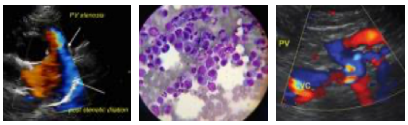
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/8/23

PATIENT

Cooper Manasterli

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10/15/2011

WEIGHT

2.4 kg.

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

14898

PRESENTING CLINICAL SIGNS

Marked weight loss, finicky appetite, intermittent vomiting. Elevated ALT. History of hyperthyroidism (currently controlled), MPL and OA L stifle. On PE--gas/fluid distended SI, questionable mild mesenteric lymphadenopathy.

Current Medications: Methimazole 5mg once daily, Buprenorphine BID
Lab Results: Feb 2023--ALT 251 (normal/low T4 at this time)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.88 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is poor 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 (4.18 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is poor 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 (0.39 cm width) with a normal shape and smooth peripheral contours. Foci of mineralization are observed within the parenchyma. Glandular echogenicity and detail is otherwise normal. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.38 cm width) with a normal shape and smooth peripheral contours. Foci of mineralization are observed within the parenchyma. Glandular echogenicity and detail is otherwise normal. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.75 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 to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. There is a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. a small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and borderline dilated (up to 0.40 cm). a small amount of echogenic debris is observed within the lumen. The duodenal papilla is normal in size (0.38 cm in width). There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is moderately to severely distended with echogenic fluid. Within the fluid, a 1.79 cm hyperechoic shadowing structure is visualized. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern. There is slightly increased mucosal echogenicity. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal.

Pancreas

The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (up to 0.27 cm in diameter).

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric ileus. The shadowing structure within the gastric lumen is concerning for a foreign body (i.e., hairball, other). It appears to be free floating and not obstructing the pyloric outflow tract at the time of the study.
- The pancreatic changes are suggestive of mild chronic pancreatitis.
- The increase in hepatic portal markings are suggestive of an inflammatory process (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis). However, normal variation cannot be completely excluded.
- The increase in small intestinal mucosal echogenicity could suggest an inflammatory process (i.e., inflammatory bowel disease).
- Trace ascites.

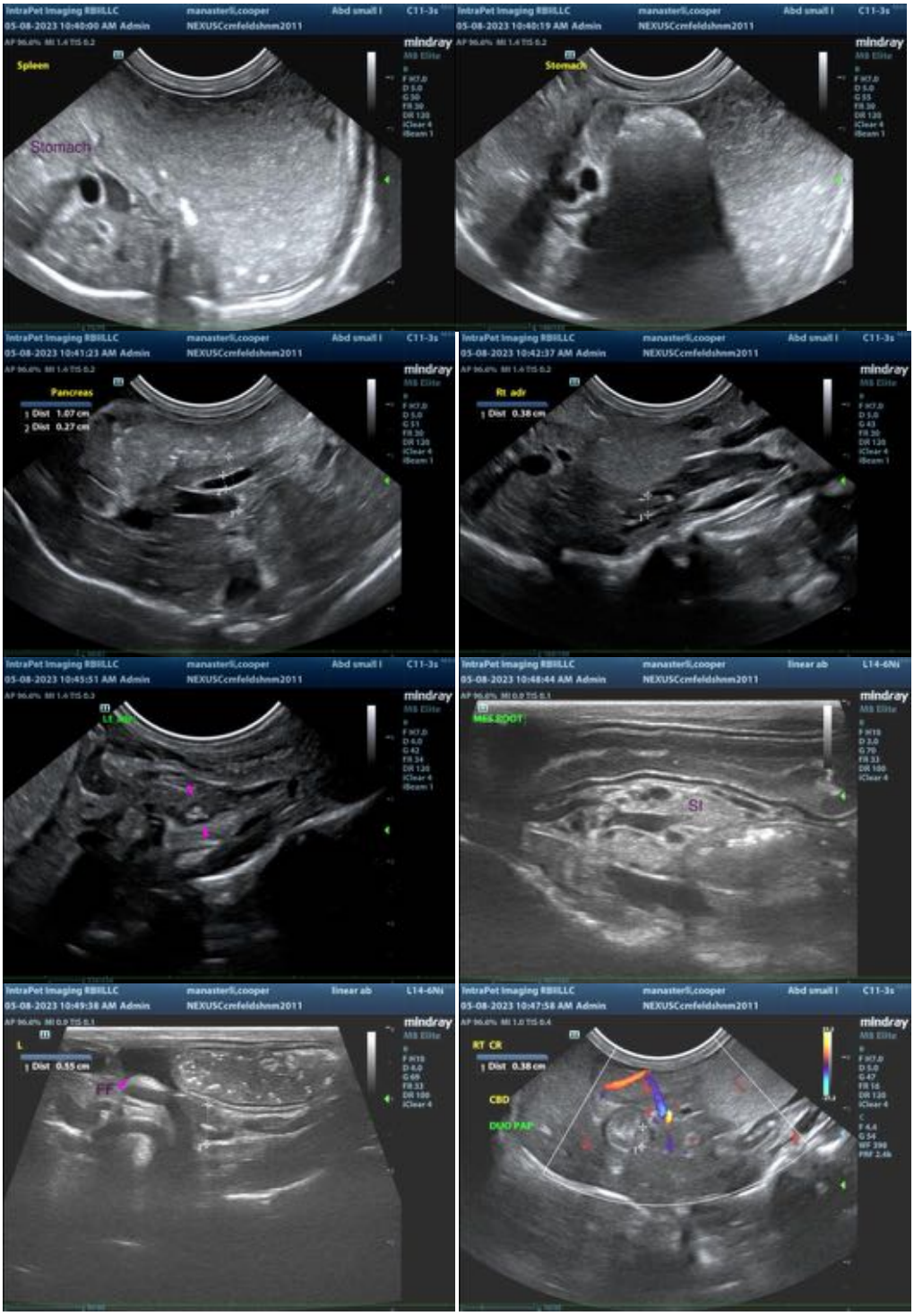
Secondary Findings:

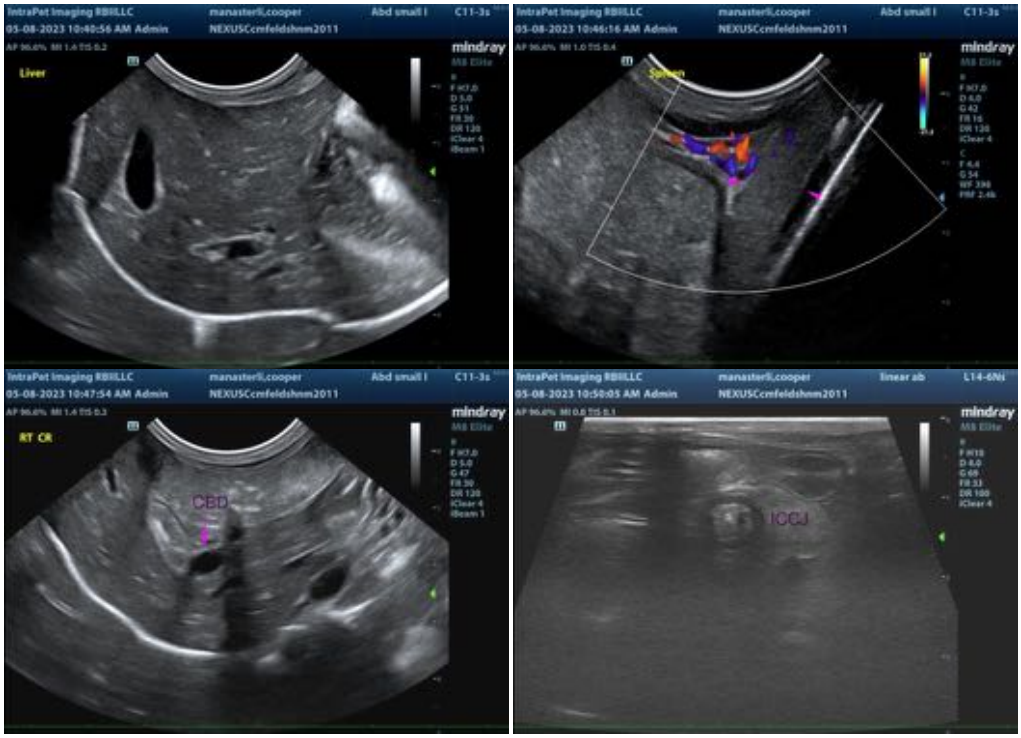
- Bilateral, chronic nephropathy with non-obstructive nephrocalcinosis.
- The bilaterally mineralized adrenal glands is likely a benign, age-related incidental finding.
- The dilation of the cystic and common bile ducts could be consistent with cholangitis. However, a prior choledocolith cannot be excluded.

*Given the sonographic changes, “triaditis” is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.


IntraPet Imaging RBIILLC
manasterli,cooper
Abd small I
C11-3s
05-08-2023 10:40:00 AM Admin
NEXUSCcmfeldshnm2011
mindray
Spleen
Stomach
05-08-2023 10:40:19 AM Admin
Stomach
05-08-2023 10:41:23 AM Admin
Pancreas
Dist 1.07 cm
Dist 0.27 cm
05-08-2023 10:42:37 AM Admin
Rt adr
Dist 0.38 cm
05-08-2023 10:45:51 AM Admin
Lt adr
linear ab
L14-6Ni
05-08-2023 10:48:44 AM Admin
SI
05-08-2023 10:49:38 AM Admin
L
Dist 0.55 cm
FF
05-08-2023 10:47:58 AM Admin
RT CR
Dist 0.38 cm
CBD
DUO PAP



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com