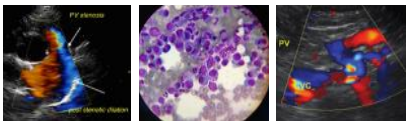
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/16/21

PATIENT

Cow Cat Rowan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/5/05

WEIGHT

12.24 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Veterinary House Call Srvcs.

REFERRING VET

Dr. Ruth

INVOICE

10048

PRESENTING CLINICAL SIGNS

History: Geriatric cat with ongoing weight loss and previously normal bloodwork. Now has diarrhea. Bloodwork going out tonight.

Lab Results: Pending. Previous labs NSF.
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 is moderately distended. A small to moderate amount of aggregated echogenic suspended 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 (4.06 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 (4.44 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 size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.13 cm x 0.96 cm) with rounded peripheral contours and a hypoechoic parenchyma. There is loss of glandular detail. Hyperechoic to mineralized foci are observed within the gland. The mesentery effacing serosal surface is slightly hyperechoic. The surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.85 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 suspended 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 0.37 cm) with a normal layering pattern and appropriate mural detail. There is disruption in

the normal 1:3 muscularis: mucosal ratio, with a 1:1 ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma
- Right adrenomegaly, with possible mass effect. Differentials include neoplasia, (i.e., adenoma, adenocarcinoma, aldosterone-secreting tumor), hyperplastic change with benign mineralization, inflammation, other.

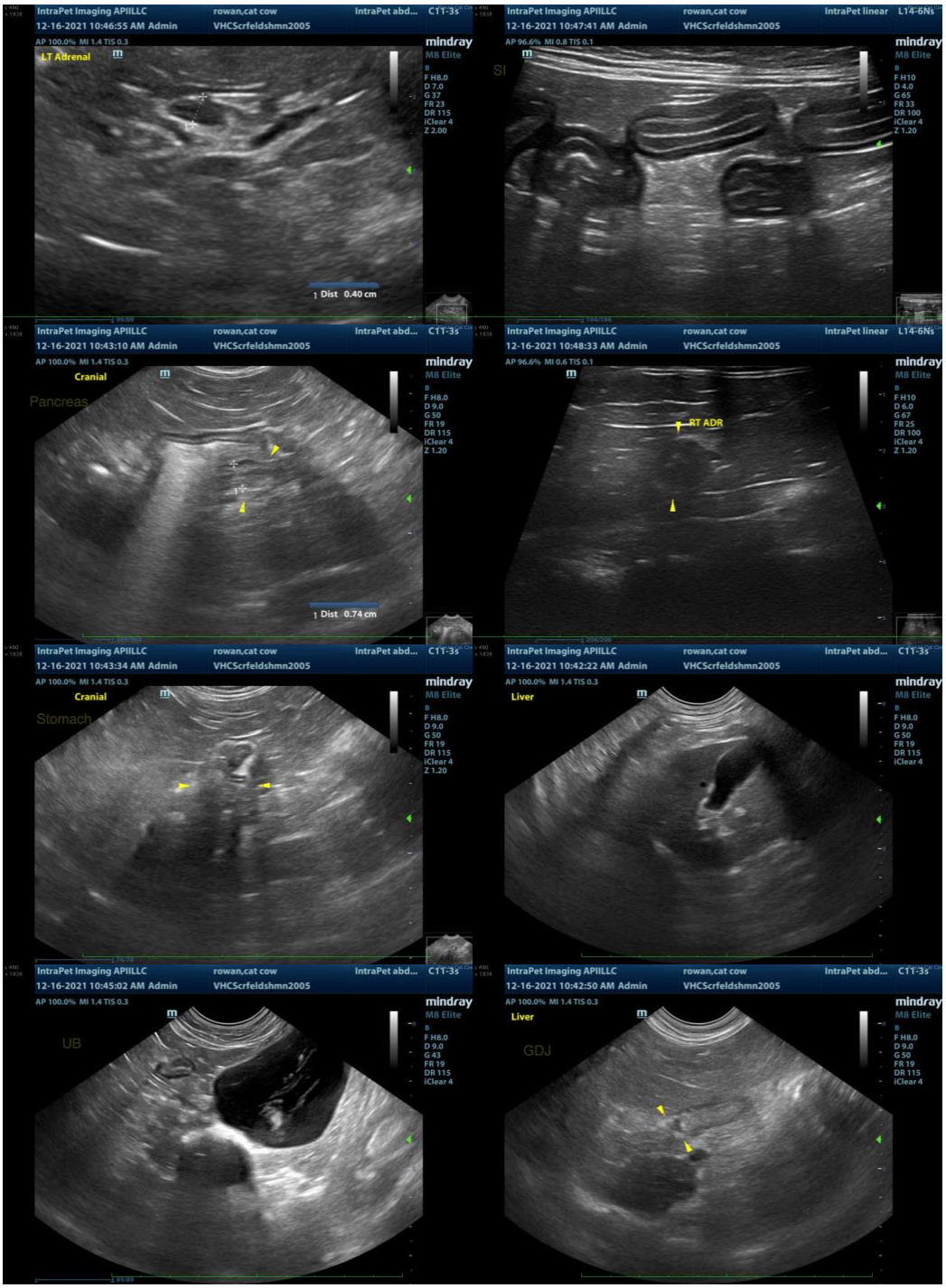
Secondary Findings

- Age-related pancreatic remodeling/fibrosis +/- concurrent low-grade pancreatitis. Correlation with clinical findings is recommended.
- Minor age-related renal changes
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Given the right adrenomegaly, a baseline blood pressure measurement is recommended. If hypernatremia and/or hypokalemia are present, consider submission of plasma aldosterone and renin levels to further assess for an aldosterone-secreting tumor. If a more conservative approach is desired, consider serial sonographic monitoring (i.e., every 2-3 months) to assess for progression.
- Regarding the small intestinal wall changes, consider the following:

    1. Malabsorption panel including serum cobalamin and folate TLI and PLI
    2. Fecal evaluation for ova and Giardia
    3. Six-week limited antigen diet trial
    4. +/- endoscopic or surgical gastrointestinal biopsies. If surgery is pursued, consider a right adrenalectomy with submission of the gland for histopathology. If this procedure is to be performed, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.


IntraPet Imaging APIILLC
rowan,cat cow
IntraPet abd...
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VHCScrfeldshmn2005
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mindray
M8 Elite
LT Adrenal
Dist 0.40 cm
IntraPet linear
L14-6Ns
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AP 96.6% MI 0.8 TIS 0.1
SI
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Cranial
Pancreas
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Cranial
Stomach
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Liver
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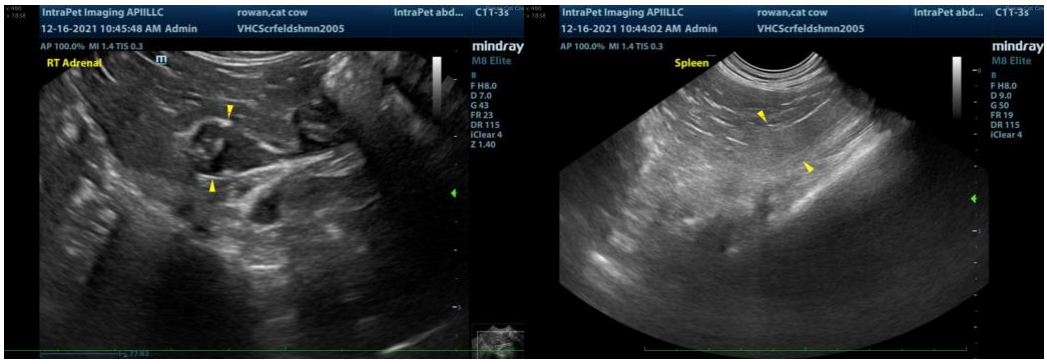
Liver
GDJ



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com