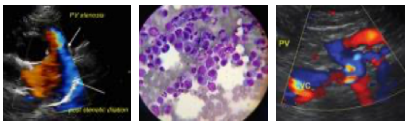
IMAGING PERFORMED BY

IntraPet.com



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DATE
5/9/23

PATIENT
Rue Friedman

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
8/25/2015

WEIGHT
9.3 lbs.

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

HOSPITAL NAME
Timonium AH

REFERRING VET
Dr. Brand

INVOICE
14913

PRESENTING CLINICAL SIGNS

Presented 4/7/23 for vomiting, less affectionate, still eating. PE unremarkable aside from overgrooming (Chronic). Vomiting resolved on Cerenia but has returned since finishing.

Current Medications: 4/7/23 Cerenia 16mg ½ SID #4, Panacur 100mg/mL 2.1mL SID x 3 days, repeat in 2 weeks.
Lab Results: 4/7/23 Fecal OPG negative. CBC/Chem/T4/UA unremarkable aside from T4 of 3/1 (FT4 WNL).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 are normal.

The left kidney is normal in size (3.90 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is subjectively enlarged with slight scalloping of the medial contour. The parenchyma is diffusely mottled. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A focal area of proximal duodenum is mildly thickened (up to 0.45 cm) with questionable loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The small intestinal lumen is empty. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.76 cm in length. In addition, a 0.48 cm lymph node is observed in the cranial abdomen, adjacent to the pylorus.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected focal proximal duodenal wall thickening. Differentials include inflammation, emerging neoplasia, hypertrophy, other. Focal adjacent peritonitis is present.
- The prominent abdominal lymph nodes are most consistent with reactive change with a lower possibility of infiltrative neoplasia.
- The splenic parenchymal changes are concerning for infiltrative disease (i.e., lymphoma). However, benign process (i.e., splenitis, antigen stimulation, lymphoid hyperplasia, extramedullary hematopoiesis) is also possible.

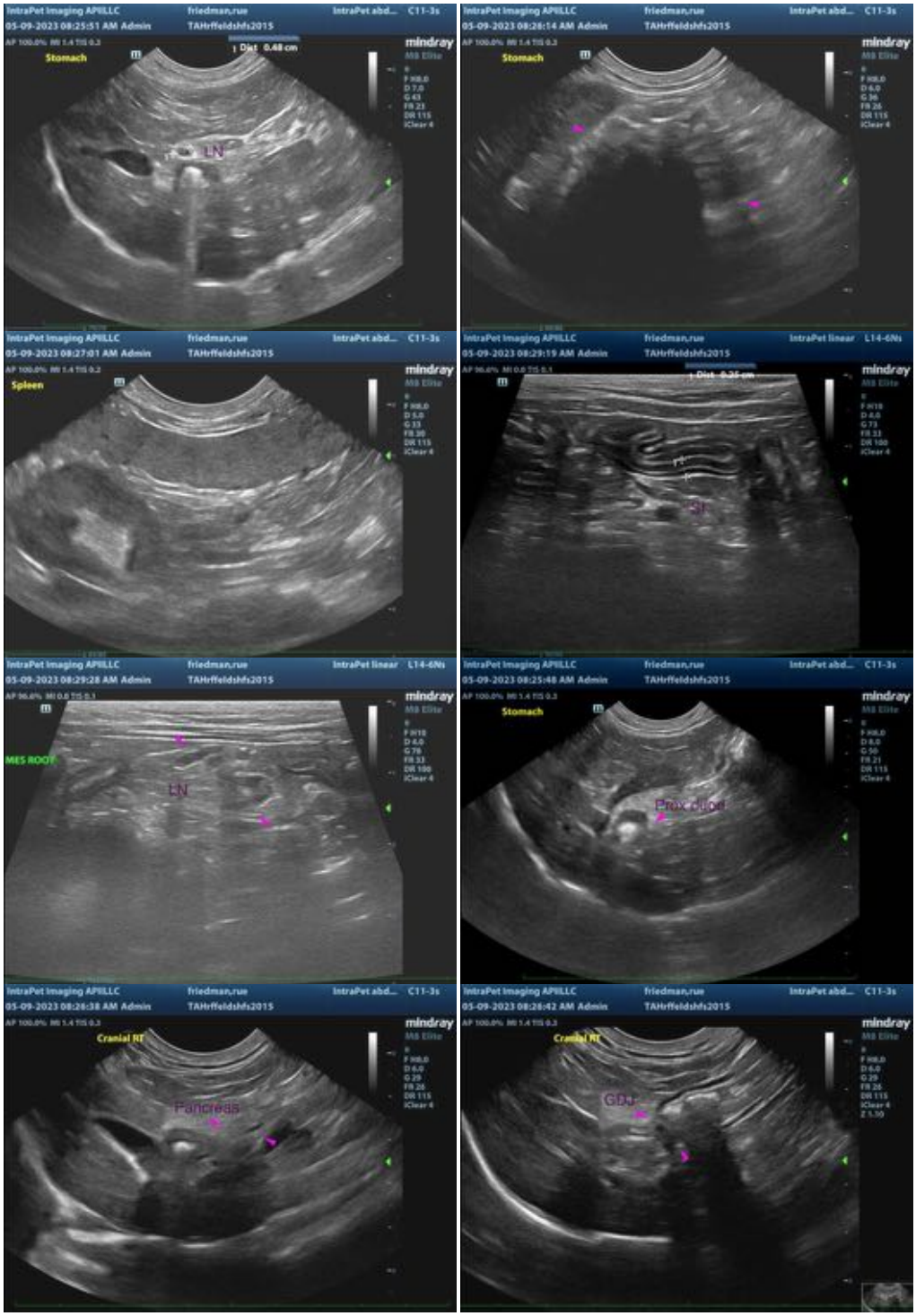
Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Minor bilateral renal dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirate of the spleen is recommended, if clotting status is normal. A 25-gauge needle should be used.
- Also consider three-view thoracic radiographs to assess for esophageal disease and occult aspiration pneumonia.
- Other diagnostic/therapeutic considerations include the following:

    1. GI panel including serum cobalamin, folate, TLI and PLI.
    2. 2–4-week limited antigen or hydrolyzed protein diet trial.
    3. Initiation of a probiotic (i.e., Visbiome or Proviable).
    4. Heartworm testing (antigen and antibody)
    5. +/- endoscopic or surgical GI biopsies with particular attention to the proximal duodenal wall.



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)
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