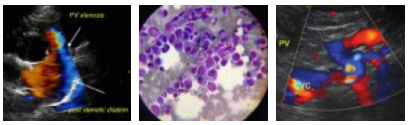
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
4/18/22

PATIENT
Sweets Primm

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, intact

AGE
11/27/2013

WEIGHT
6.4 lbs.

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

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Haviland

INVOICE
13215

PRESENTING CLINICAL SIGNS

Weight loss (lost 4 pounds since 2018 when she was last recently seen). Vomiting consistently- brown liquid. Loose stools.

Current Medications: Cerenia 1 mg/kg SQ, SQF 100 mLs. Gabapentin 50mg 2-3 hours prior to arrival.
Lab Results: Cholesterol 55 (< 65), SDMA 15, Creatinine 0.6 T 1.3
Hct non regenerative anemia 27.2%. UA SG >1.050, pH 6.5, protein 1+, Bilirubin 1+, hyaline casts seen
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce 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 lumen is moderately distended. A small to moderate 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 size (3.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.05 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.

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 (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.69 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. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous an borderline dilated (up to 0.24 cm) at the level of the duodenal papilla. Echogenic debris is observed in the cystic/proximal common bile duct lumen. The duodenal papilla is thickened (up to 0.82 cm in width).

Gastrointestinal

The gastric lumen is mildly gas 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 segmentally dilated with

gas and chyme. The small intestinal wall is normal to moderately thickened (up to 0.33 cm). In some segments there is loss of the normal layering pattern. In other segments, there is disruption of the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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 free fluid is observed. Several enlarged, irregular hypoechoic mesenteric and colic lymph nodes are visualized, the largest measuring 2.80 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal wall changes suggestive of emerging lymphoma or severe inflammatory bowel disease.
- The lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), reactive lymphadenitis or lymphoid hyperplasia.
- Trace ascites.

Secondary Findings:

- Urinary bladder debris.
- Gallbladder/cystic/common bile duct luminal debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, fine needle aspirates of the enlarged mesenteric lymph nodes is recommended (if clotting status is appropriate). If cytology results are inconclusive, an abdominal exploratory with gastrointestinal and mesenteric lymph node biopsies may be necessary to get a definitive diagnosis. Thoracic radiographs (three-view) are recommended prior to anesthesia.
- Also consider a GI panel (i.e., serum cobalamin, folate, TLI and PLI).
- If tissue sampling is not pursued in this patient, empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- a hypoallergenic diet) can be considered as long as the client understands the risk of treatment without a definitive diagnosis.


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:01:11 AM EAHspfeldshfl2013abd
Spleen
mindray


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:01:51 AM EAHspfeldshfl2013abd
LT Adrenal
Dist 0.34 cm
mindray


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:05:14 AM EAHspfeldshfl2013abd
RT Adrenal
Dist 0.40 cm
mindray

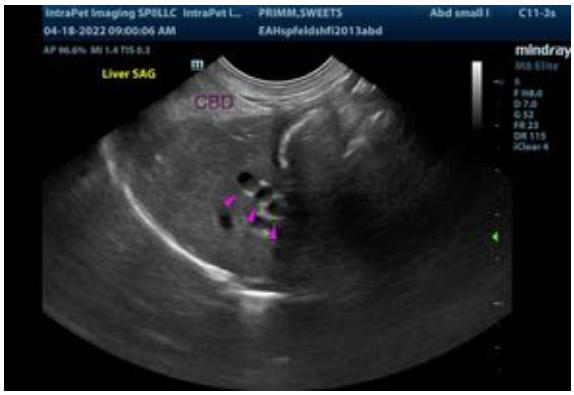

IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:07:23 AM EAHspfeldshfl2013abd
mesenteric lymph
Dist 2.57 cm
Dist 1.98 cm
mindray


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:08:01 AM EAHspfeldshfl2013abd
ICCJ
mindray


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:11:18 AM EAHspfeldshfl2013abd
Cranial rt
DUO PAP
mindray


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS Abd small I C11-3s
04-18-2022 09:11:46 AM EAHspfeldshfl2013abd
Stomach
mindray


IntraPet Imaging SP8LLC IntraPet I... PRIMM,SWEETS linear ab L14-6Ns
04-18-2022 09:12:58 AM EAHspfeldshfl2013abd
Dist 0.25 cm
mindray



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.

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