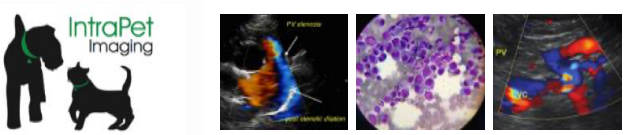
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/8/22

PATIENT

Penny McMahon

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

5/28/2015

WEIGHT

18 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

13115

PRESENTING CLINICAL SIGNS

Patient presents for evaluation. Patient has previously had full mouth extractions confirmed with biopsy stomatitis. Patient has been having a decreased appetite lately, and has lost 4 pounds since prior examination. Was previously on Cyclosporine at this time but did advise D/C due to potential sensitivity. CBC WNL. Chemistry shows globulins 6.3, albumin 2.5, SDMA 25, USG 1.021 with 1+ proteinuria and an inactive sediment. T4 normal.

Current Medications: Was on Cyclosporine 100mg/mL 0.2mL BID but did advise to discontinue as of 3/3/22.
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 is mildly distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.15 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (4.14 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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 hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially 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 mildly distended with ingesta. 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 in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas
The left limb of the pancreas is visible with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen
There is no evidence of free fluid. A 0.60 cm colic lymph node is visualized.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

A few ring down lesions are visualized within the thorax.

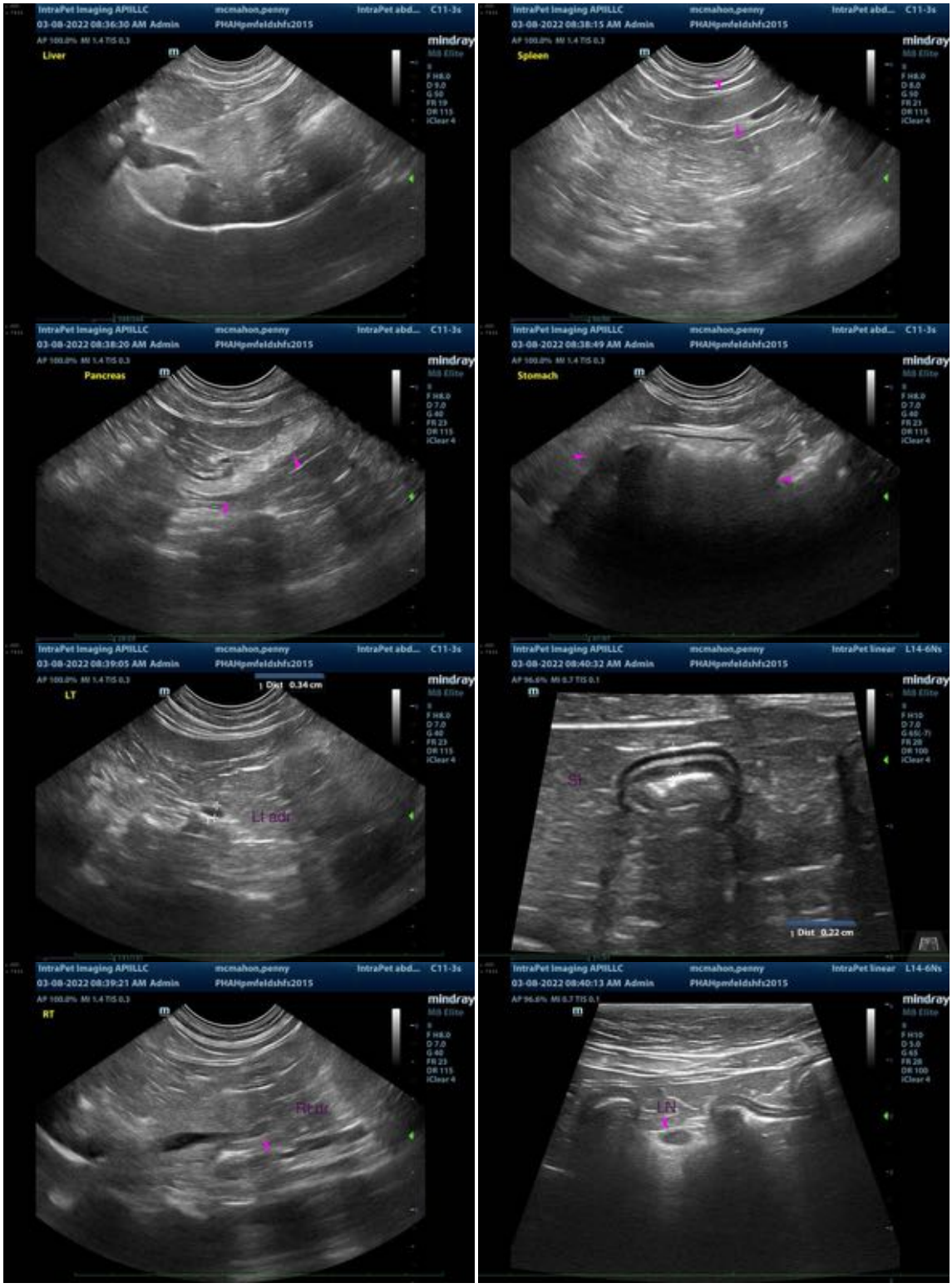
ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The pancreatic changes are suggestive of age-related remodeling/fibrosis. Mild chronic pancreatitis may also be present. Correlation with the patient's clinical findings is recommended.
- Bowel pattern suggestive of inflammatory bowel disease.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- The prominent colic lymph node is likely reactive.
- Mild, non-specific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Three-view thoracic radiographs are recommended to assess for disease in the chest.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is recommended.
- Given the hyperglobulinemia, consider submission of a serum protein electrophoresis +/- FIP testing. If a monoclonal gammopathy is present, a bone marrow aspirate may be indicated to further assess for multiple myeloma. If a polyclonal gammopathy is seen, further workup for inflammatory/infectious disease should be considered.
- GI biopsies (i.e., endoscopic or surgical) may also be warranted to further assess for causes of weight loss.
- Given the hepatic changes and the history of decreased appetite and weight loss, nutritional support (i.e., via temporary feeding tube) may be necessary to help prevent/treat hepatic lipidosis.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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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com