IMAGING PERFORMED BY

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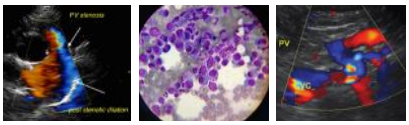

SonoPath
Clinical Sonography & Telecytology
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DATE

2/10/2022

PATIENT

Jasmine Foster

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7-17-2009

WEIGHT

7.9 Lbs.

INTERPRETED BY

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

HOSPITAL NAME

Happy Tails Veterinary Hospital

REFERRING VET

Dr. Calpeno

INVOICE

10315

PRESENTING CLINICAL SIGNS

History: Episodes of vomiting and GI distress.

Current Medications: Visbiome and Cerenia; Gabapentin 100mg (1 capsule at night time); Felimazole (Give one 2.5 mg tablet by mouth in the morning and one 5 mg tablet by mouth in the evening)
Lab Results: Cobalamin: WNL - no clinical significance. Folate: WNL - no clinical significance. Tli: WNL - low - pancreatic disease insufficiency - Elevated - no clinical significance - PENDING
Pli: 9.9 increased - high - consistent w/chronic pancreatic disease.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce 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 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 (3.81 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. Mild pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.86 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is prominent in size (0.58 cm width), with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity with normal glandular detai. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.89 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 gastric lumen is mildly distended with ingesta/shadowing material. 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 borderline thickened (0.26 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. A 0.43 cm hypoechoic nodule is observed in the right limb. The pancreatic duct is visible but not overtly dilated.

Free Abdomen
There is no evidence of free fluid. A few prominent mesenteric and colic lymph nodes are visualized, the largest measuring 0.39 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The patient's small intestinal pattern is most consistent with inflammatory bowel disease with potential for emerging lymphoma
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

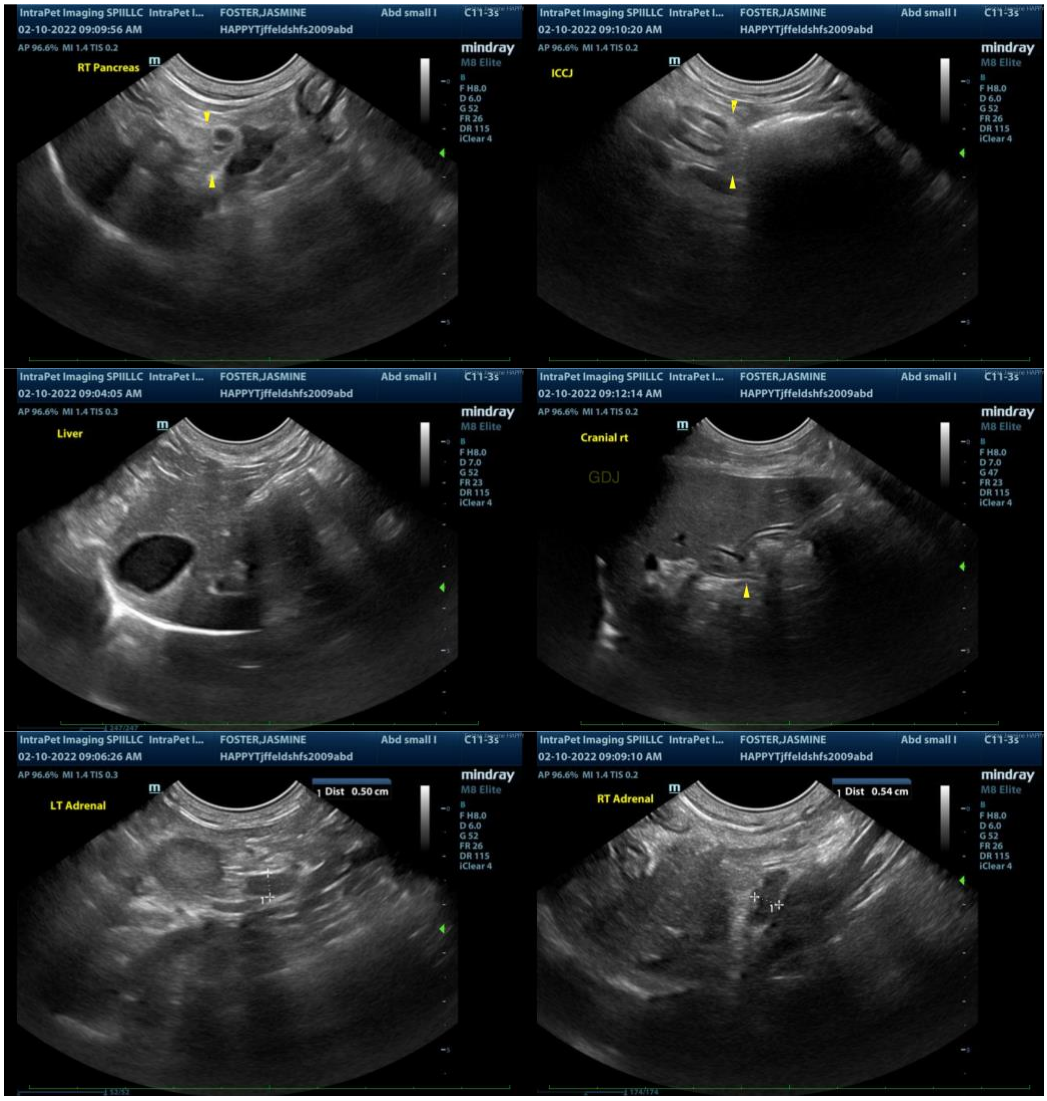
Secondary Findings

- The pancreatic nodule likely represents a benign hyperplastic nodule with a lower potential or emerging neoplasia.
- Bilateral age-relate renal changes.
- The prominent right adrenal gland may be a normal variant for this patient or may be secondary to stress, hyperplasia or less likely, an emerging tumor.
- The gastric luminal contents may represent normal ingesta and/or foreign material (i.e., hair).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further workup the GI issues, consider a malabsorption panel (Texas A&M), fecal evaluation for ova/Giardia, and 6-week limited antigen diet trial to assess for food allergies. Three-view thoracic radiographs are recommended to assess for occult esophageal disease and to evaluate cardiopulmonary status. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats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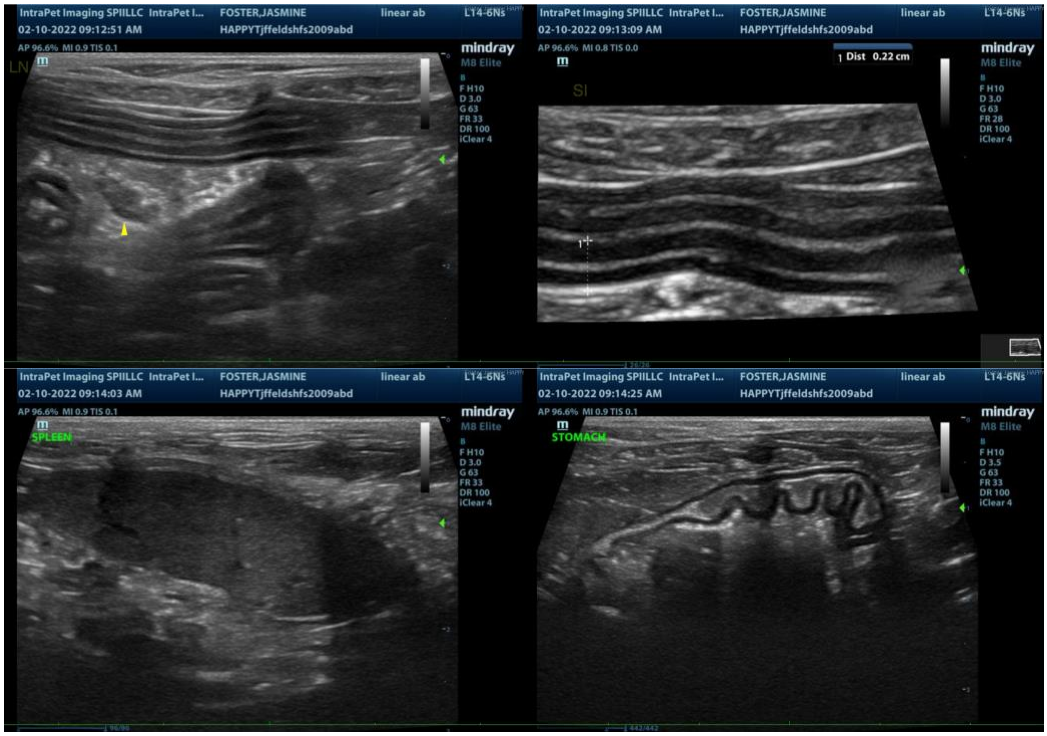

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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