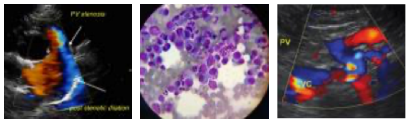
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

12.29.2022

PATIENT

Wild Ward

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/4/2013

WEIGHT

18.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Hospital at Southgate

REFERRING VET

Dr. Jones

INVOICE

11978

PRESENTING CLINICAL SIGNS

Vomiting, Extra clingy, Wt loss.

Current Medications: Pred susp 20mg 0.2ml bid starting 12/27 decreasing dose every 3 days
Lab Results: RBC 8.95, HCT 39.9, HGB 13.1, MCV 44.6=, MCH 14.6
MCHC 32. RDW 23.8, %RETIC 0.4, RETIC 39.4, RETIC-HGB, WBC 15.43, %NEU 79.1, %LYM 7.3, %MONO 1.2, %EOS 10.1, %BASO 2.3, NEU 12.19, LYM 1.13, MONO 0.19, EOS 1.56,GLU 153, CREA 0.8, BUN 20, BUN/CREA 25, PHOS 3.5, CA 8.9, TP 7.0, ALB 3.4, GLOB 3.6, ALB/GLOB 0.9, ALT 85, ALKP 54, GGT 0, TBIL < 0.1, CHOL 148

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 is mildly to moderately distended. A small to moderate amount of suspended echogenic 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 (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present (0.13 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of 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 (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.57 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.41 cm hyperechoic nodule is observed near the hilus. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible +/- prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly heterogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (up to 0.29 cm in diameter). There is no evidence of peripancreatic 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

- Given the patient's clinical history and sonographic bowel changes, inflammatory bowel disease is suspected. However, there is some potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis and may also be contributing to the patient's clinical signs.

Secondary Findings

- Bilateral chronic age-related renal changes with trace left pyelectasia
- Urinary bladder debris
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a lower possibility of an emerging tumor (i.e., mast cell disease).
- The presence of ingesta within the gastric lumen despite fasting is suggestive of delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further work-up for this patient could include the following:

    1. GI panel including serum cobalamin, folate, TLI and PLI (Send to Texas A&M).
    2. Fecal evaluation for ova and Giardia
    3. 6-week limited antigen or hydrolyzed protein diet trial

4. Gastrointestinal biopsies (endoscopic or surgical) If biopsies are pursued, the patient should be weaned off corticosteroids prior to the procedure, as this medication can mask underlying gastrointestinal disease.
5. Also consider initiation of a probiotic.

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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