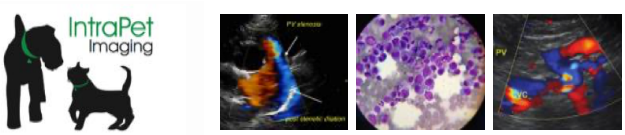
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/14/23

PATIENT

Deedee Shorter

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

8/11/2012

WEIGHT

10.7 lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Ruby

INVOICE

14738

PRESENTING CLINICAL SIGNS

Around 2 years ago excess hunger and increased swallowing. Around 11 days ago started vomiting phlegm and mucous. Then having diarrhea. Went to RDVM and did BW. Temp increased. Sent home with appetite stimulant. Did great and back to his normal self. Another bout this weekend. Painful, profuse diarrhea and vomited several times. One time vomitus had a hair ball. Vocalizing when having BM's. Has an appointment for US next Tuesday. Royal Canin Digestive Sensitive

Current Medications: Ampicillin, Protonix, Cerenia, Buprenorphine.
Date of Previous IntraPet Ultrasound: No previous.
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 wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.00 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.

The right kidney is normal size (4.08 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 (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 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 to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. A 0.79 cm shadowing structure is observed within the lumen. 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 with a 1:1 ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric and colic lymph nodes are visualized, the largest measuring 2.07 cm in length. Surrounding mesentery is mildly hyperechoic. In addition, a 0.60 cm gastric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma).

Secondary Findings:

- Bilateral, chronic, age-related renal changes.

  The shadowing structure within the gastric lumen likely represents foreign material (i.e., pill). It appears non-obstructive at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.
- Consider prophylactic deworming with Fenbendazole.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.
- When the patient is eating again, consider transitioning to a limited antigen or hydrolyzed protein diet along with a probiotic +/- fiber supplement.
- Ultimately, endoscopic or surgical GI biopsies would be necessary to get a definitive diagnosis. If pursued, thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.


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Liver


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Pancreas


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Stomach

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)