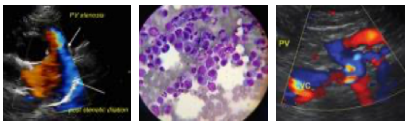
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/28/23

PATIENT

Savannah Kahler

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

6/24/2007

WEIGHT

6.48 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

14666

PRESENTING CLINICAL SIGNS

Weight loss, vomiting, behavior change. Intermittent soft stools. Generalized muscle atrophy and a grade 3/6 systolic L parasternal systolic murmur.

Current Medications: to start 2/18/23: cerenia 8 mg po sid, gabapentin 25 mg po tid, famotidien 5 mg po sid, bland diet.
Lab Results: CBC wnl. fPL mildly increased. 3.9 ug/dL. Chem: BUN 43 (mild increase, ref 16-37 mg/dL) *note Creat 2.1 and SDMA 12. TP slightly decreased 5.7g/dL, Globulins slightly decreased 2.9 g/dL, ALT decreased 20 U/L, AST decreased 14 U/L. UA table top sample usg 1.047, pH 5.5, prot 1+, ketone trace (neg glucose), epi 1+. T4 1.7. Fecal NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Gabapentin & Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is borderline small in size (3.11 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.25 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (3.31 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.59 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, a light micronodular pattern is observed throughout the organ. 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. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. In the region of the fundus, a 1.06 cm irregular hypoechoic structure is observed adjacent to the mucosal surface. The remaining gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is mildly gas distended. The small intestinal wall is normal to moderately thickened (up to 0.36 cm).

There is a disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The ileocecocolic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas
A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The hypoechoic structure observed in the gastric fundus may represent ingesta or a lesion originating from the fundic wall (i.e., polyp, tumor, granuloma, inflammatory focus). The presence of ingesta within the gastric lumen despite fasting suggests delayed gastric emptying.

- The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

- Bilateral chronic renal changes with dystrophic mineralization and mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Given the patient's clinical history of GI signs, consider the following:

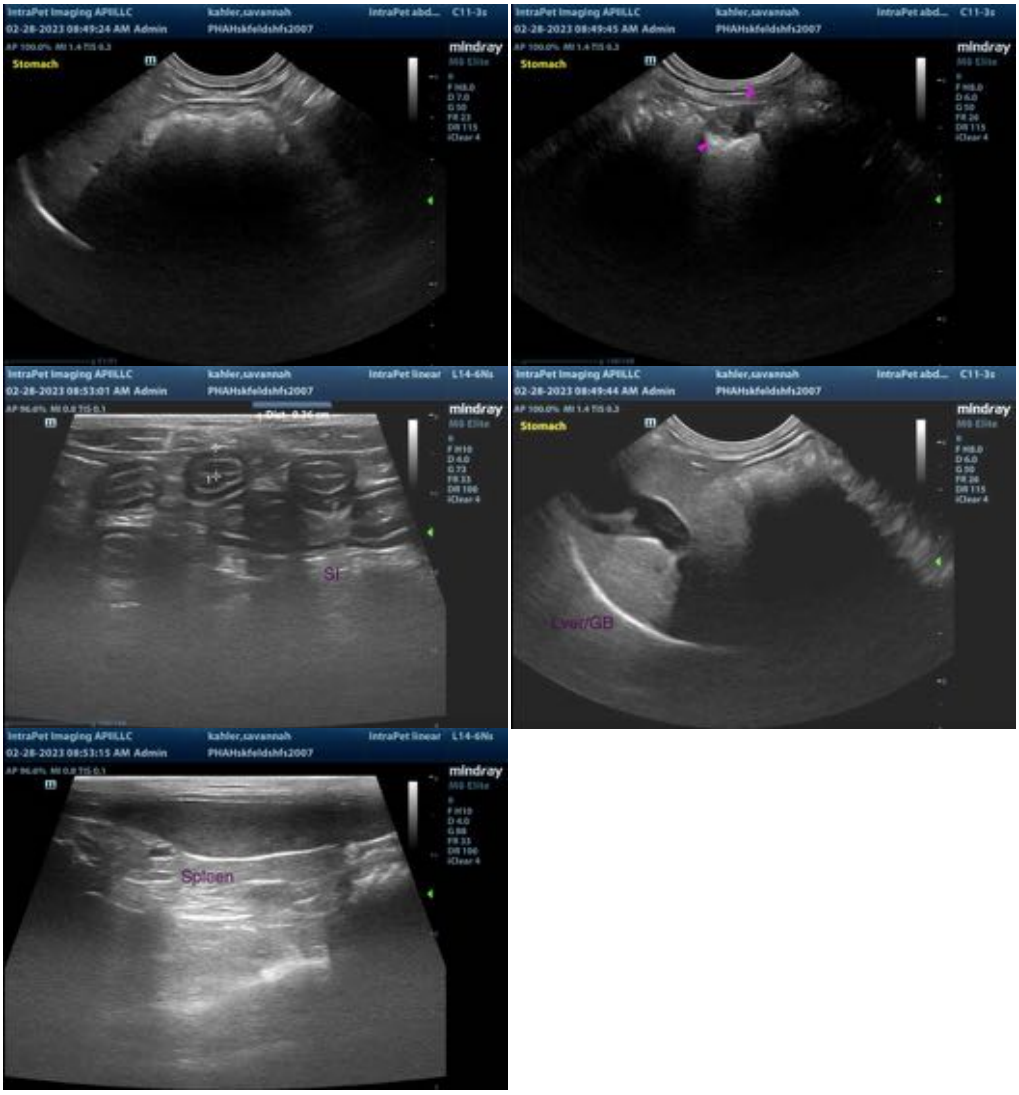
1. Prophylactic deworming with Fenbendazole

2. Malabsorption panel including serum cobalamin, folate, TLI and PLI

3. Hypoallergenic or hydrolyzed protein diet trial

4. GI biopsies (i.e., endoscopic or surgical). If biopsies are pursued, the fundic wall should be evaluated for any focal lesions and samples should be obtained for histopathologic evaluation.

5. To further assess the hypoechoic structure in the region of the fundus, a repeat ultrasound could be performed when the stomach is empty, if this is possible to attain.



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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