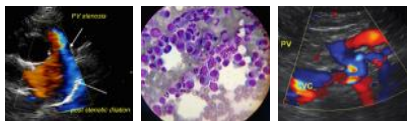
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/29/2022

PATIENT

Luke Uphoff

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/15/2010

WEIGHT

12.03 lbs

INTERPRETED BY

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

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Harvey

INVOICE

10636

PRESENTING CLINICAL SIGNS

Chronic vomiting about once a week, increased frequency about once to twice a day the past few weeks.

Current Medications: Mirtazapine 15mg 1/8 QOD.
Lab Results: Elevated Lipase and significantly elevated fPL. CBC shows an eosinophilia. Chemistry mild hypokalemia. T4 2.4.
Date of Previous IntraPet Ultrasound: No previous.
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 distended. A moderate amount of echogenic debris is suspended 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 2 cm, are normal.

The left kidney is normal size (3.66 cm in length); with an irregular shape. The cortex is mildly thickened. There is moderate loss of corticomedullary distinction. Areas of mineralization are visualized. Several cortical infarcts are observed. There is no evidence of pyelectasia or hydroureter.

The right kidney is upper limits of normal size (4.59 cm in length); with a slightly irregular shape. The cortex is mildly thickened. There is moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.81 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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 0.40 cm), with retention of the normal layering pattern. There is

disruption in the normal 1:3 muscularis: mucosal ratio with a >1: 1 ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with a severe inflammatory process (i.e., eosinophilic, lymphoplasmacytic), or emerging neoplasia (i.e., lymphoma). Given the degree of eosinophilia, hypereosinophilic syndrome is a consideration.
- The trace ascites is likely secondary to bowel pathology.

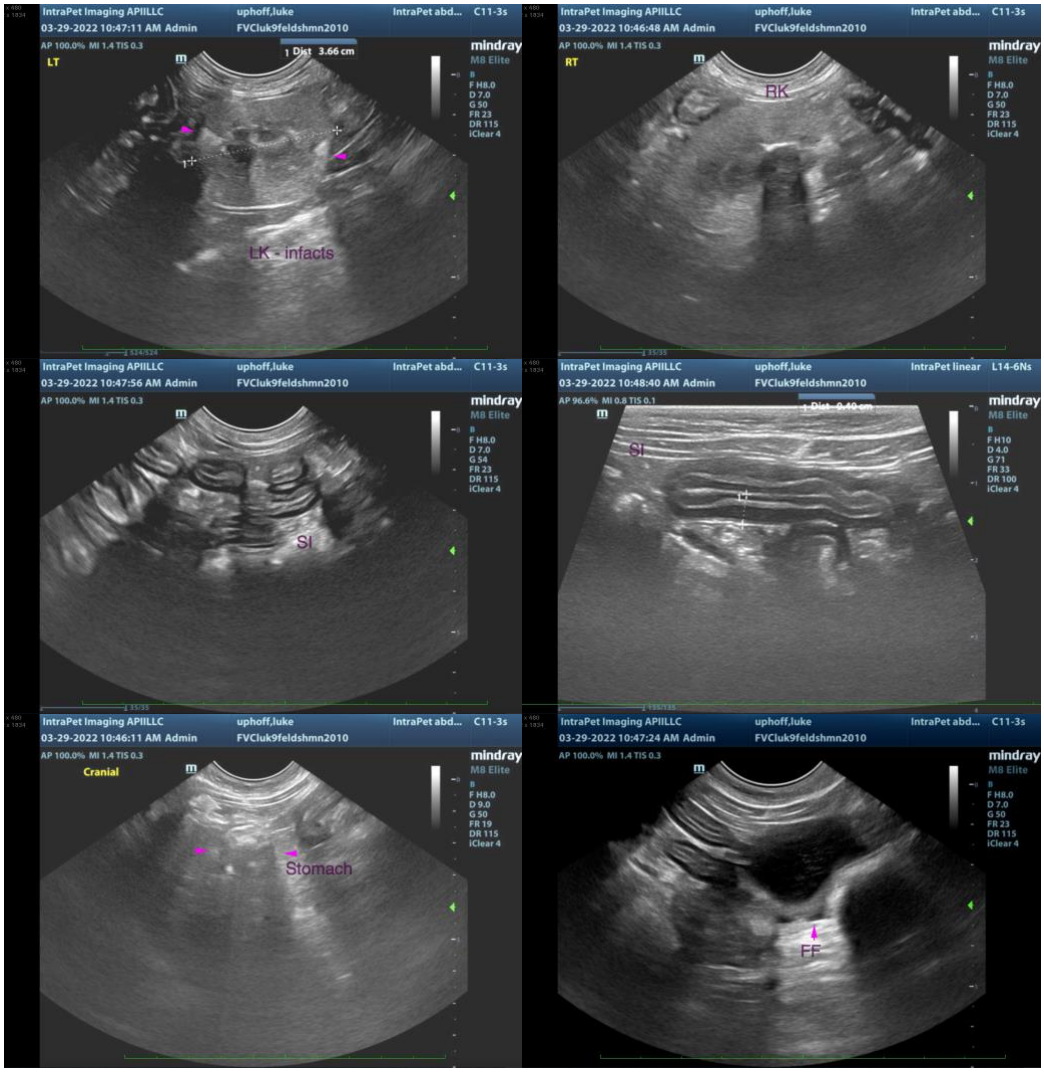
Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis and cortical infarcts
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, eosinophilia, and sonographic changes, consider the following:

    1. Fecal evaluation for ova and Giardia
    2. A thorough examination for flea infestation
    3. An ACTH stimulation test to assess for Addison's Disease
    4. GI biopsies (i.e., endoscopic or surgical). Surgical biopsies would be ideal in that all areas of bowel can be sampled.
    5. A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.
    6. A urinalysis +/- culture and sensitivity is also recommended, if not already performed.



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)
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