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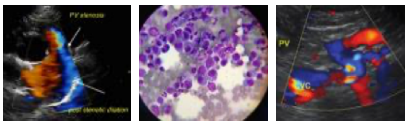

SonoPath
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DATE

11/30/2021

PATIENT

Munchkin Wood

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11/30/2008

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Cat Hospital of Towson

REFERRING VET

Dr. Scarborough

INVOICE
12630

PRESENTING CLINICAL SIGNS

History: Inappetence x 2-3 months, no v/d o is aware of; has lost 2 lbs. over past 2 months; BAR, interactive. Dx with murmur grade II 09/15, has not progressed. Intermittent upper respiratory infections. Low grade anemia in 10/21 RBC 6.51 on routine labs.

Current Medications: Miratаz QD, just started yesterday.
Lab Results: anemia worsening to 2.82, Hct 16.5, low end regeneration 3; chemistry unremarkable.
Radiographs: abdominal radiographs inconclusive, no masses or FB seen.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete 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 mildly 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 (3.69 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.

The right kidney is normal size (3.71 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.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.89 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated 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 thickness is normal

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

Pancreas

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. A 0.35 cm hypoechoic nodule is observed in this region. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals subjective left and right atrial enlargement as well as trace pericardial and pleural effusion. A few ring down lesions are also visualized. The caudal vena cava is subjectively dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The cardiac changes as well as the presence of pleural and pericardial effusion and ring down lesions are concerning for congestive heart failure.
- The hepatic parenchymal changes are suggestive of hepatic lipidosis (i.e., secondary to chronic inappetence). However, inflammatory/immune mediated disease or infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded.

Secondary Findings:

- Minor, age-related renal changes.
- The pancreatic changes are most consistent with age-related remodeling/fibrosis. The pancreatic nodule likely represents a benign nodular hyperplasia with a lower potential for emerging neoplasia.

*****An obvious cause for the patient's severe non-regenerative anemia is not identified in this study. Considerations include decreased bone marrow production, chronic blood loss, autoimmune disease, infectious/parasitic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further recommendations should be based on the echocardiogram report. Once the cardiac disease is stabilized, further workup for the anemia (i.e., bone marrow aspirate +/- infectious disease testing) can be considered.
- Feline leukemia and FIV testing should also be considered if not already performed.


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wood,munchkin
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Cranial LT Pancreas


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Liver
Left atrium


IntraPet Imaging APIILLC
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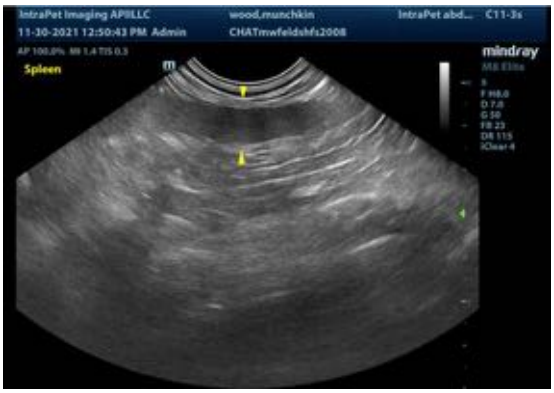
Stomach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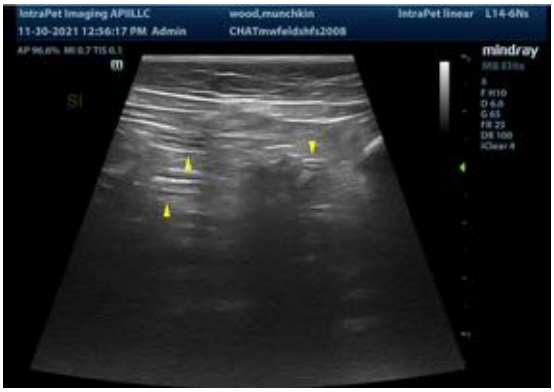
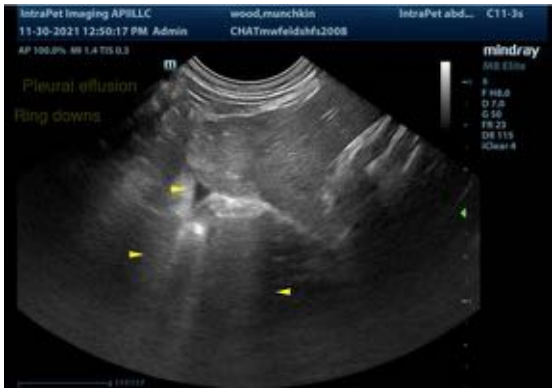
Spleen





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