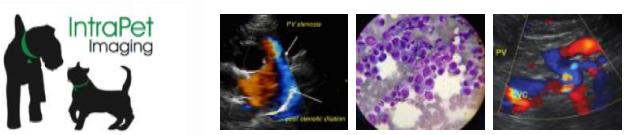
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/30/22

PATIENT

Peeky Corley

SPECIES

Feline

BREED

Domestic longhair

SEX

Male, neutered

AGE

5/28/08

WEIGHT

19.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

13439

PRESENTING CLINICAL SIGNS

ATO: had not been eating about 2 weeks, had tried a few new foods was not interested. Not drinking water either. Usually not social. Went to rdvm yesterday afternoon--bloodwork values concerning. Rdvm recommended referral for supportive care and US. initial bw from rdvm: SDMA 28 crea 2.9 BUN 54 Ca 15.5 ALT 290 AST 118 Lipase 71 tbili 0.5.
Current Medications: Potassium chloride, Mirtazapine, Buprenorphine, Ondasetron, Maropitant Citrate,
Lab Results: ALP 201
Date of Previous IntraPet Ultrasound: No previous ultrasound.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, 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 small amount of gravity dependent echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.16 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

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. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

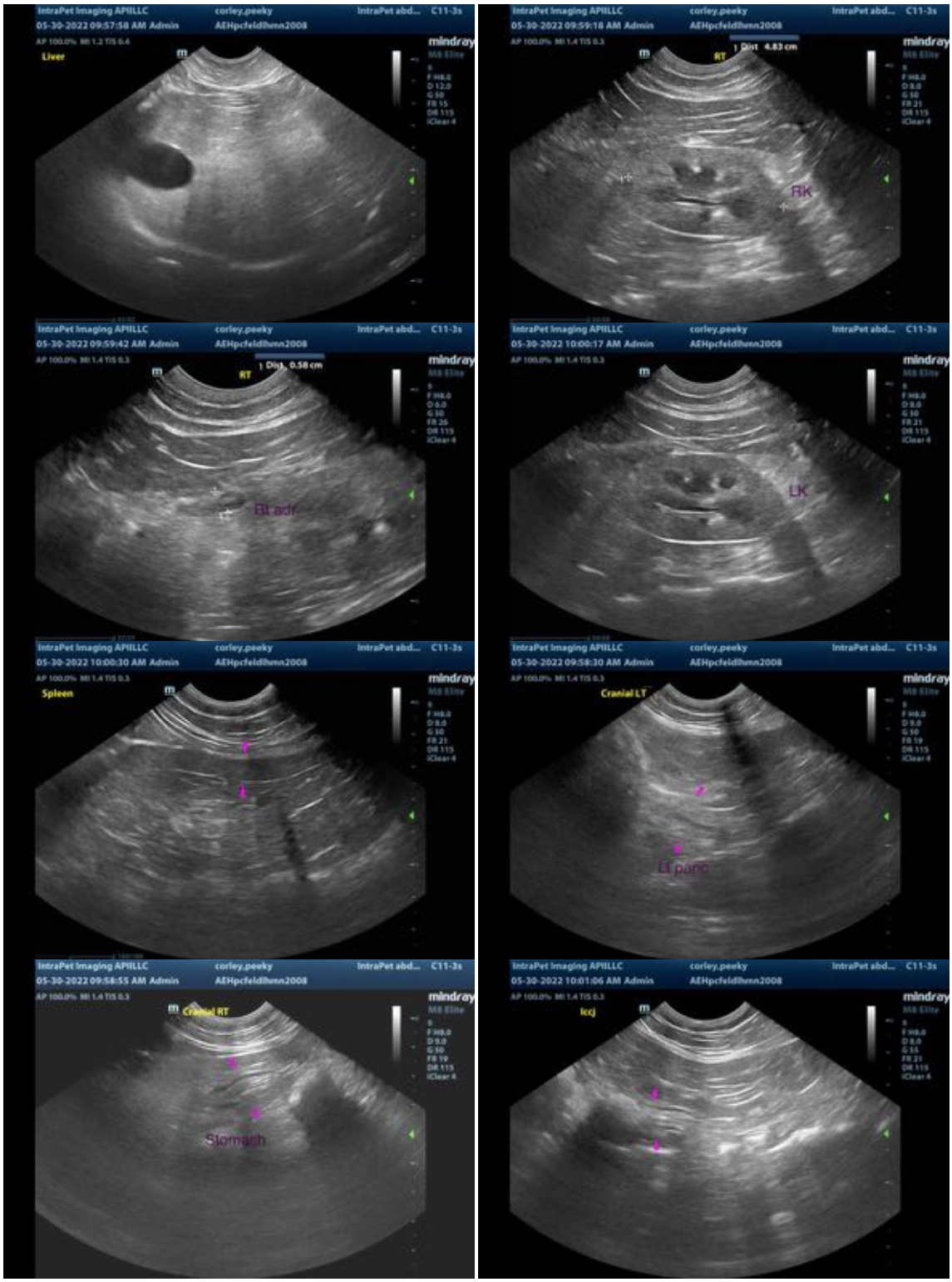
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral chronic non-specific renal changes with dystrophic mineralization and pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic changes, consider a fine needle aspirate (if clotting status is appropriate) to further assess for hepatic lipidosis and round cell neoplasia (i.e., lymphoma). Cytologic evaluation of the liver is less useful for other hepatopathies (i.e., inflammatory disease, fibrosis). If results are inconclusive, a surgical liver biopsy with aerobic and anaerobic bile cultures may be warranted.
- Regarding the clinical history and renal changes, consider the following:
    1. Urine culture and sensitivity.
    2. UPC (if proteinuria is present).
    3. Baseline blood pressure measurement.
- Given the inappetence, nutritional support (i.e., via temporary feeding tube) is recommended to prevent/treat hepatic lipidosis.
- Given the hypercalcemia, consider the following:
    1. Ionized calcium +/- PTH/PTHRP.
    2. Thoracic radiographs to assess for occult neoplasia in the chest.



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