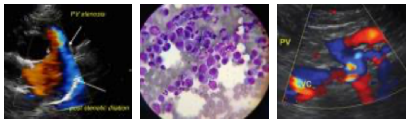
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/8/23

PATIENT

Huey Dalton

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7/19/2007

WEIGHT

10 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

14572

PRESENTING CLINICAL SIGNS

Chronic presumed IBD/Pancreatitis based off of previous ultrasound. Had been doing great on strict hypoallergenic diet (HA dry), B12, tapered prednisolone to 1/2 tab EOD (2.5 mg EOD) until July, when diarrhea started. No response to metronidazole or probiotics or increasing prednisolone back up to 5mg PO SID. Losing weight. Still ravenous. Minimal vomiting. Diarrhea is watery and occurs 2-3 times per day.

Current Medications: Prednisolone 2.5 mg PO SID, B12 injections 0.25 ml SQ monthly, Metronidazole 125 mg PO SID x 2 weeks, Forti Flora SA daily, HA diet, Cerenia PRN for vomiting
Lab Results: Anemia seen on bloodwork done 1/30/23. No other obvious systemic cause for weight loss or diarrhea seen.
Date of Previous IntraPet Ultrasound: 11/10/21. See attached.
Sedation: DKT.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 mildly to moderately distended. A small to moderate 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 1-2 cm, are normal.

The left kidney is borderline small in size (3.04 cm in length) with smooth curvilinear peripheral contours. The cortex is hyperechoic relative to the spleen and is mildly thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.98 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudolateral aspect. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.59 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 diffusely thickened (up to 0.44 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments with a greater than 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter).

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.00 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

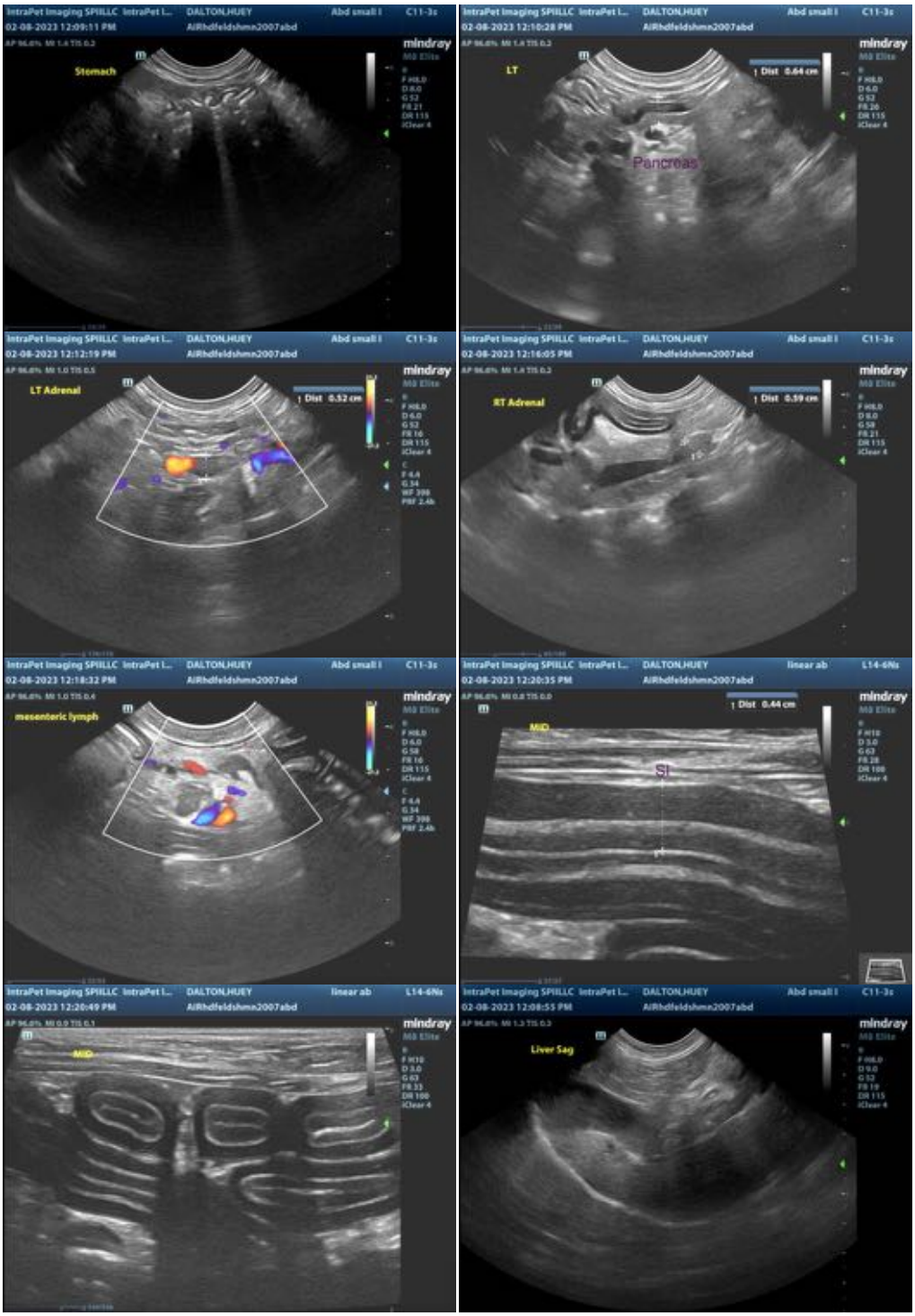
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma. Bowel changes have worsened since the previous sonogram.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Changes are similar to the previous sonogram.

Secondary Findings:

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with right non-obstructive nephrolithiasis and a suspected cortical infarct. Changes are similar to the previous sonogram.
- Urinary bladder debris.
- The pancreatic changes are consistent with chronic pancreatitis. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopic or surgical GI biopsies would be necessary to determine if the bowel changes have progressed to GI lymphoma. If biopsies are not pursued at this time, consider increasing the corticosteroid dose +/- initiation of Chlorambucil (chemotherapy agent) as long as the client understands the risk of treatment without a definitive diagnosis. Side effects of Chlorambucil include myelosuppression, vomiting and diarrhea. CBCs must be closely monitored if Chlorambucil is initiated and caution must be taken when administering the medication to the patient (latex gloves should be worn).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LT
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Pancreas
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LT Adrenal
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mesenteric lymph
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Dist 0.44 cm
MID
SI
IntraPet Imaging SPIILLC IntraPet I... DALTON,HUEY linear ab L14-6Ns
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IntraPet Imaging SPIILLC IntraPet I... DALTON,HUEY Abd small I C11-3s
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mindray
Liver Sag

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)
info@SonoPath.com