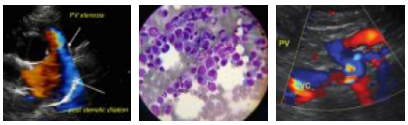
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/6/22

PATIENT

Princess Sommers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9/9/2018

WEIGHT

11.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

14318

PRESENTING CLINICAL SIGNS

Referral from rDVM - 12/2 rDVM for trouble urinating, weight loss - Senior wellness panel: BG 387, 3+ ketones, UTI, elevated liver values (ALT 374, AST 242, ALKP 234), T4 lower - Recommended IVF, aggressive treatment, IVF - Asymptomatic- no vomiting, no diarrhea, urinary signs - Sending bw, records, no heart murmur Dry, Rc Satiety, Rc Sensitive Iams Adult Wet Welness core Temptations _____ ATO in room: - NO hx of urinary issues- NO trouble urinating- no accidents, no signs of UTI- P was going in litterbox backwards and urinating out of the litterbox - Not eating much - Doing everything slow, not moving, not eating, no vomiting - Owner has diabetes, owners son has diabetes - Weight loss- not drastic over 1 yr 17 lbs to 12 lbs- diet change, treats - O asked about chemicals/ liver disease- iron tub stained recently, All cats had vomited from urinary SO diet Royal canin - INdoor only - FELV/FIV negative - Rabies vaccine given friday- UTD vaccines

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are 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

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.93 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

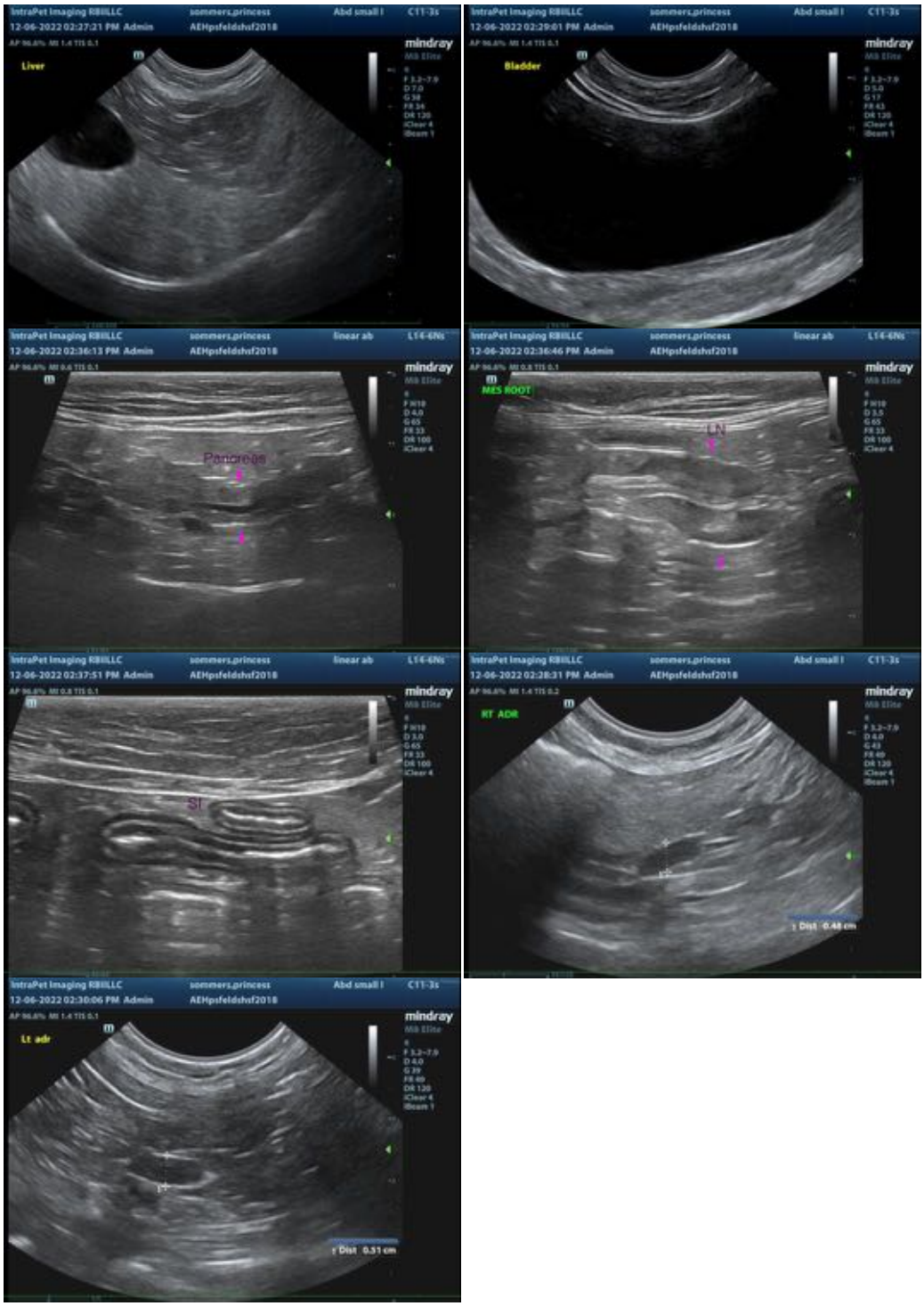
- The hepatic parenchymal changes could be consistent with vacuolar hepatopathy (i.e., secondary to diabetes mellitus), inflammatory disease, hepatic lipidosis, infiltrative neoplasia (less likely) or some combination thereof.

Secondary Findings:

- The pancreatic changes are suggestive of remodeling +/- mild chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral chronic renal changes. The trace pyelectasia may be secondary to PU/PD, IV fluid therapy (if applicable), pyelonephritis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a GI panel including serum cobalamin, folate, TLI and PLI to further assess for pancreatitis and concurrent underlying gastrointestinal disease.
- Also consider a find needle aspirate of the liver, if clotting status is appropriate. A 25 gauge needle should be used.
- Given the diabetic status, a urine culture and sensitivity is recommended, as many diabetics have silent urinary tract infections.
- Supportive care for diabetic ketoacidosis is recommended, including IV fluid therapy, regular insulin, supportive care and broad spectrum antibiotics (while awaiting urine culture and sensitivity results). Nutritional support is also recommended to help prevent/treat hepatic lipidosis.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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