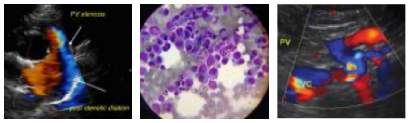
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

12.2.2022

PATIENT

Chloe West

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

3/24/2022

WEIGHT

5.7 lbs

INTERPRETED BY

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

HOSPITAL NAME

Essex Mid River VC

REFERRING VET

Dr. Hicks

INVOICE

11950

PRESENTING CLINICAL SIGNS

Spayed at another hospital ~9/2022; Seen at AEH 10/22/2022 for decreased E/D, lethargy; V/D; ADR since spay; rads/bloodwork done here; treated here with IV fluids, Metronidazole, Ondansetron, Ampicillin, Cerenia; did seem to improve. Visited our clinic 11/1/22- CC- +Diarrhea; doughy abdomen, 4/9 BCS; treated with Panacur but did rec'd GI panel/US. 2nd exam with us 11/17/22- sl weight loss, unthrifty appearance; eating well but +V; EN diet, poss try Vit B12 inj (have not started yet) SWO recently- P constipated over weekend, used a little coconut oil, did defecate, now all soft.

Current Medications: Royal Canin Fiber Response diet, no meds at this time
Lab Results: Fecal Ag 0 negative x 4 (includes Giardia)
Radiographs: Emerg clinic: Stomach empty, small; small intestines somewhat bunched; significant stool in colon, seems soft; cannot r//o obstruction
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (0.59cm 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 prominent in size with normal curvilinear 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is minimally fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. A small amount of shadowing material is observed in the pyloric antrum and proximal duodenal lumen. The proximal duodenal lumen is mildly fluid-distended. In the remainder of the small intestinal segments, the wall is diffusely thickened (up to 0.40 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in several segments. in most segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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 in the cranial to midabdominal region, the largest measuring 0.94 cm in length. The nodes are normal in shape and echogenicity.

Other
There is questionable visualization of a uterine stump.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma. The shadowing material within the pyloric antral and proximal duodenal lumen may represent foreign material, medication, or normal ingesta. It appears nonobstructive at this time

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

- Trace ascites

Secondary Findings

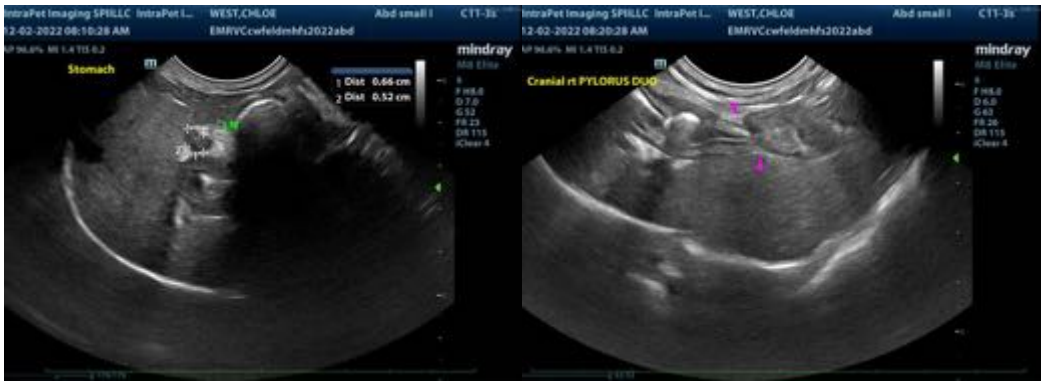
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:

    1. GI panel including serum cobalamin and folate, TLI and PLI
    2. Supplementation with a probiotic as well as fiber (i.e., Metamucil or Konsyl)
    3. Ultimately, GI biopsies would be necessary to get a definitive diagnosis. Endoscopic or surgical biopsies could be obtained. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) as long as the client understands the risks of treatment without a definitive diagnosis.

- Given the hepatic changes, there is concern for the emergence of hepatic lipidosis. Therefore, consider a fine-needle aspirate of the hepatic tissue, if clotting status is appropriate. A 25-gauge needle should be used. If results support hepatic lipidosis, consider nutritional support (i.e., via a temporary feeding tube).



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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