

**DATE**

11.1.2022

PATIENT

Garfield Brennan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/26/2010

WEIGHT

17.8lbs

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Spec

REFERRING VET

Dr. Steele

INVOICE

11936

PRESENTING CLINICAL SIGNS

Chronic vomiting, intermittent diarrhea. AUS in April 2022 showed SI thickening and prominent LN. Elevated PLI consistent with chronic pancreatitis. Reduced appetite last week. Prominent SI on abdominal palpation. History of hyperthyroidism.

Current Medications: Methimazole 5mg/day (just increased 10/22)
 Cerenia 0.5mL SQ once daily, Solensia and Convenia given 10/21
 Lab Results: 10/19--CBC/Chem unremarkable, FPL 5.9, T4 4.0
 Date of Previous IntraPet Ultrasound: 4/19/22. 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** is not definitively visualized in the available images.

The **left kidney** is normal size (3.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal moderate loss of distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.55 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 corticomodullary 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 normal in size (0.75 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 **gall bladder** is moderately distended. A bilobed conformation is present. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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 is diffusely thickened (up to 0.41 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also evidence of mucosal fogging in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right 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 1.61cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

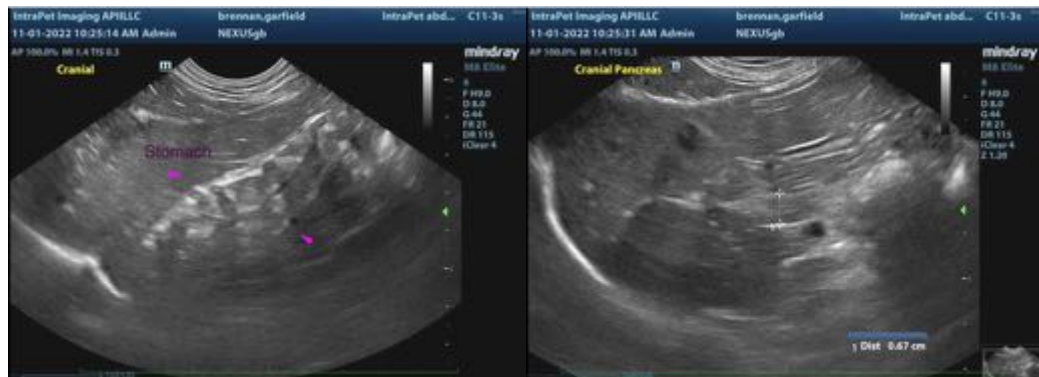
- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma. Changes are similar to the previous sonogram.

Secondary Findings

- Bilobed gall bladder – incidental
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Changes are similar to the previous sonogram.
- Bilateral, chronic, age-related changes. Changes are similar to the previous sonogram.
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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.

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