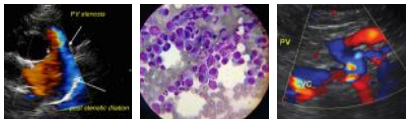
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

3/10/2022

**PATIENT**

Otis Myers

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2/15/2011

**WEIGHT**

11 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Timonium Animal Hospital

**REFERRING VET**

**INVOICE**

10530

## PRESENTING CLINICAL SIGNS

History: 3-pound weight loss over the last 6 months. Hx of cholangiohepatitis, but recent blood panel had no significant abnormalities, liver value or otherwise.

Current Medications: Denamarin cat SID since 3/21, Ursodiol 75mg SID since 3/21, Prednisolone 5mg EOD since 3/21. Will get Gabapentin 100mg in the morning of scan.
Lab Results: WNL.
Date of Previous IntraPet Ultrasound: 3/8/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
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 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 (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.99 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 hypoechoic relative to the spleen and relatively homogenous in appearance. No distinct focal lesions are observed. At least one to two small intrahepatic biliary stones are visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A scant amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are dilated

and tortuous. The common bile duct measures 1.01 cm in diameter in its widest dimension and can be followed to the level of the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.

***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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal 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 normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***
There is no evidence of free fluid. A 0.92 cm colic lymph node is visualized.

## ULTRASONOGRAPHIC FINDINGS

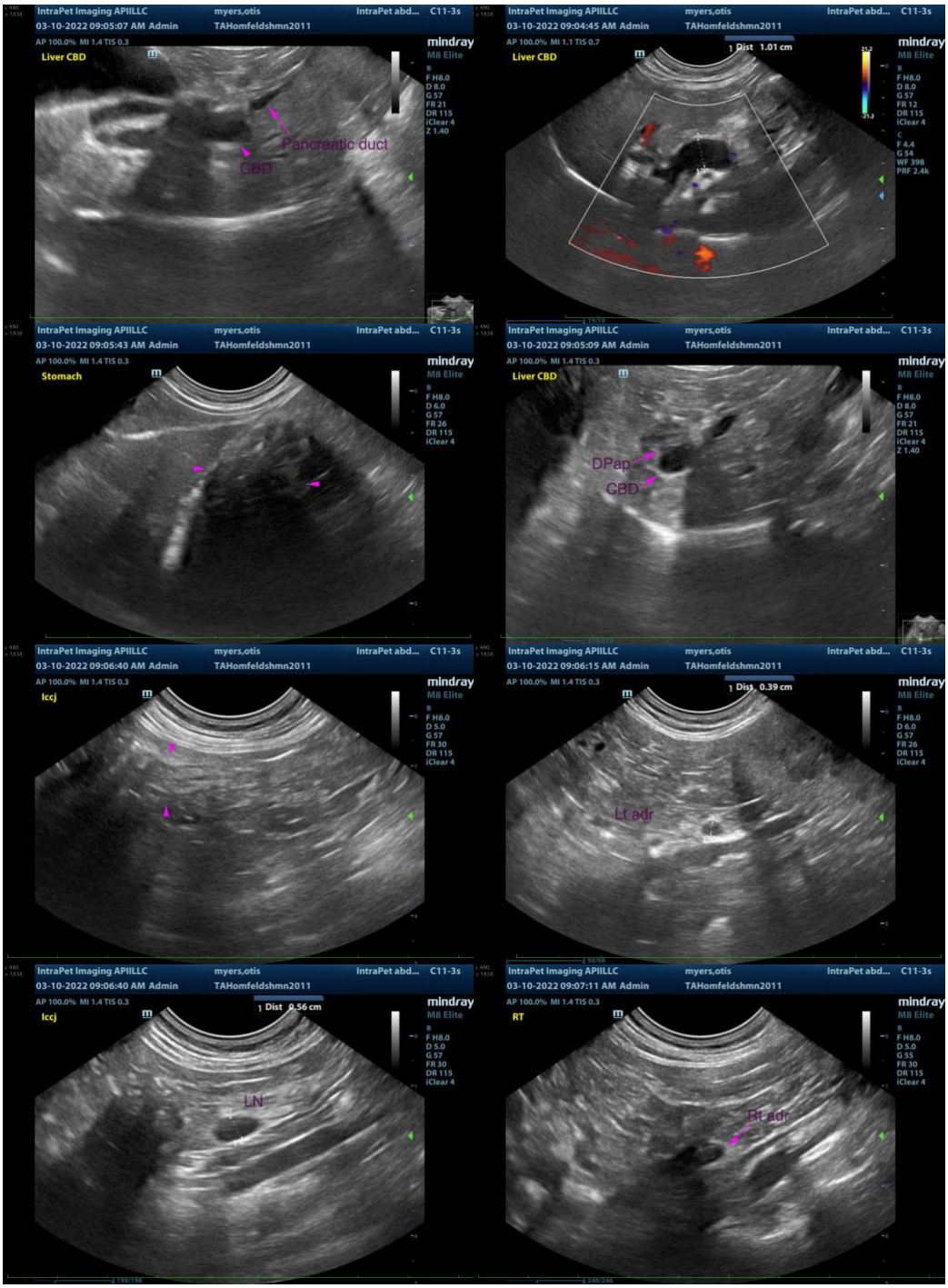
### Primary Findings

- The dilation of the cystic and common bile ducts may be secondary to chronic partial obstruction with choledocoliths and (not currently seen but observed on the previous sonogram), cholangitis and/or benign age-related hyperplasia.
- Intrahepatic biliary stones – incidental/previously observed
- The prominent colic lymph node is likely reactive.
- Minor age-related renal changes
- Bowel changes consistent with inflammatory bowel disease

**An obvious cause for the patient's weight loss is not identified in this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest X-rays (three-view) are recommended to assess for occult neoplasia. Given the history of "triaditis," consider a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI) to determine if maldigestion/malabsorption and/or low-grade pancreatitis are currently present. A thorough neurologic examination is also recommended, as weight loss is occasionally the sole clinical sign in patients with brain tumors.


IntraPet Imaging APIILLC
myers,otis
IntraPet abd...
C11-3s
03-10-2022 09:05:07 AM Admin
TAHomfeldshmn2011
Liver CBD
Pancreatic duct
CBD
03-10-2022 09:04:45 AM Admin
Liver CBD
1 Dist 1.01 cm
03-10-2022 09:05:43 AM Admin
Stomach
03-10-2022 09:05:09 AM Admin
Liver CBD
DPap
CBD
03-10-2022 09:06:40 AM Admin
Iccj
03-10-2022 09:06:15 AM Admin
1 Dist 0.39 cm
Lt adr
03-10-2022 09:06:40 AM Admin
Iccj
1 Dist 0.56 cm
LN
03-10-2022 09:07:11 AM Admin
RT
Rt adr
mindray
M8 Elite


**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)
info@SonoPath.com