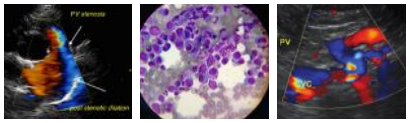
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3.9.2023

PATIENT

Lucy Marie Tessieri

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

3/11/2005

WEIGHT

10.12 lbs

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal MC

REFERRING VET

Dr. DeLozier

INVOICE

12379

PRESENTING CLINICAL SIGNS

Stable on prednisolone & tylan powder, off and on diarrhea but gained ~2lbs, doing overall well at home, just checking in one how things look inside.

Current Medications: Prednisolone & Tylan powder.
Lab Results: UPC 0.3. Negative fecal. BUN 56. USG 1.041, inactive sediment.
Date of Previous IntraPet Ultrasound: 1/6/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 is moderately distended. A small amount of suspended 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 is normal in size with a slightly irregular shape. The cortex is diffusely thickened. There is moderate loss of corticomedullary distinction. A 0.45 cm cortical cyst is present at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Surrounding mesentery is hyperechoic.

The right kidney is normal in size (3.62 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Surrounding mesentery is hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.72 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 isoechoic 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 mildly distended. The wall is thin and smooth. A small amount of aggregated echogenic debris is observed within the lumen. 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

x

intestinal wall is normal to mildly thickened (up to 0.28 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In one-to-two segments, there is questionable loss of the normal layering pattern. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent to enlarged irregular, hypoechoic mesenteric lymph nodes are visualized (the largest measuring 0.92 cm in diameter). Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

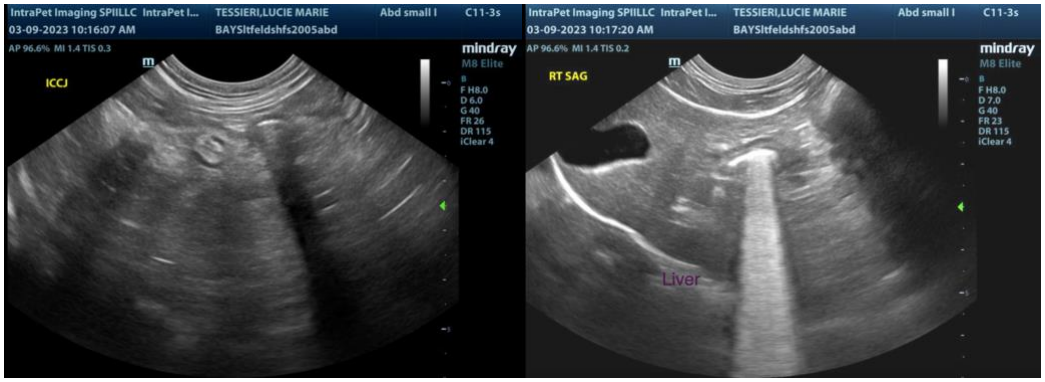
- The small intestinal wall changes could be consistent with lymphoma or inflammatory bowel disease. Changes are similar to the previous sonogram.
- The abdominal lymphadenopathy could be consistent with lymphoma, lymphoid hyperplasia, or reactive lymphadenitis. Changes are similar to the previous sonogram.

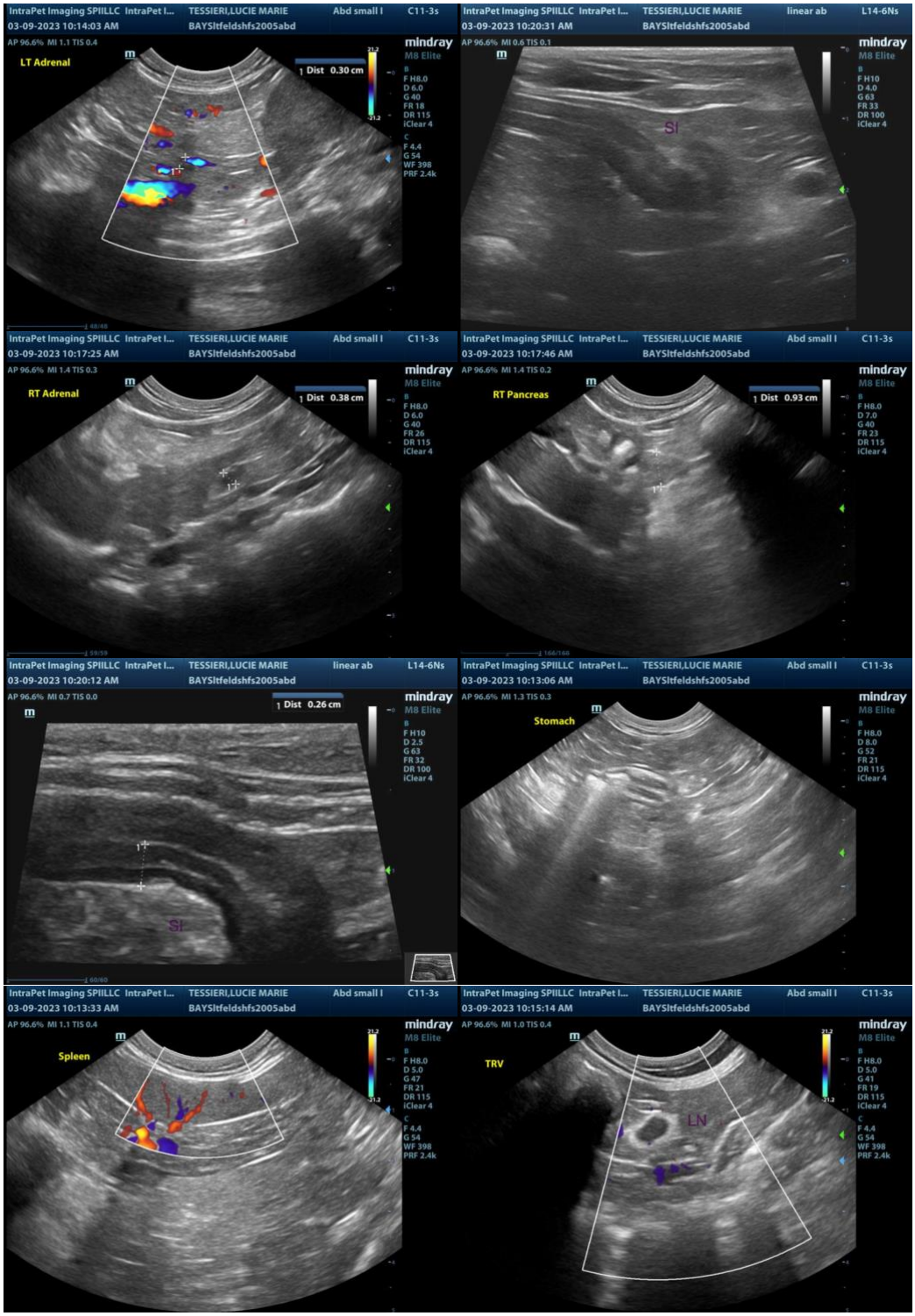
Secondary Findings

- 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.
- Bilateral chronic renal changes with suspected mild retroperitonitis, the cause of which is unclear.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a more definitive diagnosis is desired, consider fine-needle aspirate of the mesenteric lymph nodes, and/or endoscopic or surgical GI biopsies. Also consider a GI panel including serum cobalamin and folate, TLI and PLI, if not recently performed.
- Regarding the retroperitonitis, a urine culture and sensitivity is recommended to assess for occult infection.





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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