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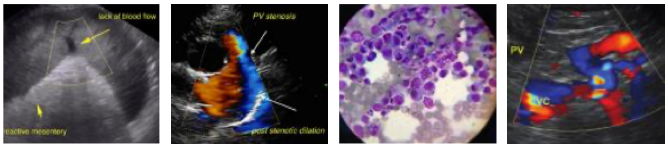
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Tyler Mundhenk

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
15 years, 11 mos

WEIGHT
12.52 lbs

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

IMAGING PERFORMED BY
Amy Priest

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Stephanie Welch

INVOICE
12583

DATE
3.30.23

PRESENTING CLINICAL SIGNS

History: Staff pet. Recheck ultrasound within 6 months. Hx ongoing diarrhea, chronic pancreatitis, low grade HM, mild non-regenerative anemia, cobalamin deficiency, suspected IBD or GI lymphoma based on previous scans and signs (no intestinal biopsies performed), a liver nodule noted on last scan in Jan 2023. On recent BW - Ca elevated (11.8), ionized Ca and hypercalcemia of malignancy panel sent out today/pending. Pet continues to have soft/loose stool for almost every bowel movement. Pet is on z/d and Purina HA combo strict diet, probiotic, rx clay, low dose pred EOD. Also presented with bilateral yellow nasal mucoid discharge today and is being placed on amoxi/clav today. No vomiting noted. Appetite rather decent. Losing weight (down 1 lb in a year) but has waxed and waned a little.

Abnormal PE/Chem/CBC/UA Results: rbc - 6.32 hgb - 9.6 monocytes - 563 Ca - 11.8 Anion gap - 26 TP - 9.1 ALT - 25 Amylase - 2621 Spec fPL - 9.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (3.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.91 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 hypoechoic relative to the spleen. A 1.60 cm irregular hyperechoic nodule is observed on the left side. The lesion does not cause capsular expansion. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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 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 in thickness with intact wall layering. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In addition, there is evidence of thickening of the submucosal layer in a few regions. 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 ascites is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease with minimal propensity for emerging lymphoma at this time.
- Trace ascites

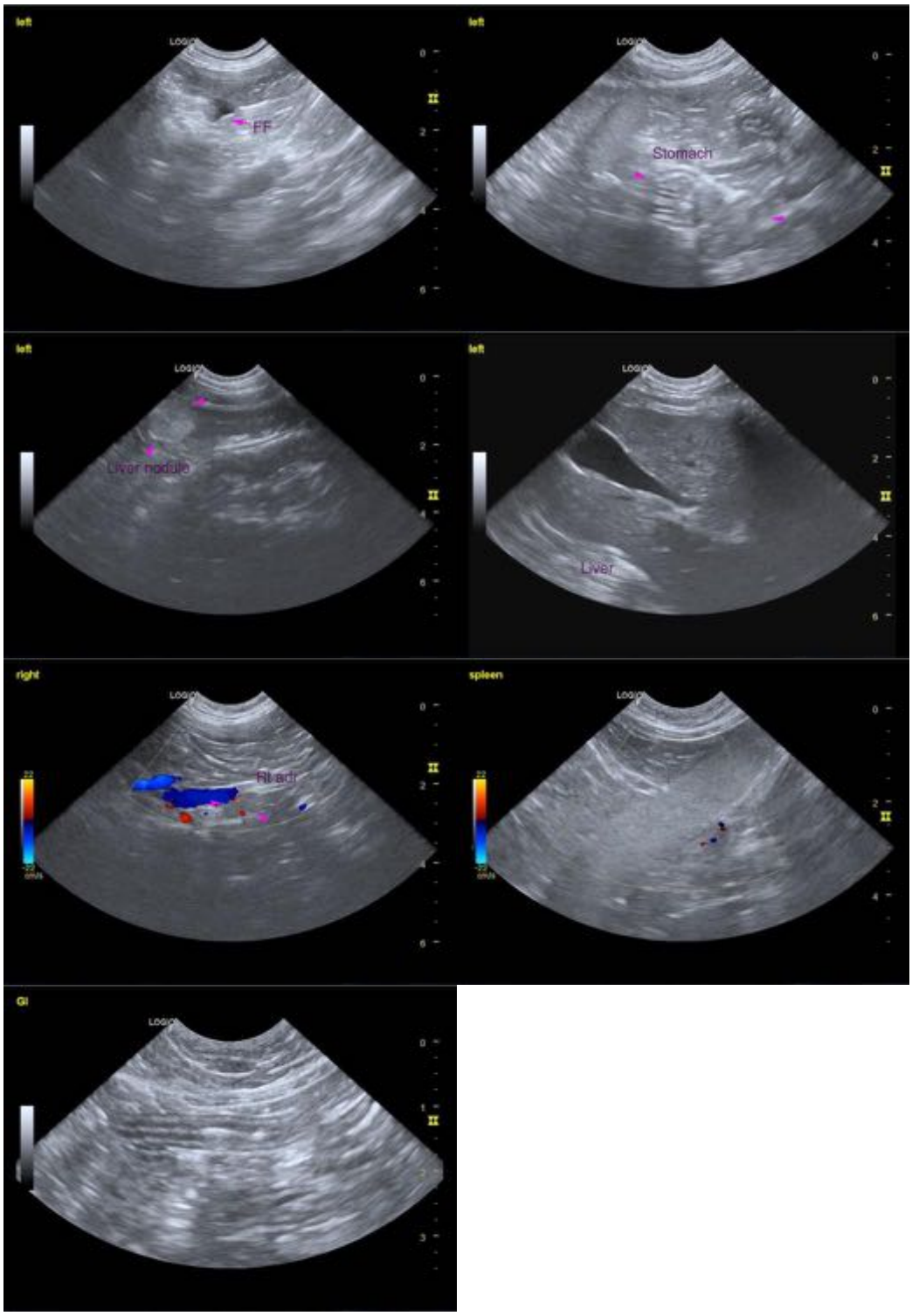
Secondary Findings

- Bilateral chronic age-related renal changes
- The left hepatic nodule – similar in appearance compared to the previous sonogram. Differentials include granuloma, adenoma, lymphoid hyperplasia, inflammatory focus, emerging neoplastic process, other.

  *An obvious cause for the patient's continued clinical signs is not definitively identified in this study. However, considerations include uncontrolled inflammatory bowel disease, persistent cobalamin deficiency, emerging neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Cobalamin supplementation is recommended (if the patient is not already receiving it).
- Also consider initiation of a fiber supplement (i.e., Metamucil or Konsyl).
- Ultimately, GI biopsies may be useful in guiding treatment. If biopsies are not pursued, adjustments in the corticosteroid dose may be warranted.
- Thoracic radiographs should be considered to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia or if corticosteroid dose is to be increased.



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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