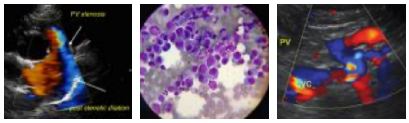
IMAGING PERFORMED BY

IntraPet.com



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

DATE

3/21/23

PATIENT

Berlioz Santa Maria

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10/1/2020

WEIGHT

3.3 kg.

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mengers

INVOICE

14774

PRESENTING CLINICAL SIGNS

Presented 3/7/23 for inappetence/ADR. Had seemed healthy and normal when O left for vacation 3 days earlier. No vomiting, mild diarrhea. Similar incident of diarrhea and ADR 10/12/22. Radiographs on both occasions showed extremely gaseous but empty GIT. O feels she can regularly hear gas in P's abdomen and gives simethicone gas drops daily. Bloodwork showed significantly elevated lymphocytes.

Current Medications: mirtazapine - 1.5 inch strip to inner pinna SID until eating well on own, proviable - 1 cap over food SID x 15 days, metronidazole (15mg/kg) - 0.5ml PO BID x 5 days
Lab Results: lymphocytosis - 9.62 (0.73-7.86), 59%, FeLV/FIV negative, Feline coronavirus negative
Radiographs: empty but extremely gaseous, uniformly dilated GIT
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Excessive gas throughout the GI tract limits visibility/evaluation.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.81 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.02 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.66 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is gas distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is diffusely gas distended, inhibiting full evaluation of the GI tract. The small intestinal wall is normal to mildly thickened (up to 0.29 cm) with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

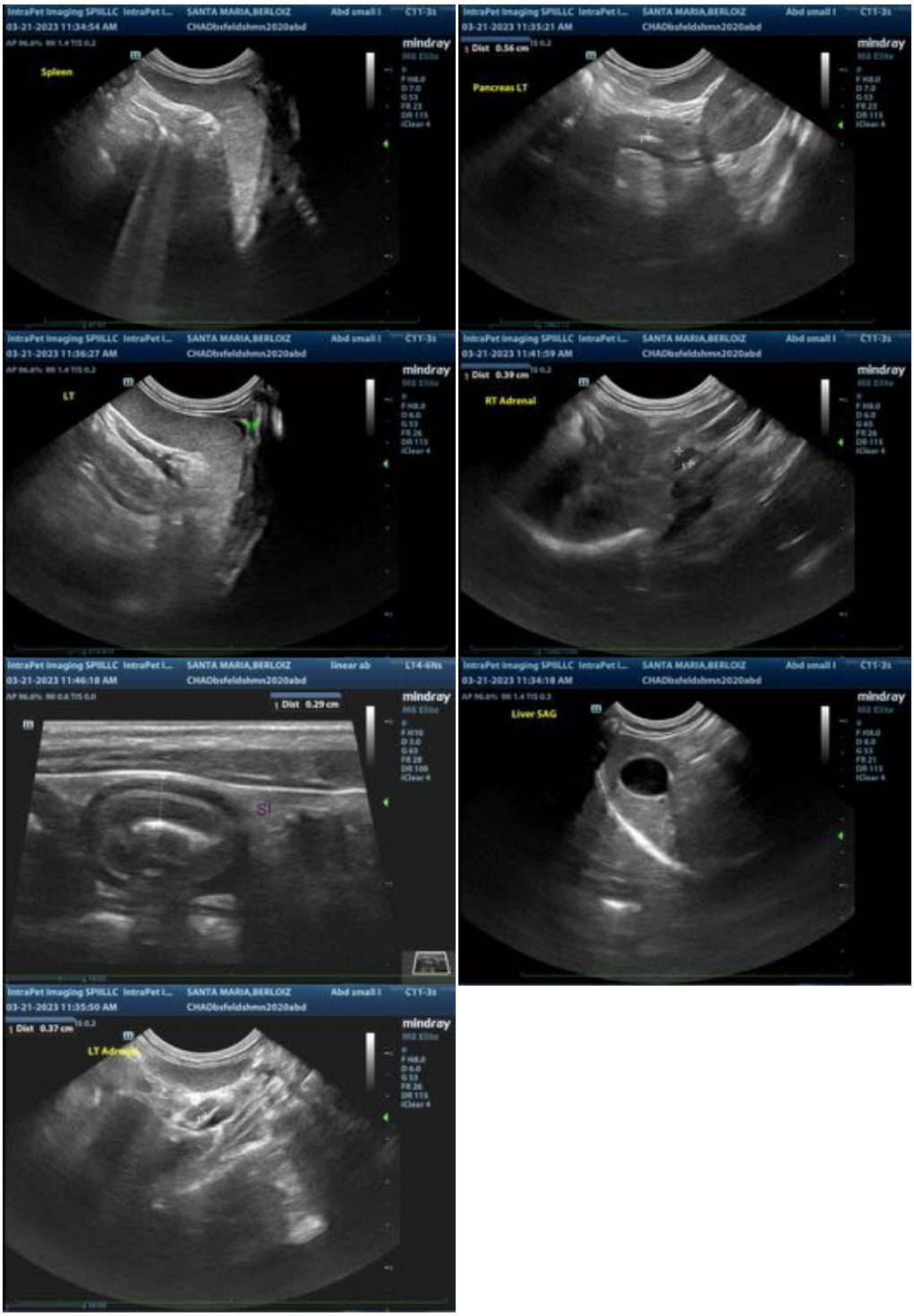
- The diffuse gas distention of the bowel may be due to a primary motility disorder or secondary to underlying microscopic gastrointestinal disease (i.e., inflammatory bowel disease, infectious/parasitic disease, emerging neoplasia).
- Trace ascites.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the lymphocytosis, a CBC with clinical pathology review is recommended.
- Consider a fecal evaluation for ova and Giardia, fecal testing for Tritrichomonas +/- a fecal PCR infectious disease panel.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.
- A 2-4 week limited antigen or hydrolyzed protein diet trial to assess for the possibility of food allergies is also recommended along with prophylactic deworming with Fenbendazole.
- Also consider empirical treatment for primary motility disorder (i.e., Metoclopramide). However, if the patient's clinical signs do not improve within 5-7 days of initiating therapy, the drugs should be discontinued.
- Ultimately, GI biopsies may be necessary to get a definitive diagnosis.



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