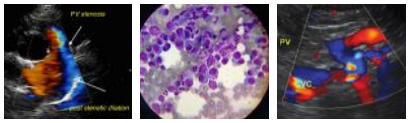
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3/3/2022

PATIENT

Stella Waskiewicz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/1/2009

WEIGHT

4.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Belvedere VC

REFERRING VET

Dr. Molinelli

INVOICE

10485

PRESENTING CLINICAL SIGNS

Historical constipation for several months. Saw cat as second opinion for integrative approach. Resolved constipation on herbals fiber response. Previous blood work in Summer 2021 NSF. Ultrasound by someone else- renal changes, GI tract nsf. No watery diarrhea on fiber response. Off all other meds. Concern of emerging lymphoma.

Current Medications: All meds as of 2/28/22: Tyrosin- one pinch BID, Proviable capsules- ½ BID, B12 ¼ mL SQ on 2/28, RX for Ultamino dry. Gave owner Prednisolone NOT TO BE STARTED until after US.
Lab Results: Pending.

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.

**The gas and stool within the colonic lumen is obscuring portions of the abdomen. Therefore, some pathology may be missed.

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. A scant amount of echogenic debris is observed 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 presented normal size (3.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.50 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.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious abnormalities are noted.

Spleen

The spleen is normal in size (0.63 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.
(See “Other” category).

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is not distended. The gastric wall thickness is difficult to determine due to excessive rugal folds. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also some suggestion of mucosal fogging. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen is diffusely distended with gas and fecal material. There is no obvious evidence of an obstruction.

Pancreas
A portion of the pancreas is obscured by the imaging artifact in the colon. In the visualized portions, no obvious pathology is seen.
(See "Other" category).

Free Abdomen
A small amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.71 cm in length.

Other
A 1.62 x 1.55 cm cystic structure is suspected in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are consistent with an inflammatory process. Inflammatory bowel disease is suspected. Emerging neoplasia is also possible.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The free fluid may be secondary to increased vascular permeability (i.e., due to bowel inflammation), low oncotic pressure, or increased hydrostatic pressure. Correlation with the patient's clinical findings is recommended.
- The origin of the suspected cystic structure in the right cranial quadrant is unclear. It may be arising from liver, pancreas, lymph node, mesentery, other. Possible differentials include biliary cystadenoma/cystadenocarcinoma, pancreatic cysts, cystic lymph node, other.

Secondary Findings

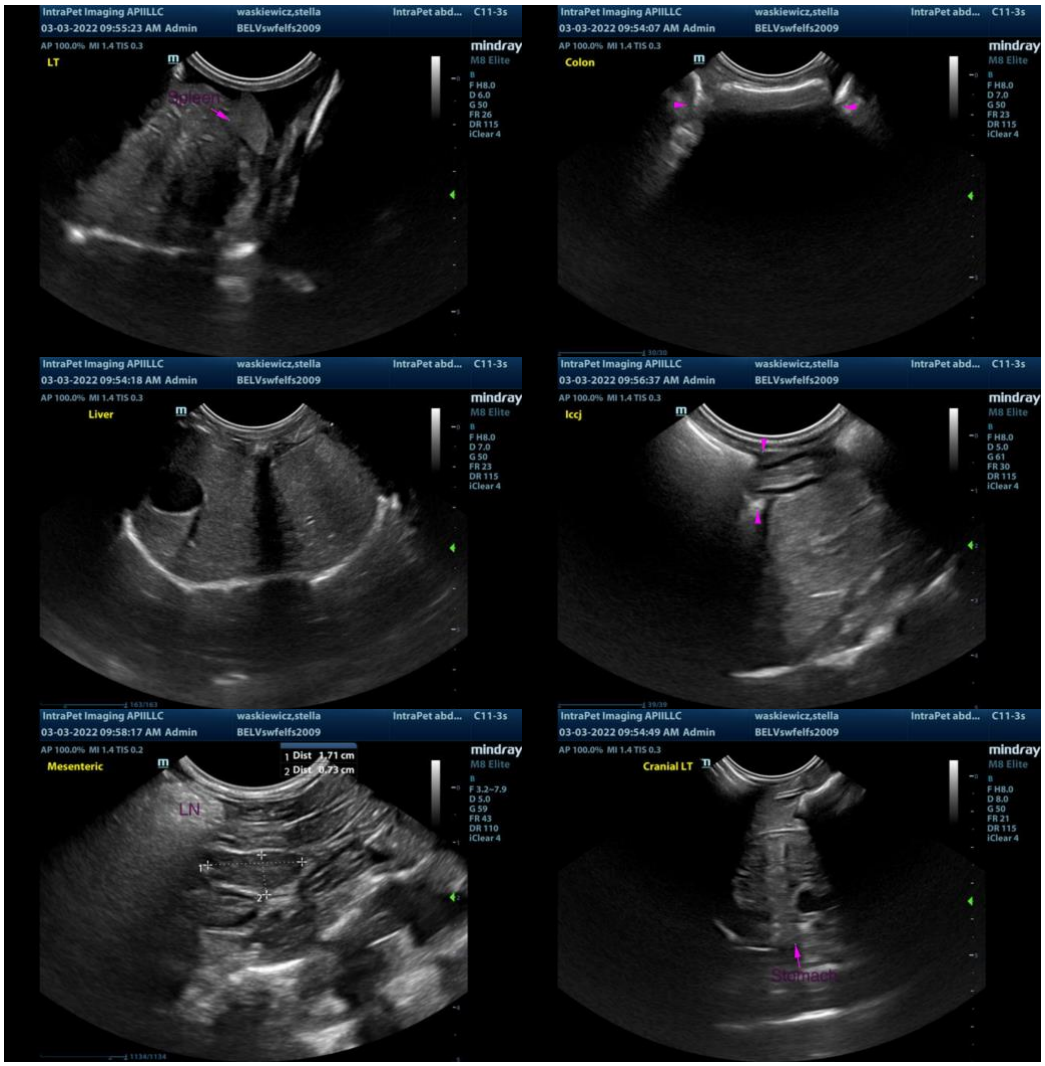
- Bilateral degenerative renal changes

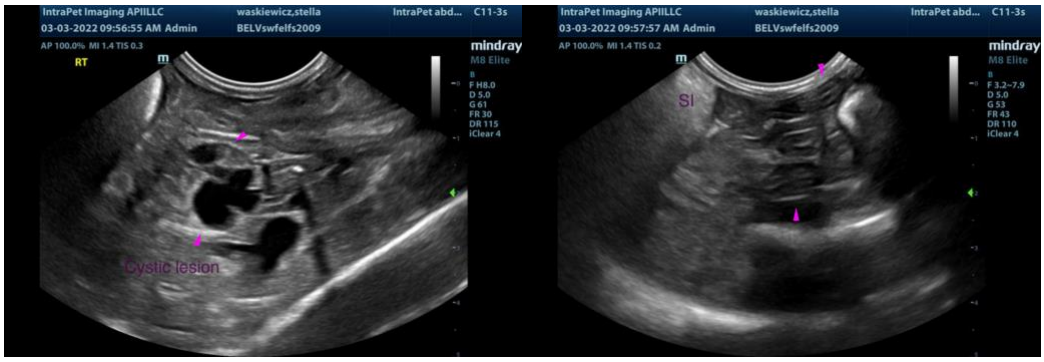
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, gastrointestinal biopsies would be performed to get a definitive diagnosis. If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids,

hypoallergenic diet), can be considered as long as the client understands the risk of treatment without a definitive diagnosis.

- Other diagnostic considerations include a GI Panel (send to Texas A&M), fecal evaluation for ova and Giardia, and three-view thoracic radiographs (particularly if corticosteroids are to be initiated).





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.

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