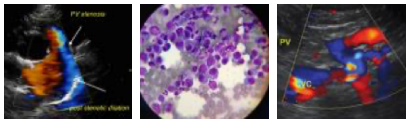
IMAGING PERFORMED BY

IntraPet.com



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DATE

11/16/21

PATIENT

Atticus Lis

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

2006

WEIGHT

6.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Baker

INVOICE

12553

PRESENTING CLINICAL SIGNS

History: Discharge from nose seems clear. No CVD. ED normal.
Activity normal, sneezing a lot but owner says its normal for him, he thinks he is sneezing clear, leaves residue on the wall when he sneezes
lost 1 pound since June of 2021. Hematuria.
PE: Heart auscults with a normal rhythm and no murmurs, lungs auscult with normal bronchovesicular sounds, BCS 1/5, emaciated, pink mm, CRT<2 seconds, dental tartar.
Current Medications: Fluoxetine 2.5 mg PO QD
Lab Results: 10-13-21 CBC: WBC 23.2 H (3.5-16.0) Neu 20,184 H (2500-8500). Chem 10: Glob 5.5 (2.3-5.5) H BUN 37 (14-36) H.
11-5-21 U/A: SPG 1.018 PH 5.5 Pro 1+ Occult Blood 3+ RBC 11-20/HPF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for a full diagnostic ultrasound.
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 in size (3.40 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. Mild pyelectasia is present (0.27 cm in the transverse plane). A few tiny nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.043 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.56 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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 lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. 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 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 in some segments. Discreet masses are not identified. 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

Trace free fluid is observed. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.74 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are 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 trace ascites is likely secondary to bowel pathology.

Secondary Findings:

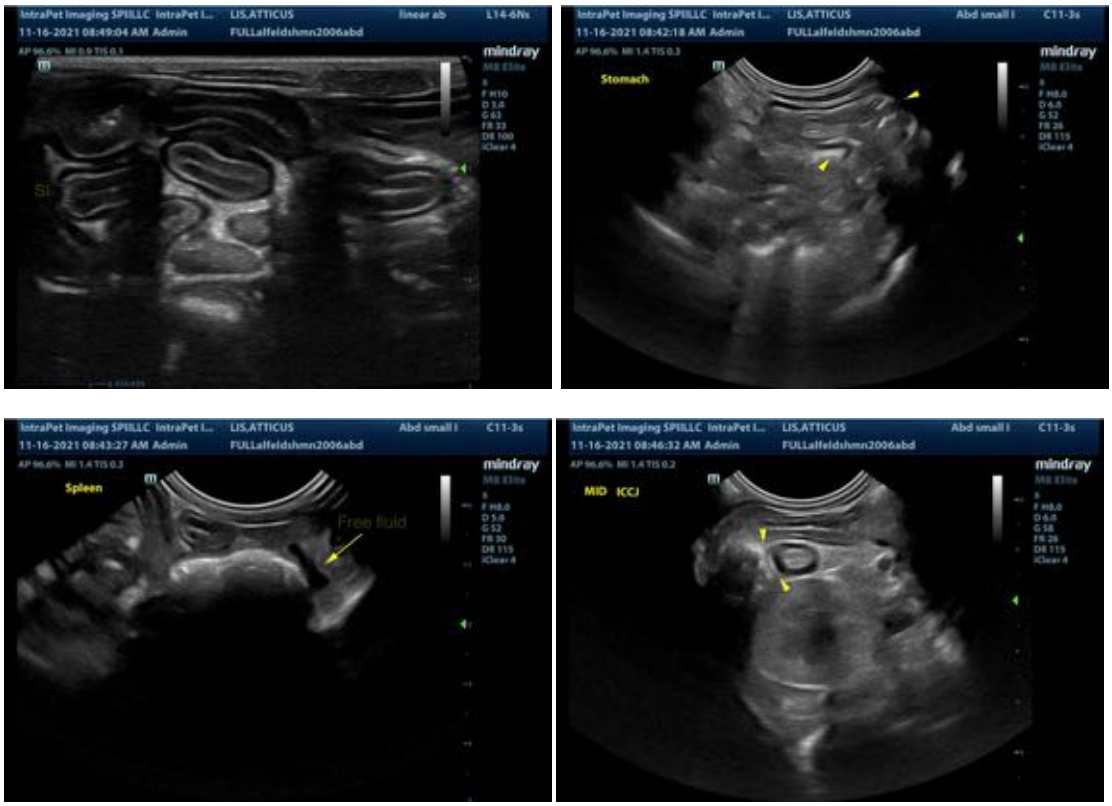
- Age-related renal changes with dystrophic mineralization.

*An obvious cause for the patient's hematuria is not identified in this study. Considerations include iatrogenic hematuria secondary to cystocentesis, idiopathic cystitis, benign essential hematuria, urinary tract infection, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hematuria, a urine culture and sensitivity is recommended to assess for an occult urinary tract infection.
- Regarding the weight loss consider the following:
    1. GI panel (sent to Texas A&M)
    2. A fecal evaluation for ova/Giardia
    3. Hypoallergenic diet trial.

4. Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
5. +/- endoscopic or surgical gastrointestinal biopsies



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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