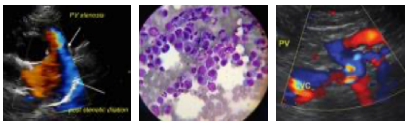
IMAGING PERFORMED BY

IntraPet.com



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DATE
5/16/22

PATIENT
Luna Saunders

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
2007

WEIGHT
8.9 lbs.

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

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Bottaro

INVOICE
13375

PRESENTING CLINICAL SIGNS

Recent weight loss. 11/12/21 P was 10.3lbs, 4/28/22 weighs 8.9lbs.

Current Medications: Denamarin feline 1 SID.
Lab Results: ALT 206 (27-158), AST 70 (16-67), AKP 127 (12-59).
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. A scant 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 1-2 cm, are normal.

The left kidney is normal size (3.58 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.11 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. Hyperechoic shadowing diverticular foci are visualized A 0.42 cm cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 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 (0.73 cm in width at the level of the hilus) with a normal capsular contour. There is of appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. 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 moderate amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measured 0.29 cm in diameter at the level of the duodenal papilla. There is no obvious evidence of an 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 is diffusely thickened (up to 0.40 cm) with retention of the normal layering pattern. 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 colonic wall is 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

There is no evidence of free fluid. Several enlarged, irregular hypoechoic to heterogeneous lymph nodes are observed at the mesenteric root, the largest measuring 2.59 cm in length. A few of the nodes have hypoechoic nodules within the parenchyma. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

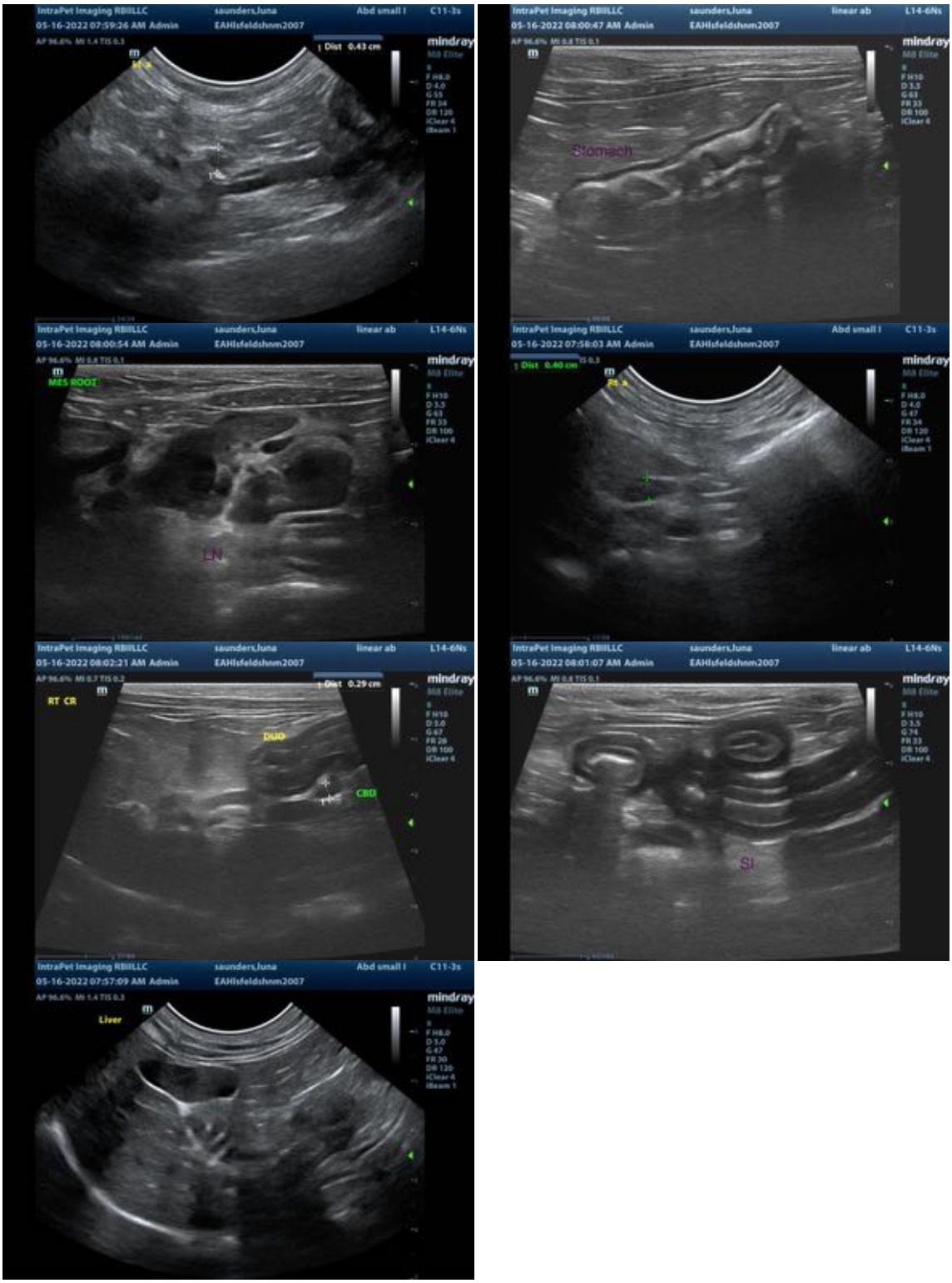
- The small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), reactive lymphadenitis or lymphoid hyperplasia.
- The hepatic parenchymal changes are non-specific and could be secondary to an inflammatory hepatopathy (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis), emerging hepatic lipidosis or less likely, infiltrative neoplasia (i.e., lymphoma).

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- The most aggressive option in this patient would be to perform an abdominal exploratory to obtain gastrointestinal, abdominal lymph node and hepatic biopsies along with aerobic and anaerobic bile cultures.
- A more conservative option would be to perform a fine needle aspirate of the liver and abdominal lymph nodes (if clotting status is appropriate) along with endoscopic gastrointestinal biopsies. However, GI pathology may be missed with this approach as not all areas of bowel are accessible endoscopically.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended, regardless of the approach pursued.
- A fecal evaluation for ova and Giardia should also be considered.



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*)
Andrea.nicastro@sonopath.com