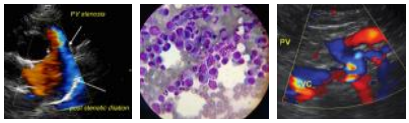
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6/20/2022

PATIENT

Morpheus Vacalis

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

9lbs 12oz

WEIGHT

4/18/2015

INTERPRETED BY

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

HOSPITAL NAME

Alexander Animal Hospital

REFERRING VET

Dr. Alexander

INVOICE

11132

PRESENTING CLINICAL SIGNS

Owner says patient appetite is off and more withdrawn/lethargic.

Current Medications: Chronically due to hyperesthesia and tail chewing:
Gabapentin-150mg q8hr, Amantadine-7.5mg-q24
Lab Results: 6/14/22- WBC's d/t: Neuts-16,165, Eos's-2385, >Monos-795, >Basophils-795.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 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 2 cm, are normal.

The left kidney is enlarged (5.88 cm in length); with swollen peripheral contours. The cortex is diffusely thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is mildly enlarged (4.24 cm in length); with a slightly irregular shape. The cortex is diffusely thickened. There is moderate loss of corticomedullary distinction. Cortical infarcts are suspected at the caudolateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.82 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. There is a subtle increase in portal markings. 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. A small amount of aggregated, echogenic debris is suspended within the lumen. The cystic and common bile ducts are visible/tortuous. There is no obvious evidence an intralumenal 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 most segments. A line of mucosal fibrosis is also seen in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular 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. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with acute or chronic active pancreatitis (moderate to severe) with regional peritonitis.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The hepatic changes are suggestive of an inflammatory hepatopathy. However, normal variation or other hepatopathies are possible.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with right cortical infarcts. However, infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded as a differential for the bilateral renomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

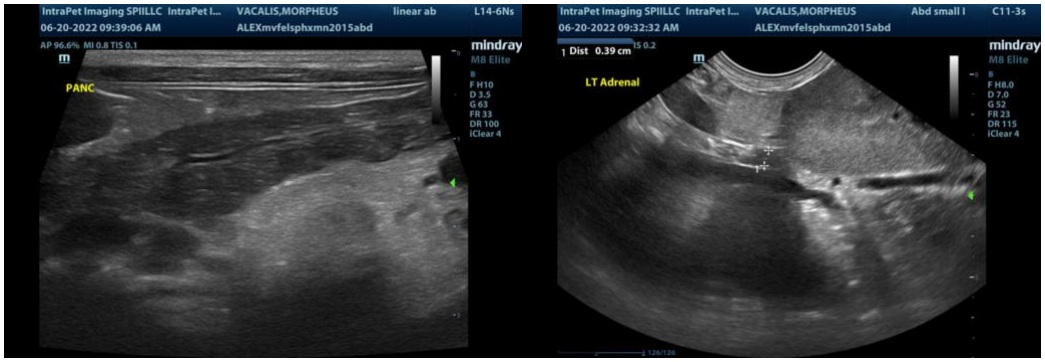
Three-view thoracic radiographs are recommended to assess for cardiopulmonary status. Given the clinical history and sonographic changes, consider the following:

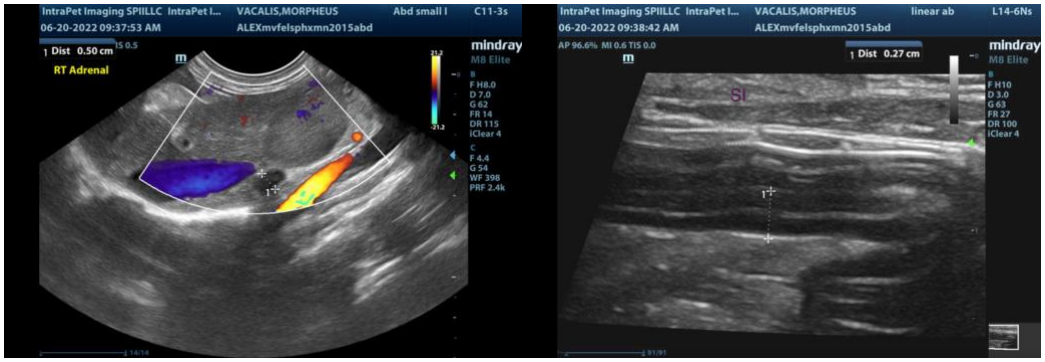
1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
2. Fecal evaluation for ova and Giardia
3. Toxoplasmosis testing (i.e., IgM, IgG)
4. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support is strongly

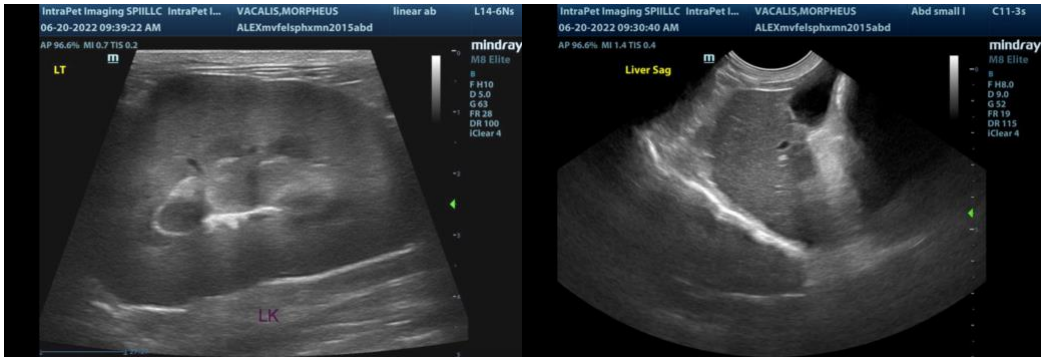
recommended to help prevent hepatic lipidosis. A temporary feeding tube (i.e., esophagostomy) may be warranted.

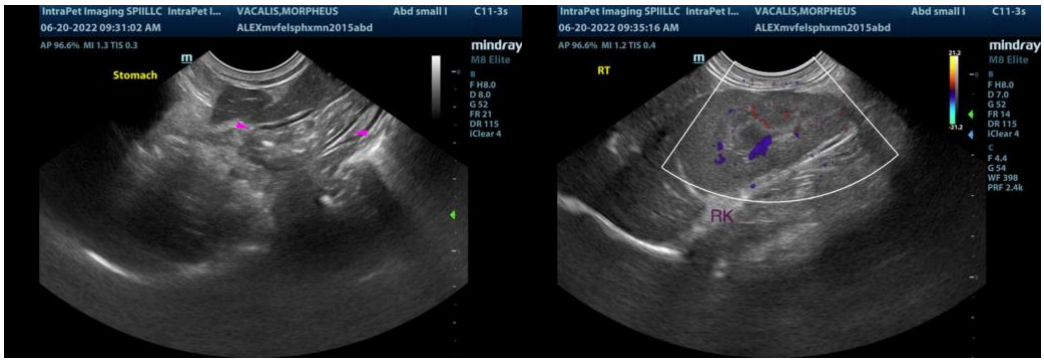
5. If the patient's clinical signs do not improve, an abdominal exploratory with gastrointestinal, hepatic and pancreatic biopsies may be necessary to get a definitive diagnosis.

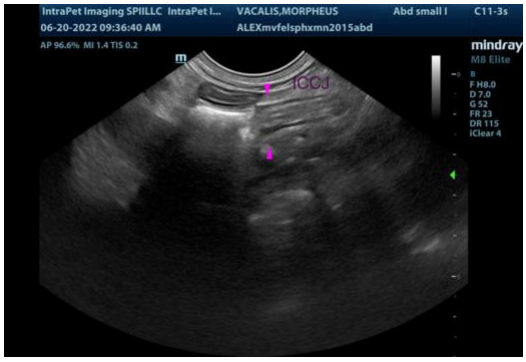
Regarding the renal changes consider a urinalysis, urine culture and sensitivity +/- a fine-needle aspirate (if clotting status and blood pressure are normal).











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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