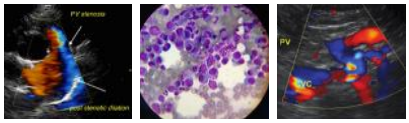
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/4/2022

PATIENT

Mojito Schmidt

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

7/10/2007

WEIGHT

8.25 lbs

INTERPRETED BY

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

HOSPITAL NAME

Alexander Animal Hospital

REFERRING VET

Dr. Alexander

INVOICE

10672

PRESENTING CLINICAL SIGNS

Vomiting randomly every 3-4 weeks with 2-pound weight loss in 1 year.

Current Medications: None. O was feeding salmon and sweet potato diet, switched to RC GI on 3/25/22.

Lab Results: 12/8/21 WNL. Most-recent bloodwork: Normal CBC. Chemistry shows creatinine 2.7. Calcium 11.0. T4 normal.

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

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 mostly 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 (3.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.17 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.67 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 exhibits minor changes consistent with age-related remodeling. A 1.58 cm heterogenous, multi-septated cystic nodule is observed at the caudal pole. In addition, a few smaller cystic nodules are suspected. A 0.37 cm hyperechoic nodule is observed on the right side near the

diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. There is no obvious evidence intraluminal obstruction.

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 is prominent to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.18 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall pattern is most consistent with inflammatory bowel disease, but there is some potential for emerging lymphoma. However, neoplasia is considered most likely at this time.
- The pancreatic changes are suggestive of chronic pancreatitis. Although normal variation cannot be completely excluded.
- The cystic hepatic lesions are most consistent with biliary cystadenomas or cystadenocarcinoma.

Secondary Findings

- Bilateral age-related renal changes with left nonobstructive nephrolithiasis and trace right pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

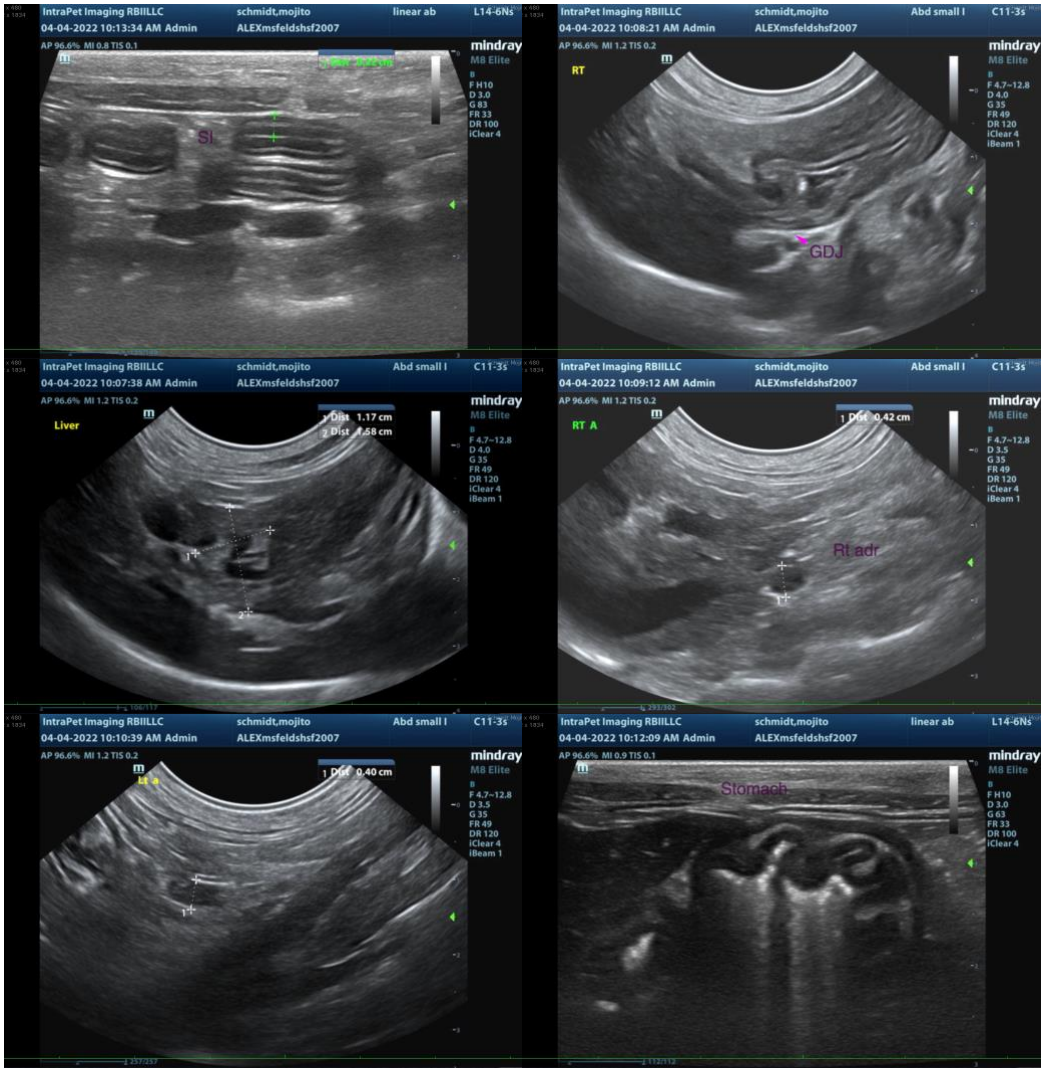
The following diagnostic/treatment recommendations can be considered:

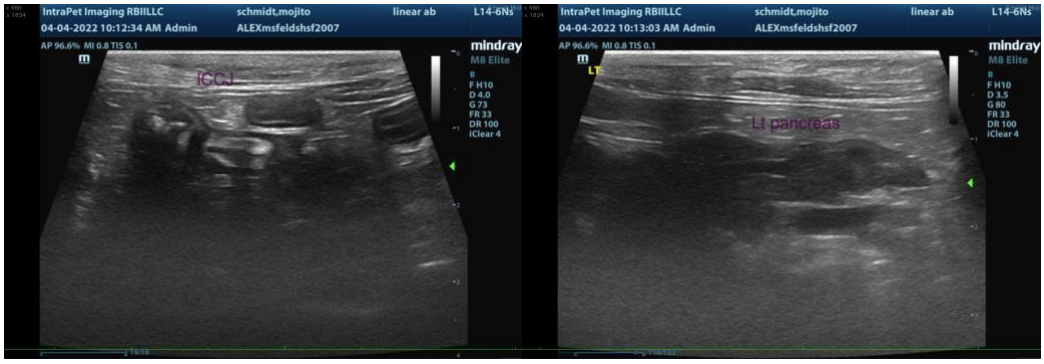
1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies

4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be 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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