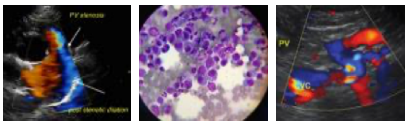
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/25/22

PATIENT

Lyra essoe

SPECIES

Feline

BREED

Savannah

SEX

Female, spayed

AGE

11/1/2008

WEIGHT

9.38 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Menefee

INVOICE

13254

PRESENTING CLINICAL SIGNS

Pt presented on 4/23/22 for lethargy, wobbling, weight loss. Labs showed liver elevations. Pt was 13 lbs in 2019, now 9.38. Pt is still eating but less than normal, occasional vomiting.

Current Medications: Denamarin started on 4/23, Convenia given 4/23. Gabapentin prior to drop off.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: DKT IM.
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 with anechoic urine. 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 (3.27 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.46 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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 and homogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are normal Hepatic veins are subjectively dilated. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of 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 some 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 normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern are subtle but suggestive of inflammatory bowel disease. However, these changes may be a normal variant for this patient.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings:

- Minor age-related renal changes with subtly dystrophic mineralization.
- Subjective hepatic venous dilation may be a normal variant for this patient or could suggest an upstream problem (i.e., congestive heart failure or obstruction of the thoracic caudal vena cava.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to evaluate cardiopulmonary status.
- Given the liver value elevations, pre- and post-prandial serum bile acids and hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) should be considered. Surgical biopsies are preferred in that they are more likely to provide a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures are also recommended along with gastrointestinal biopsies.
- Other diagnostic/therapeutic considerations include:
    - Empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin clavulanic acid, metronidazole, Denamarin) with a recheck of the liver values in 5-7 days. If there is no improvement in the liver values at that time, antibiotics should be discontinued and hepatic and GI tissue sampling revisited.
    - GI panel (send to Texas A&M) and fecal evaluation for ova and Giardia.
    - Neurologic examination is also recommended given the patient's wobbly gait and weight loss.


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA Abd small I C1T1-3s
04-25-2022 10:42:13 AM EVERIefeldshsavanfs2008abd
LT Adrenal
Dist 0.29 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA Abd small I C1T1-3s
04-25-2022 10:46:26 AM EVERIefeldshsavanfs2008abd
RT Adrenal
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mindray


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA Abd small I C1T1-3s
04-25-2022 10:48:06 AM EVERIefeldshsavanfs2008abd
Cranial lt
Stomach
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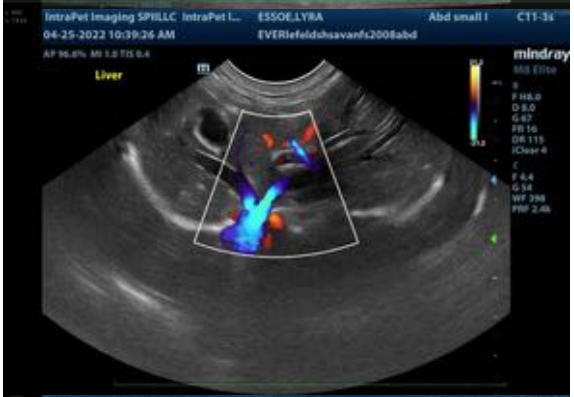
IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA linear ab LT4-6Ns
04-25-2022 10:49:46 AM EVERIefeldshsavanfs2008abd
SPLEEN
mindray


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA linear ab LT4-6Ns
04-25-2022 10:50:16 AM EVERIefeldshsavanfs2008abd
PANCLT
Dist 0.66 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA Abd small I C1T1-3s
04-25-2022 10:39:26 AM EVERIefeldshsavanfs2008abd
Liver
mindray


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA Abd small I C1T1-3s
04-25-2022 10:47:34 AM EVERIefeldshsavanfs2008abd
MID
ICCJ
mindray


IntraPet Imaging SPIILLC IntraPet I... ESSOE,LYRA linear ab LT4-6Ns
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SI
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.

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