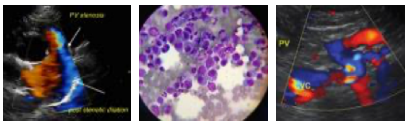
IMAGING PERFORMED BY

IntraPet.com



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DATE

3/14/23

PATIENT

Captain Hook Melnik

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

6/1/2014

WEIGHT

9.9 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Brand

INVOICE

14739

PRESENTING CLINICAL SIGNS

1/18/23: presented for: weight loss, periodic vomiting; wt. 11.5 lb.- was 11.9 lb. on 3/7/22. Hx of hyperthyroid and was on Felimazole but meds were discontinued, unsure when T4 3.5 on 1/18/23; resumed methimazole transdermal 2.5mg SID. Recheck 3/8/23: wt. 9.9 lb. & T4 2.9, on 3/8/22- recommend increase methimazole to BID and sched AUS to look for other causes of wt. loss.

Current Medications: transdermal methimazole 2.5mg SID started on 1/18/23, increased to BID on 3/8/22.
Lab Results: T4 3.5 on 1/18/23. T4 2.9 on 3/8/22.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 mildly to moderately distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is mildly enlarged (4.84 cm in length) with a relatively normal shape. The cortex is hyperechoic relative to the spleen and there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is enlarged (5.04 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen and there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.93 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 homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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/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 normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is

mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (up to 0.30 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. Several prominent hypoechoic slightly irregular mesenteric lymph nodes are visualized, the largest measuring 1.21 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

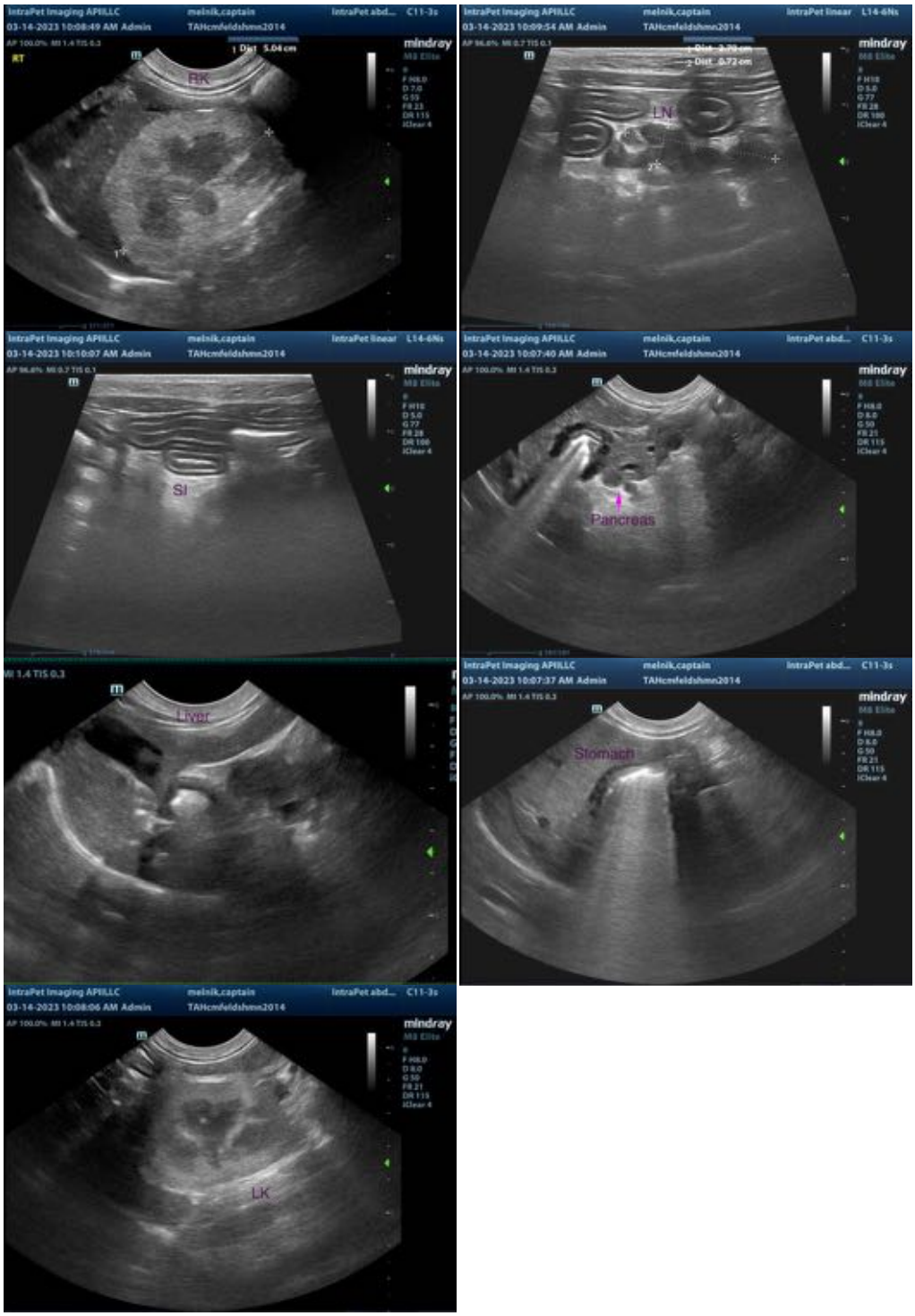
- The small intestinal wall changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma).
- The pancreatic changes are consistent with chronic +/- active pancreatitis .

Secondary Findings:

- The bilateral renomegaly could be consistent with infectious/inflammatory disease or emerging neoplasia (i.e., lymphoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, a urine culture and sensitivity +/- renal aspirate should be considered.
- Regarding the bowel changes, consider the following:
    1. A fecal evaluation for ova/Giardia
    2. GI panel including serum cobalamin, folate, TLI and PLI.
    3. 2-3 week limited antigen or hydrolyzed protein diet trial.
    4. Initiation of a probiotic may prove beneficial.
    5. To get a definitive diagnosis, endoscopic or surgical GI biopsies may be necessary.



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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