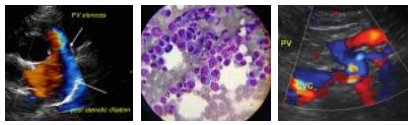
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/9/21

PATIENT

Roman Keen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year, 10 Months

WEIGHT

11.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

10026

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Limping; Not Eating; Drinking Less. Date: 12-07-2021 Notes: Seen on 11-28 for lameness, ADR., hiding--thought maybe pain/Urinary, but UA ok, sent home on Gabapentin. Still not eating and drinking well- eats a few bites, then will not eat next day no v/d. is urinating, indoor only, lameness--they thought left hind, then maybe right hind, then forelimb Assessment: vague signs, anorexia, low grade fever, stiff walking.
Current Medications: Omeprazole, Gabapentin, Marbofloxacin, Metronidazole, Mirtazapine, Cerenia, B12, Buprenex, Pantoprazole.
Lab Results: Attached separately within request.
Radiographs: Lateral abdomen- no uroliths, no obvious change on what is seen of pelvis
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Patient sedated with Propofol.

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 mildly 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 (4.44 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 (4.37 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.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

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 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. Luminal contents are anechoic. 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 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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.01 cm in width.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

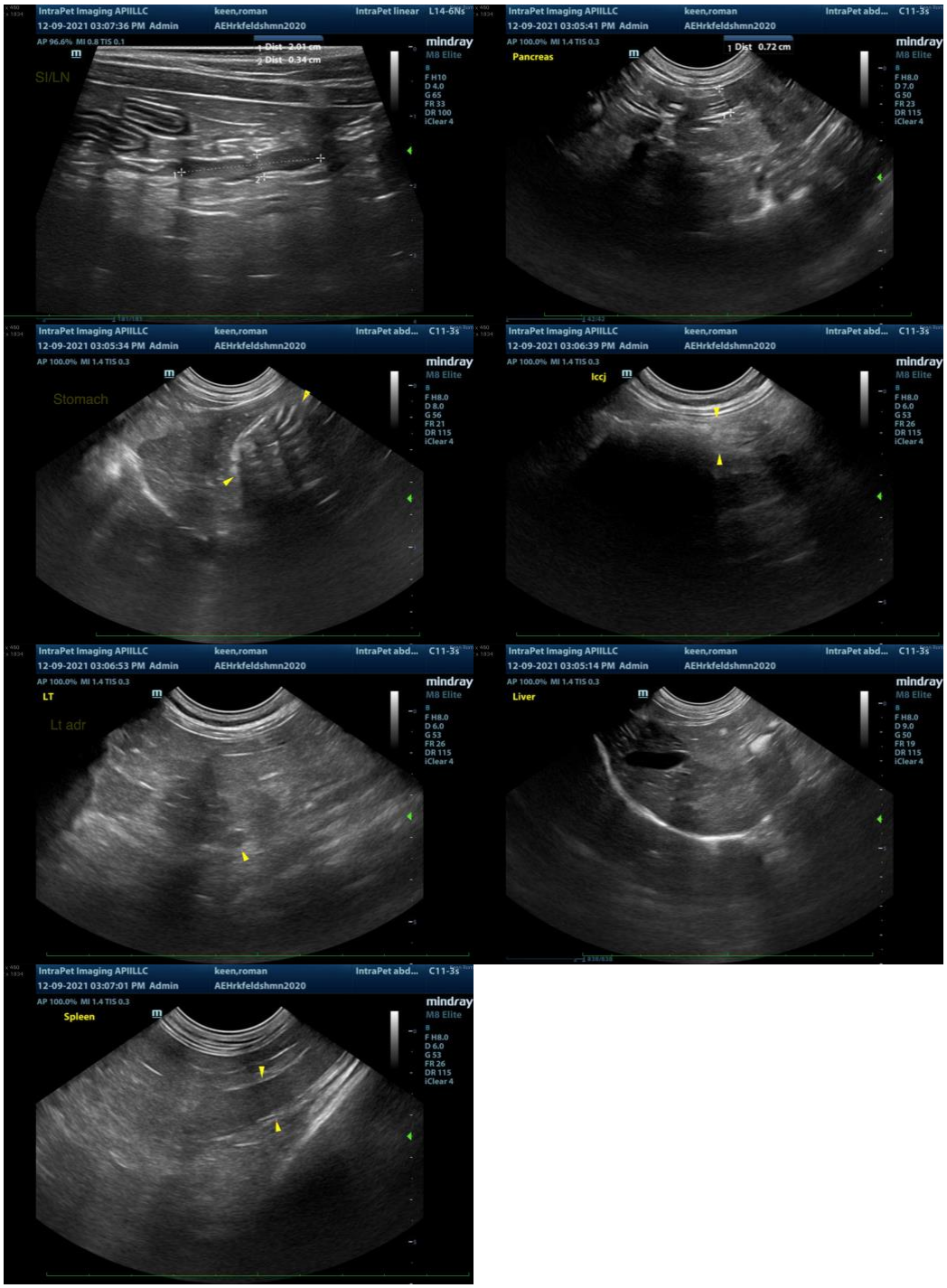
- The small intestinal wall pattern is most consistent with inflammatory bowel disease. However, there is potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's limping is not identified in this study. Considerations include musculoskeletal or neurologic disease, other. It is unclear whether the patient's inappetence is related to the limping of if it is secondary to an underlying gastrointestinal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the limping, consider a creatinine kinase to assess for the possibility of immune-mediated myositis. Also consider limb radiographs to assess for bony lesions. A consult with an orthopedic surgeon +/- arthrocentesis (to assess for immune-mediated polyarthritis), may be warranted.
- To further evaluate for underlying GI disease, consider the following:

    1. Fecal evaluation for ova and Giardia
    2. GI Panel (Send to Texas A&M)
    3. +/- endoscopic or surgical gastrointestinal biopsies, if warranted.



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)
info@SonoPath.com