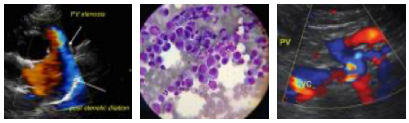
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/17/23

PATIENT

Mercedes Waters

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

4/2/2007

WEIGHT

9.18 lbs.

INTERPRETED BY

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

HOSPITAL NAME

North Laurel AH

REFERRING VET

Dr. Steere

INVOICE

14813

PRESENTING CLINICAL SIGNS

History of diarrhea, weight loss and inappropriate defecation. Was previously on hydrolyzed diet, now on OM diet.

Current Medications: Prednisolone 5mg SID, Proviable probiotics, Metronidazole 62.5mg BID (ending on 4/7/23).
Date of Previous IntraPet Ultrasound: 8/23/21. 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 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 visible portion of the proximal urethra are normal.

The left kidney is small in size (2.87 cm in length) with a slightly irregular shape. The cortex is variably thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.22 cm in the transverse plane). A cortical infarct is suspected at the cranial pole. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.86 cm in length); normal shape and architecture with 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. At least one cortical infarct is suspected at the cranial pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.57 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. At least 2 hyperechoic nodules with small cystic areas are observed on the right side. In addition, multi-septated cystic areas are observed in other parts of the parenchyma. 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 suspended echogenic 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 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in several 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 normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no obvious evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 0.46 cm in length. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.94 cm in length. The surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma. Changes are similar to the previous sonogram.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Changes are similar to the previous sonogram.

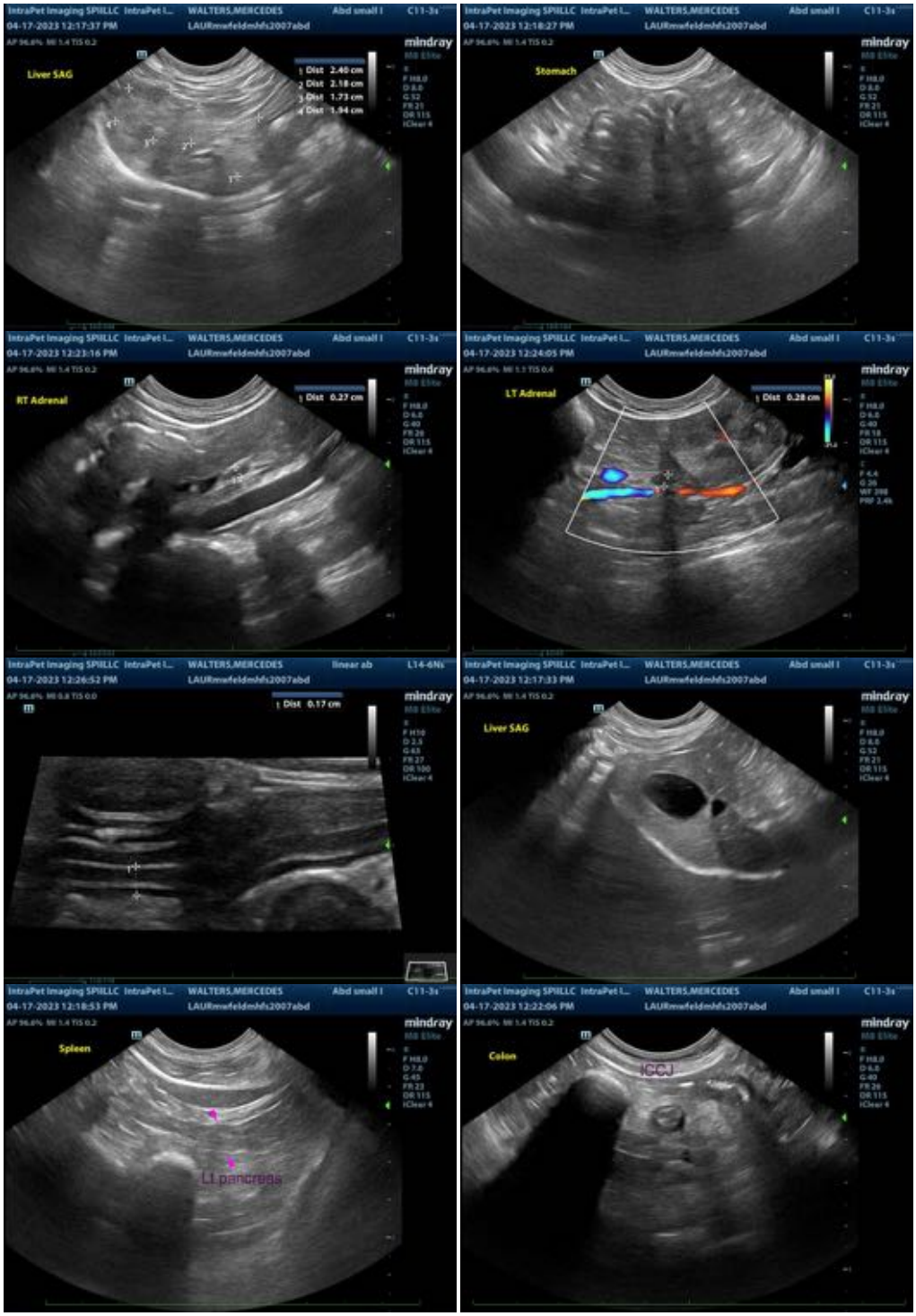
Secondary Findings:

- Minor, age-related pancreatic changes.
- Bilateral, chronic renal changes with suspected cortical infarcts and left pyelectasia.
- The cystic hepatic lesions are most consistent with biliary cystadenoma with a lower possibility of biliary cystadenocarcinoma or other hepatic lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Given the patient's clinical history, consider the following:

1. Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
2. A fecal evaluation for ova/Giardia, if not already performed.
3. Prophylactic deworming with Fenbendazole.
4. GI panel including serum cobalamin, folate, TLI and PLI.
5. Consider initiation of a fiber supplement (i.e., Metamucil or Konsyl).
6. Also consider initiating a second diet trial with a different hypoallergenic or hydrolyzed protein diet.

7. GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If biopsies are pursued, thoracic radiographs should be performed prior to anesthesia.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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