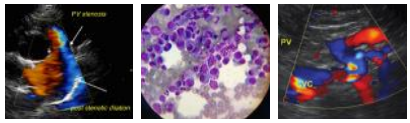
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/8/21

PATIENT

Colby Cotton

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8/7/2005

WEIGHT

9 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

12860

PRESENTING CLINICAL SIGNS

History: Owner reports chronic, waxing and waning bouts of diarrhea and vomiting. Appetite good but losing weight. On exam, patient had a BCS of 1.5-2/5 with weight loss. Marked dental tartar was noted, along with resistance to hip extension bilaterally.

Current Medications: Rx) Methimazole 5 mBID (started 3/11/21), Amlodipine 0.625 mg SID (started 5/14/21), Cerenia 24 mg -- 1/4 tab sid (started 5/3/21), Vitamin B12 1000 mcg/ml -- 0.25 ml SQ weekly for six weeks, then monthly (started 12/2/21), Metronidazole 50 mg -- 1 tab PO BID #14 (started 12/2/21), Proviable Forte -- used chronically.
Lab Results: CBC/Chem on 12/2 demonstrated elevated lipase 2212 U/L, T4 on 9/1 was 0.9 ug/dL.
Radiographs: Radiographs showed mild bronchial pattern with hyperinflation.
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 lumen is moderately distended with anechoic urine. 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 (3.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.12 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.12 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 (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.65 cm x 0.38 cm irregular hyperechoic nodule is observed approximately mid spleen. Several smaller ill-defined hyperechoic nodules/areas are also seen. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.26 cm x 1.04 cm multiseptated cystic nodule is observed on the left side. The remaining parenchyma exhibits mild changes consistent with age-related remodeling. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris is observed 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 0.31 cm) 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 body/right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is borderline dilated (0.22 cm in diameter). Then mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.12 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

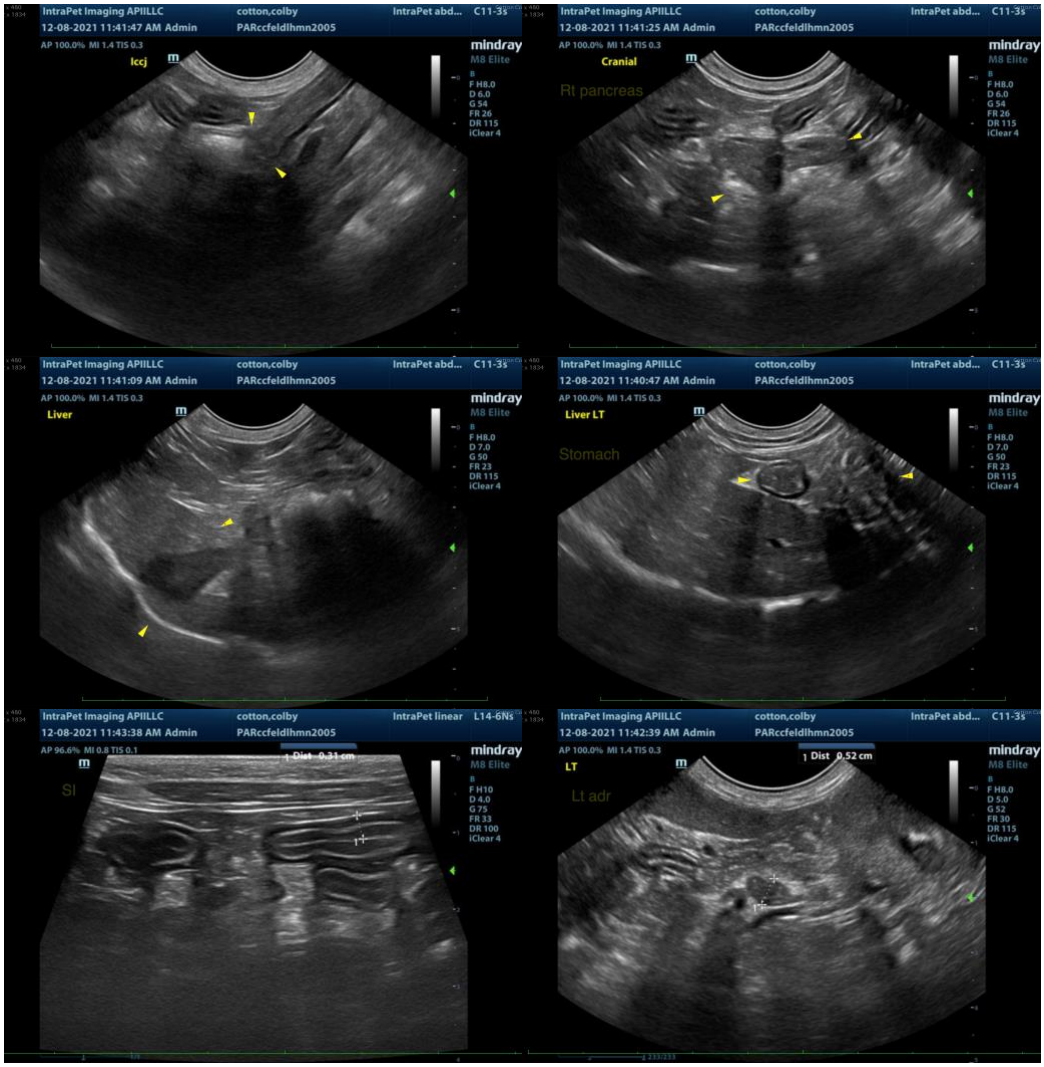
- The small intestinal wall pattern is most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are consistent with chronic active pancreatitis

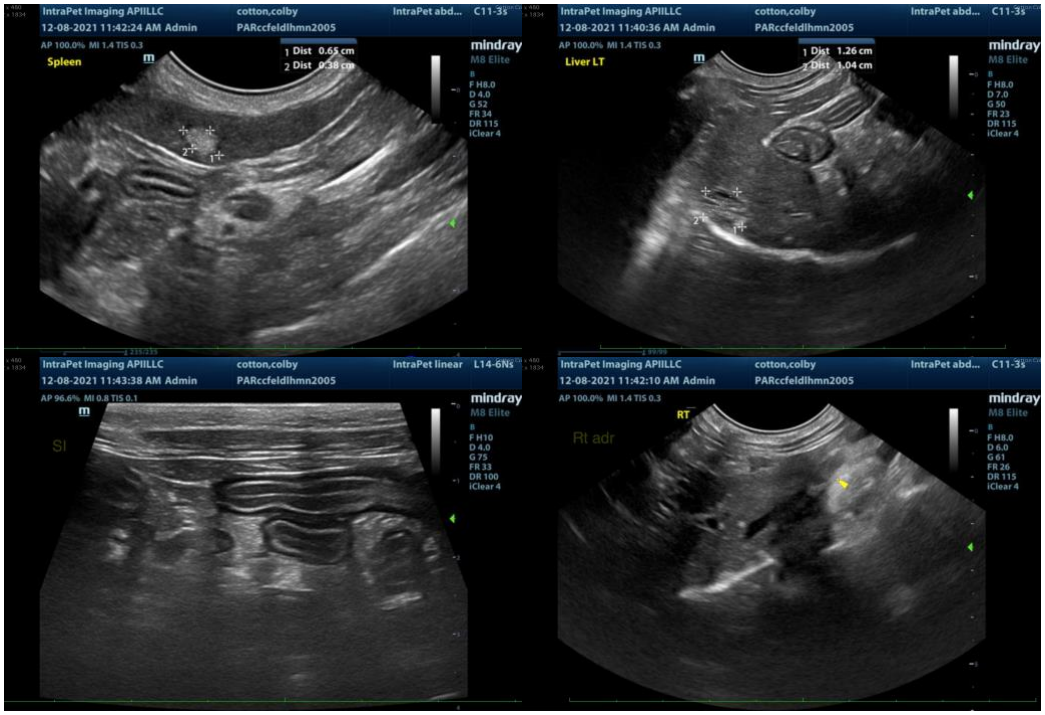
Secondary Findings

- The septated cystic nodule could be consistent with biliary cystadenoma or cystadenocarcinoma.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Malabsorption panel, including serum cobalamin, folate, TLI and PLI, preferably on a blood sample obtained before initiating B12 injections.
- A 6-week limited antigen diet trial to assess for food allergies
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) can be considered as long as the client understands the risk of using steroids without a definitive diagnosis.





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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