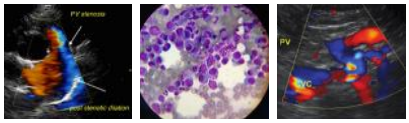
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/23/2022

PATIENT

Con Goins

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

7/2/13

WEIGHT

4.9 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Pound

INVOICE

10445

PRESENTING CLINICAL SIGNS

1 year history of weight loss and diarrhea. Hill's GI Biome has helped form stools BCS 2/9. MCS 1/3, Grade II/VI cardiac murmur.

Current Medications: None.
Lab Results: 1/12/22 SDMA 17, Creat 1.8 (2.3), BUN 62 (37), ALT 277 (158), RBC 5.35 (7.12), HGB 7.8 (10.3), HCT 23.3 (28.2), Spec FPL 6.9 (3.5). ProBNP 213. USG 1.024, 2+ protein, trace glucose, pH 6.0, WBC and RBC 2 - 5/hpf
1/22/22 Spec CPL 2.6 (3.5). Cobalamin >2000 Folate 5.7 (8.9) TLI 91.8 (82). Mycoplasma Negative, FeLV/FIV/Heartworm Negative.
Radiographs: Attached.
Date of Previous IntraPet Ultrasound:
Sedation: Patient sedated with Gabapentin and IM Torbugesic.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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 moderately distended. A scant 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 in size (3.54 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is hyperechoic. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (2.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is hyperechoic. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.45 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and generally homogenous. No distinct focal lesions are observed. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. 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. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecocolic junction is normal in appearance and lies just cranial to the urinary bladder on the left side. The colon length is short. The proximal colonic wall is normal in thickness. The lumen contains normal-appearing fecal material. More distally, a 1.50 to 2.00 cm segment of colon is thickened (up to 0.41 cm), with thickening of the submucosal and muscularis layers. The lumen in this region is subjectively narrowed with a scant amount shadowing fecal material. The distal colonic lumen does not appear dilated. The distal colonoic wall is normal in thickness with a normal layering pattern.

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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjectively short colon. Thickened segment of colonic wall with suspected luminal narrowing in this region. Differentials include inflammatory disease, neoplasia, hypertrophy, fibrosis, other.

Secondary Findings

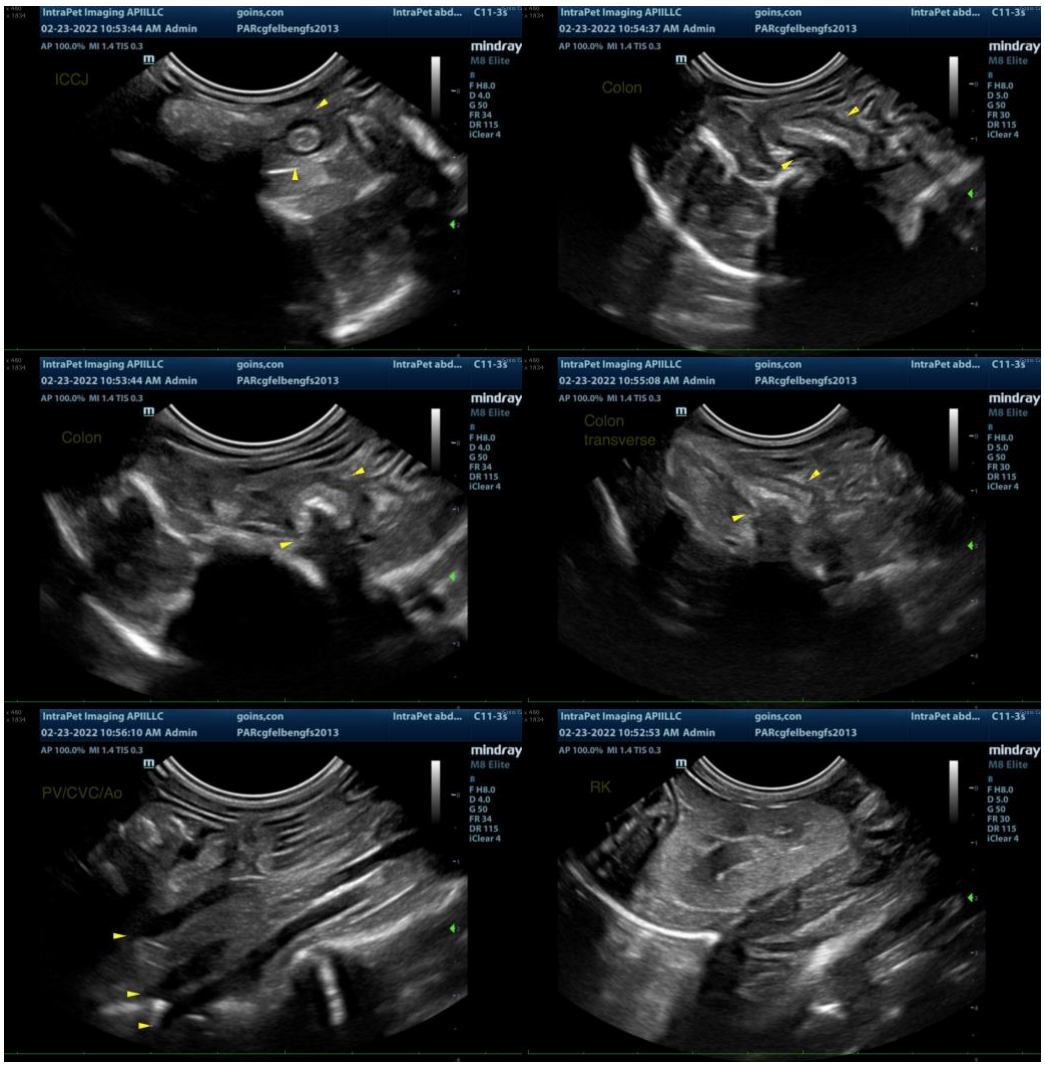
- The bilateral renal changes are suggestive of chronic interstitial nephritis.
- The increase in hepatic portal markings is suggestive of inflammatory disease (i.e., bacterial cholangiohepatitis or lymphoplasmcytic hepatitis). However, normal variation cannot be excluded.

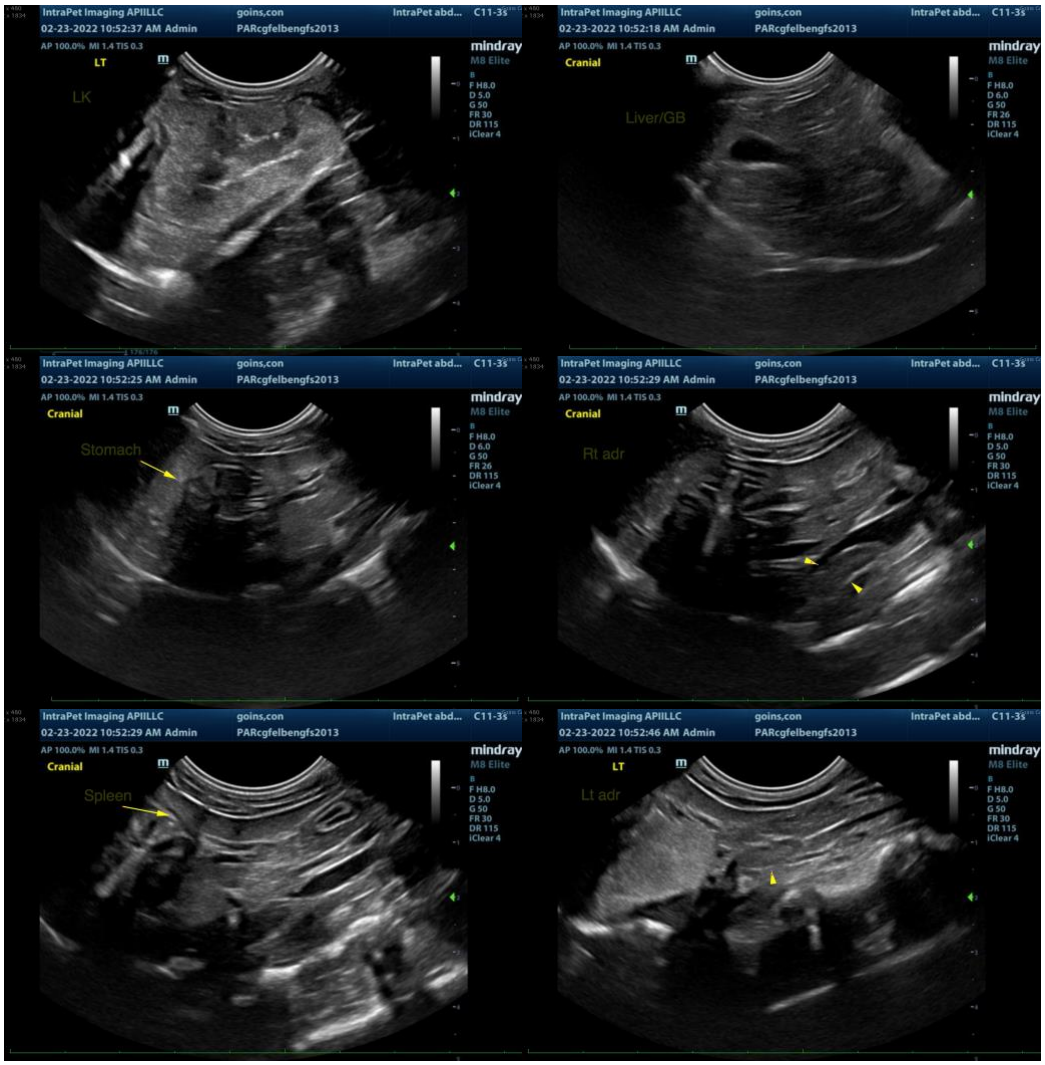
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the colonic wall changes, consider endoscopic or surgical biopsies. Endoscopic evaluation may be more useful in evaluating colonic lumen diameter. Three-view thoracic radiographs are recommended prior to anesthesia.
- Regarding the renal changes and blood work findings, consider the following:

1. Urine culture and sensitivity
2. UPC
3. Baseline blood pressure measurement

- Regarding the anemial, a reticulocyte count is recommended to determine if regeneration is present.
- Regarding the elevated ALT, consider the follwwing:
    1. Pre-and post-prandial serum bile acids
    2. Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy), if clotting status is appropriate. If surgical biopsies are pursued, aerobic and anaerobic bile cultures are also recommended.





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.

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