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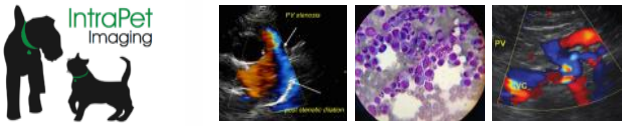

SonoPath
Clinical Sonography & Telecytology
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DATE

12/23/21

PATIENT

Whiskey Laker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9/4/2018

WEIGHT

13.26 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Wilson

INVOICE

10068

PRESENTING CLINICAL SIGNS

History: Patient presented on 12/09/2021 for acute diarrhea, polydipsia, vocalizing and hiding. Patient has a hx of chronic intermittent vomiting of unknown origin that has previously been managed with Prednisolone and RC HP prescription diet. Owner called 12/22/2021 to inform that patient recently started vomiting again.

Current Medications: 12/20/2021 Proviable DC caps: 1 cap PO SID, 12/09/2021: Metronidazole 500mg/5ml: 0.9 cc PO BID, 12/4/2021: Prednisolone 15mg/5ml: 1.0 twice weekly.
Lab Results: 12/9/2021: fecal negative. 3/12/21: chemistry 17 + lytes: NSF. cbc: elevated WBC, neutrophils. Attached separately.
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 mildly to moderately distended. A 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 (4.05 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.

The right kidney is normal size (4.08 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

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

Spleen

The spleen is subjectively normal in size (0.66 cm in width at the level of the hilus) with slight scalloping of the medial 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 small amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.40 cm in width).

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 segmentally dilated with fluid and chyme (mild). The small intestinal wall is diffusely thickened (up to 0.40 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1: 3 muscularis to mucosal ratio, with a greater than 1: 1 ratio in some segments. Additionally, there is thickening of the submucosal layer in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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 hyperechoic 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. Prominent mesenteric and colic lymph nodes are visualized, the largest measuring 2.31 cm in length (mesenteric).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

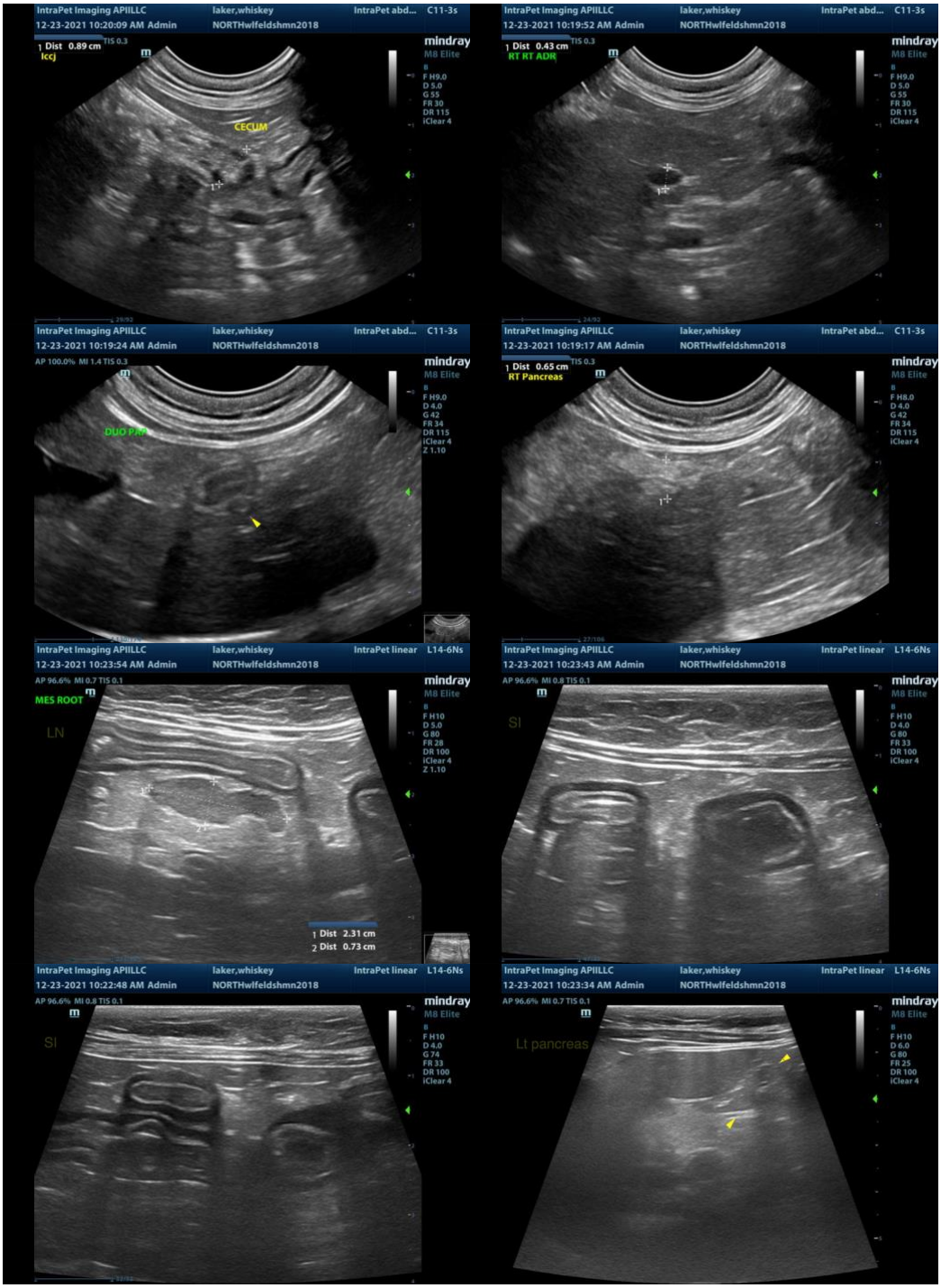
- Bowel patterning consistent with inflammatory bowel disease or emerging lymphoma
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia or neoplastic infiltration.

Secondary Findings

- Age-related pancreatic remodeling/fibrosis +/- concurrent inflammation, particularly if the patient exhibits discomfort on cranial abdominal palpation
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In order to get a definitive diagnosis, surgical gastrointestinal biopsies would be needed. If biopsies are not to be pursued, adjustment in the prednisolone dose can be considered. In addition, a fecal evaluation for ova and Giardia is recommended (given the eosinophilia), as well as a malabsorption panel, including serum cobalamin and folate TLI and PLI.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.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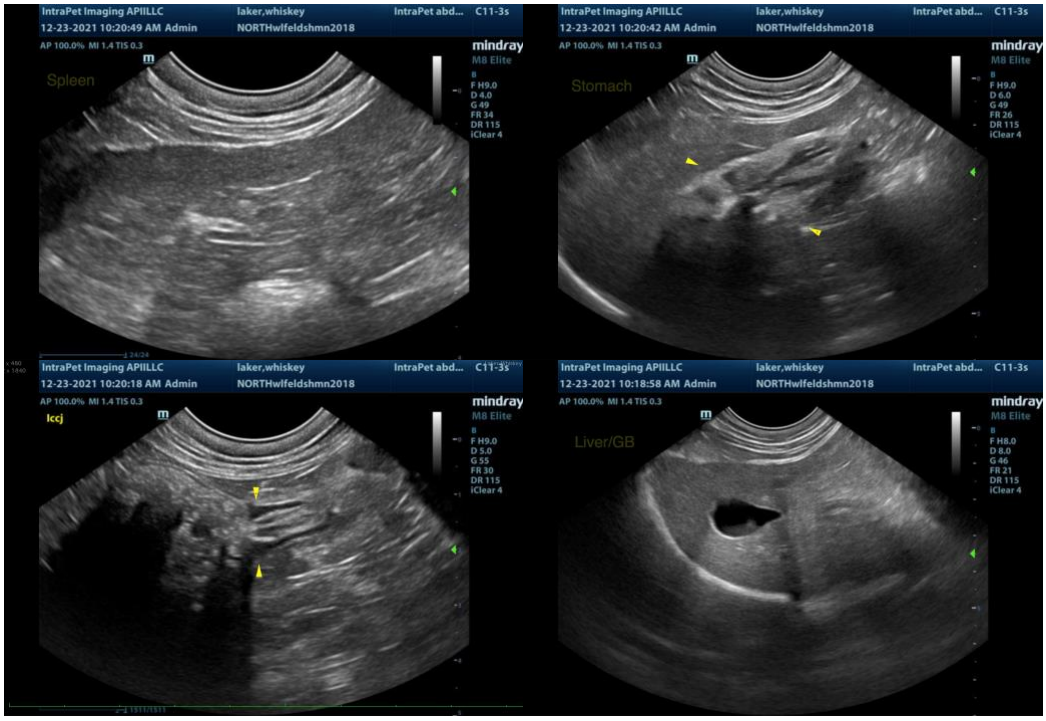

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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