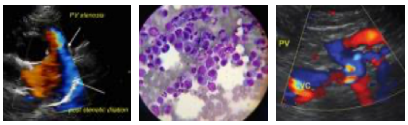
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/7/2022

PATIENT

Boo Warner

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7/25/2014

WEIGHT

10 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Mangini

INVOICE

12963

PRESENTING CLINICAL SIGNS

History: Presented 1/28 for vomiting clear liquid daily for ~1 week now. Not interested in his dry food now but will still eat his wet food. Stools normal.

Current Medications: Started 1/26/22: Clavamox 62.5mg/ml SIG 1 ml BID, Denamarin 90 mg SIG 1 daily 30 days, Cerenia 16 mg SIG 1/4 tab SID.
Lab Results: bloodwork 1/26/22: alt sig elevated, need to make dilutions, cbc normal, however fpl is elevated suggesting pancreatitis, alt 2880; hepatic pathology, effect of pancreatic enzymes. Attached separately.
Radiographs: radiographs 1/26/22: gi pattern normal, right kidney appears enlarged, small radiodensity dorsal to spleen, sig?? not seen on v/d. liver normal. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 lumen 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 size (4.06 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. Mild to moderate pyelectasia is present (0.46 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.77 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 in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.85 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. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is minimally to mildly distended. The wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.20 cm as it enters into the duodenal papilla. There is no evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and some 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 segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.24 cm in diameter). There is no evidence of peripancreatic 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:

- The pancreatic changes are suggestive of chronic pancreatitis. However, it is unclear if this is the cause of the patient's current clinical signs or if a concurrent problem (i.e., microscopic gastrointestinal disease or underlying metabolic issue) may be present.
- The shadowing material within the gastric lumen likely represents ingesta +/- foreign material (i.e., hair and/or pills).

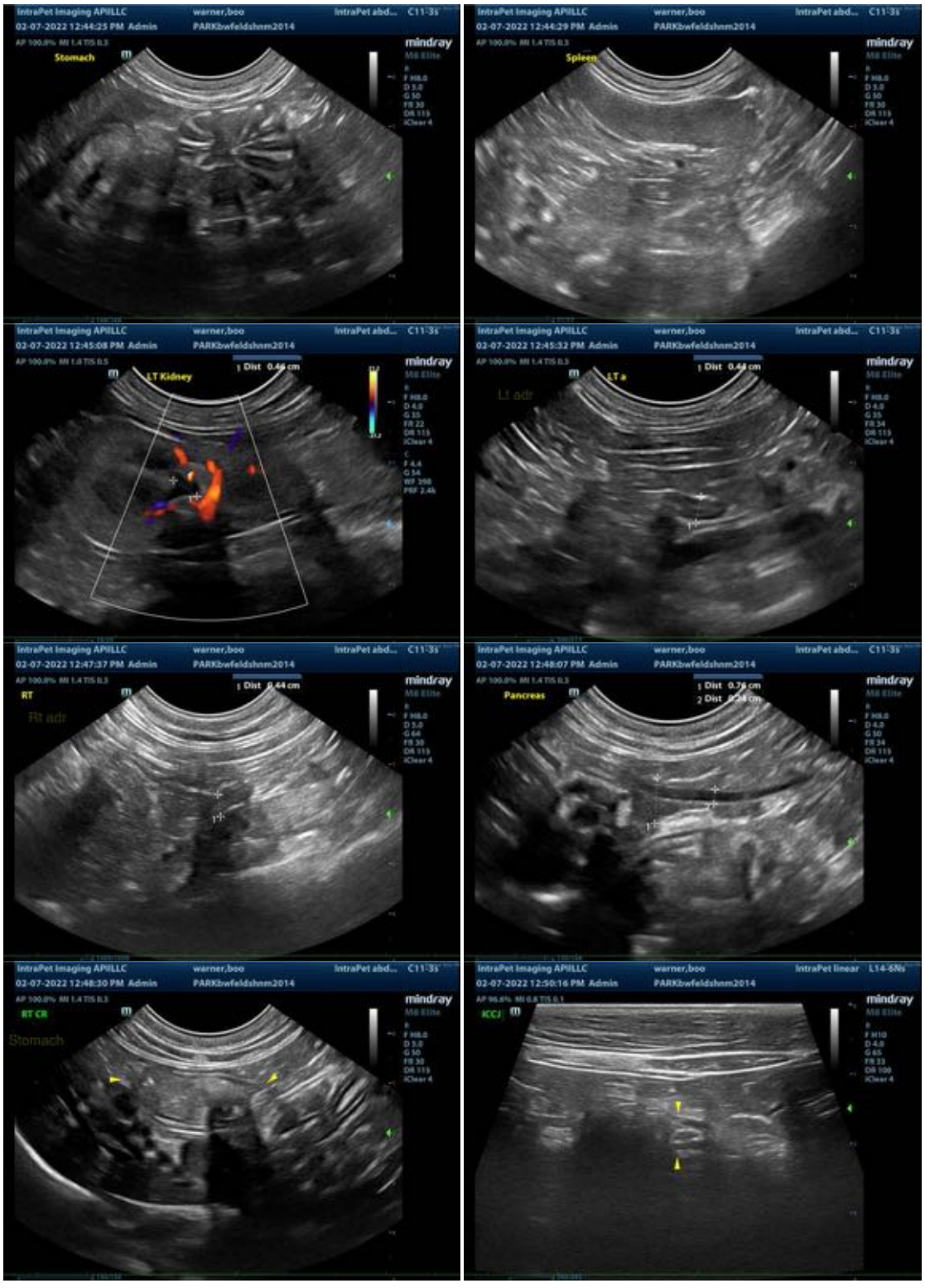
Secondary Findings:

- Bilateral degenerative renal changes with left pyelectasia.
- Intrahepatic biliary stones- incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
2. Serum cobalamin, folate, PLI and TLI
3. A fecal evaluation for ova/Giardia
4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.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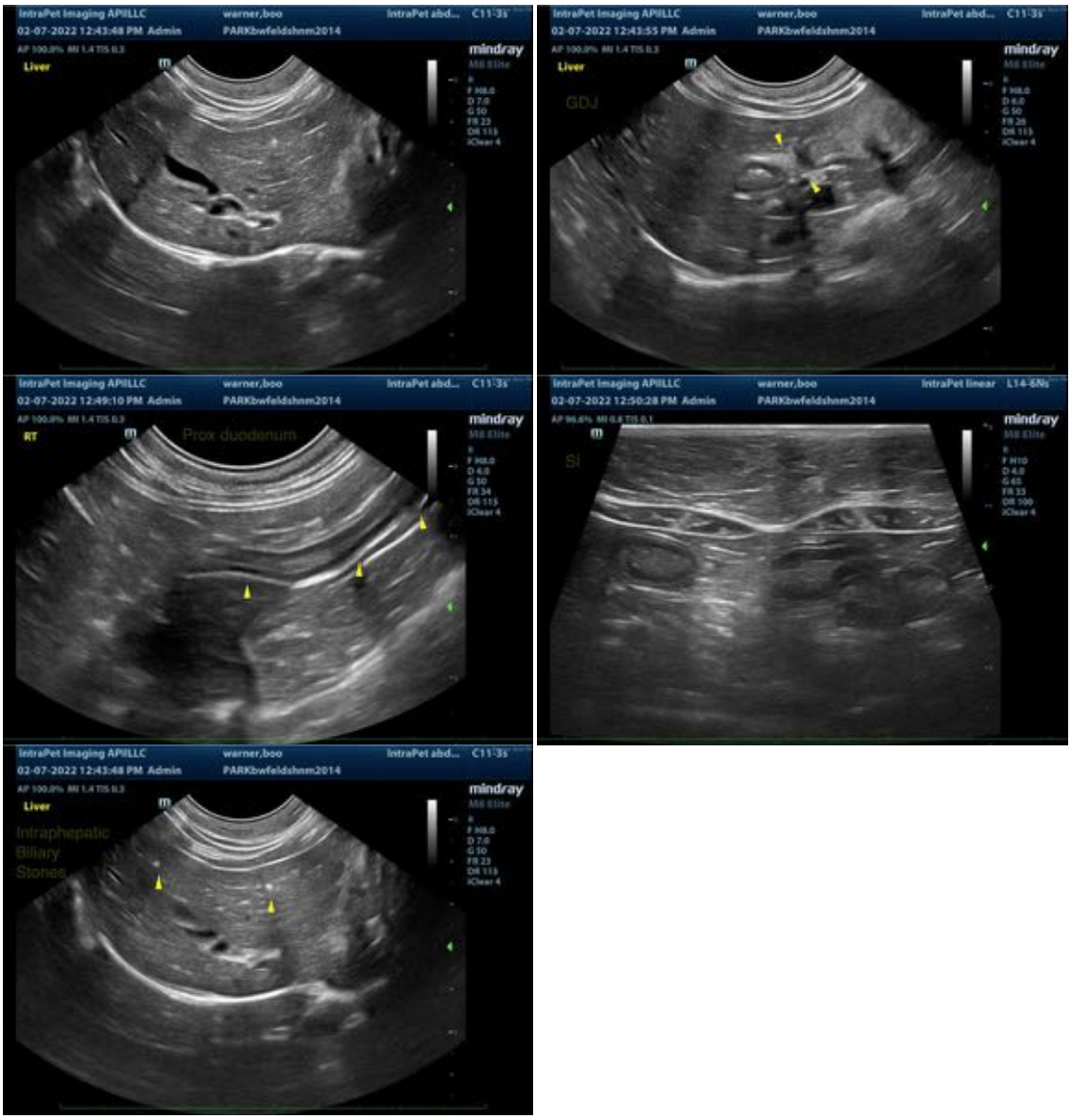

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
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