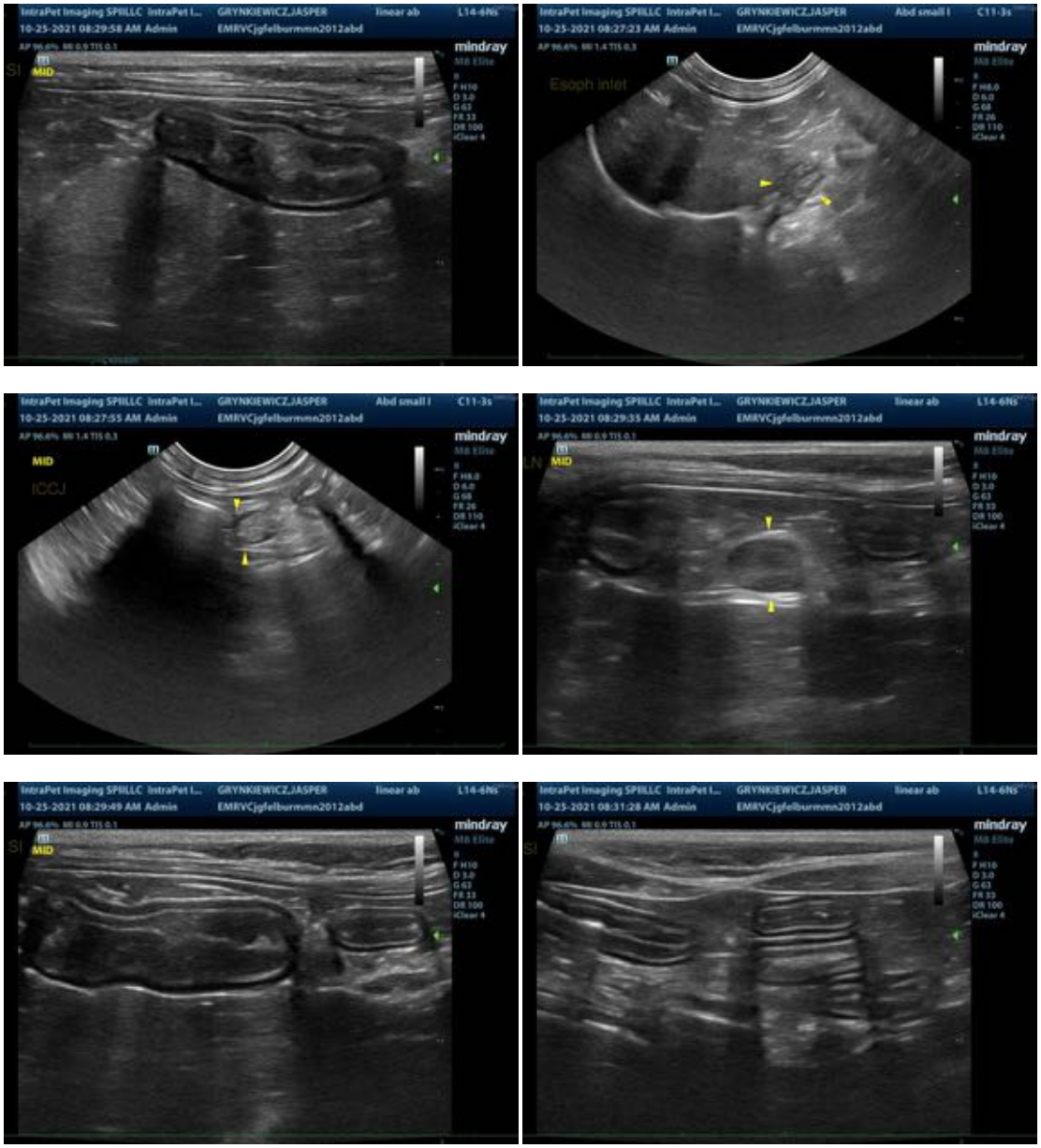

IntraPet Imaging SPIILLC IntraPet I... GRYNKIEWICZ,JASPER Abd small I C11-3s
10-25-2021 08:21:01 AM Admin EMRVCjgfelburmmn2012abd
Liver
mindray


IntraPet Imaging SPIILLC IntraPet I... GRYNKIEWICZ,JASPER Abd small I C11-3s
10-25-2021 08:23:20 AM Admin EMRVCjgfelburmmn2012abd
Spleen
mindray


IntraPet Imaging SPIILLC IntraPet I... GRYNKIEWICZ,JASPER Abd small I C11-3s
10-25-2021 08:24:15 AM Admin EMRVCjgfelburmmn2012abd
LT Adrenal
Dist 0.40 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... GRYNKIEWICZ,JASPER Abd small I C11-3s
10-25-2021 08:25:44 AM Admin EMRVCjgfelburmmn2012abd
Colon
mindray


IntraPet Imaging SPIILLC IntraPet I... GRYNKIEWICZ,JASPER Abd small I C11-3s
10-25-2021 08:26:58 AM Admin EMRVCjgfelburmmn2012abd
RT Adrenal
Dist 0.40 cm
mindray



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*)
Andrea.nicastro@sonopath.com