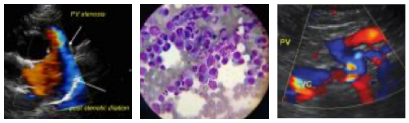
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4.26.2023

PATIENT

Ellie Polleys

SPECIES

Feline

BREED

Calico

SEX

Spayed Female

AGE

8/1/2014

WEIGHT

8.36 lbs

INTERPRETED BY

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

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Riehl

INVOICE

12860

PRESENTING CLINICAL SIGNS

On 4/6/2023; regurgitated dramatically and started making gurgly noises. Given convenia SQ proactively. Represented that night with profuse aerated saliva from nostrils and mouth and anorexic. Profound gag/swallowing. Given cerenia/pepcid SQ and started sucralfate. Progressive anorexia with exagerated swallowing. Sedated for rads on 4/8 after 2 days of tx for esopho/gastritis; evidence of aspiration pneumonia. BW normal. Gave injectable reglan, cerenia at home, started PO veraflox.
Resedated on 4/10 for feeding tube placement since still not improving after 4 days supportive care. Started refeeding/meds through tube. Eating on own well by day 4, acting normally with normal swallowing since day 5. Will be day 15 post feeding tube placement, ~day 20 since onset

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IM: Torb: 0.15 mL, Midazolam: 0.1 mL, Dexdom: 0.1 mL, Ketamine: 0.1 mL

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (3.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.53 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is subjectively normal in width (0.95 cm at the level of the hilus) with an elongated contour and smooth curvilinear peripheral margins. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic 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 is normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible 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 (0.21 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.84 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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

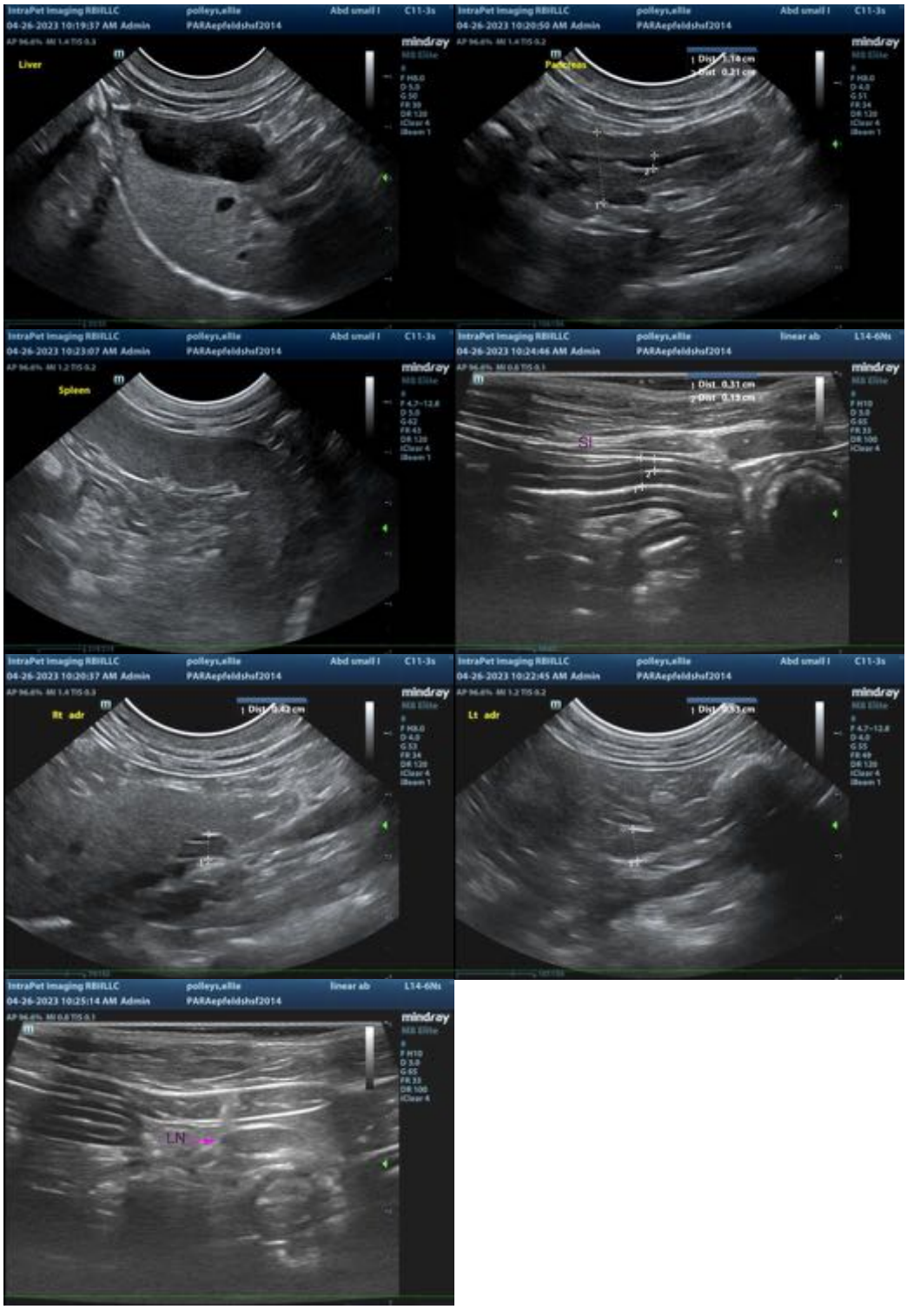
- Bilateral chronic age-related renal changes
- The hepatic parenchymal changes may be a normal variant for this patient or may represent emerging hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging neoplasia (less likely), other. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- Continued symptomatic care for esophagitis and aspiration pneumonia is recommended as needed.
- Given the sonographic changes in the bowel and pancreas, also consider the following:

    1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
    2. Fecal evaluation for ova and Giardia

3. 2-4-week limited antigen or hydrolyzed protein diet (once the patient has recovered from its current illness).
4. +/- endoscopic or surgical biopsies, if warranted.



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.

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