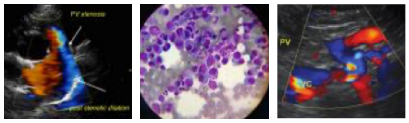
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6.30.2022

PATIENT

Inara Trump

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Spayed Female

AGE

12/23/2008

WEIGHT

7lbs

INTERPRETED BY

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

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Eavers

INVOICE

11196

PRESENTING CLINICAL SIGNS

P presented for evaluation of chronic diarrhea. P eats Royal Canin Hydrolyzed protein exclusively. P also has a history of hyperthyroidism. At the time of her initial exam (5/13/22), her thyroid level was elevated. Weight loss was also noted. The Methimazole dose was adjusted, and the thyroid level is now within normal range, but the diarrhea has persisted. Lab work at that time also showed a UTI. P was treated with Clavamox. Persistent bacteria in urine- advise urine culture.

Current Medications: Methimazole 7.5mg BID, Metronidazole 50mg BID.
Lab Results: 5/13/22: Corrected Calcium 12.6 (8.2-10.8), T4 4.6 (0.8-4.0), FT4 70.4 (10-50). UA: Rods >100/hpf. 6/22/22: T4 1.3 (0.8-4.0). UA: rods 26-50/hpf.
Date of Previous IntraPet Ultrasound: 6/18/2020. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of gravity dependent, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal in size (3.93 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several, small, nonobstructive nephroliths are also visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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

The **right kidney** is normal in size (1.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few, small, nonobstructive nephroliths are visualized. Moderate pyelectasia is present (0.35 cm in the transverse plane). Echogenic to mineralized debris is observed within the renal pelvis. The proximal ureter is mildly dilated (0.24 cm) but cannot be followed approximately 2 cm beyond the renal pelvis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal in size (0.43 cm width) with a normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.48 cm width) with a normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.93 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic debris is observed within the lumen, some of which is gravity dependent, some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. 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 normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen is moderately distended with liquid fecal material, as well as a small amount of formed feces distally. There is no evidence of an obstructive pattern.

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. A few prominent, colic lymph nodes are visualized, the largest measuring 0.38 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. Emerging neoplasia is also possible but considered unlikely at this time. Changes are similar to the previous sonogram.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Bilateral, chronic, age-related renal changes with nonobstructive nephrolithiasis. The right pylectasia/proximal hydroureter may be secondary to pyelonephritis. Alternatively, a ureteral stricture, stone or less likely, a tumor, may be present but not visible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

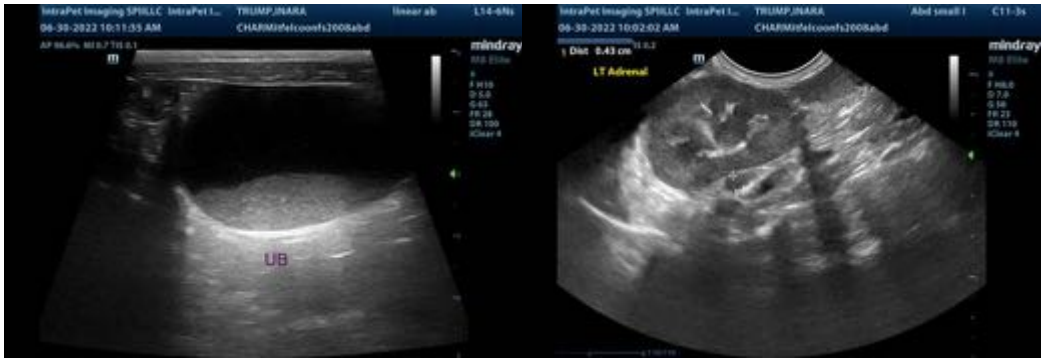
1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies

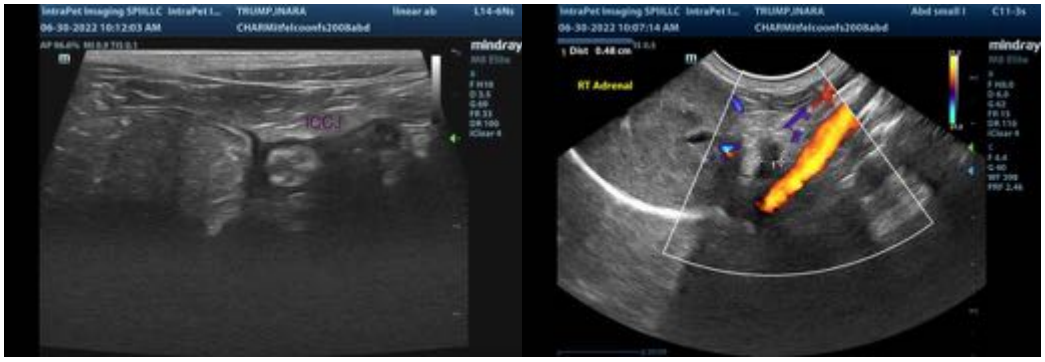
4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs should be performed prior to any anesthetic event.

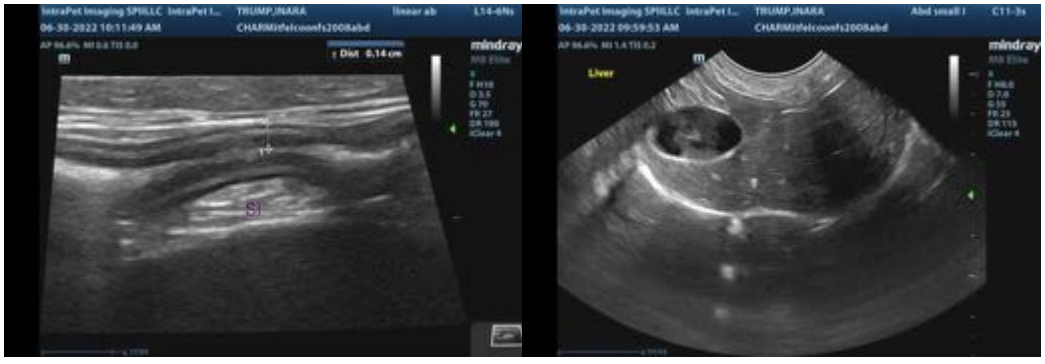
5. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., hypoallergenic diet, corticosteroids) can be considered as long as the client is aware of the risks of treatment without a definitive diagnosis.

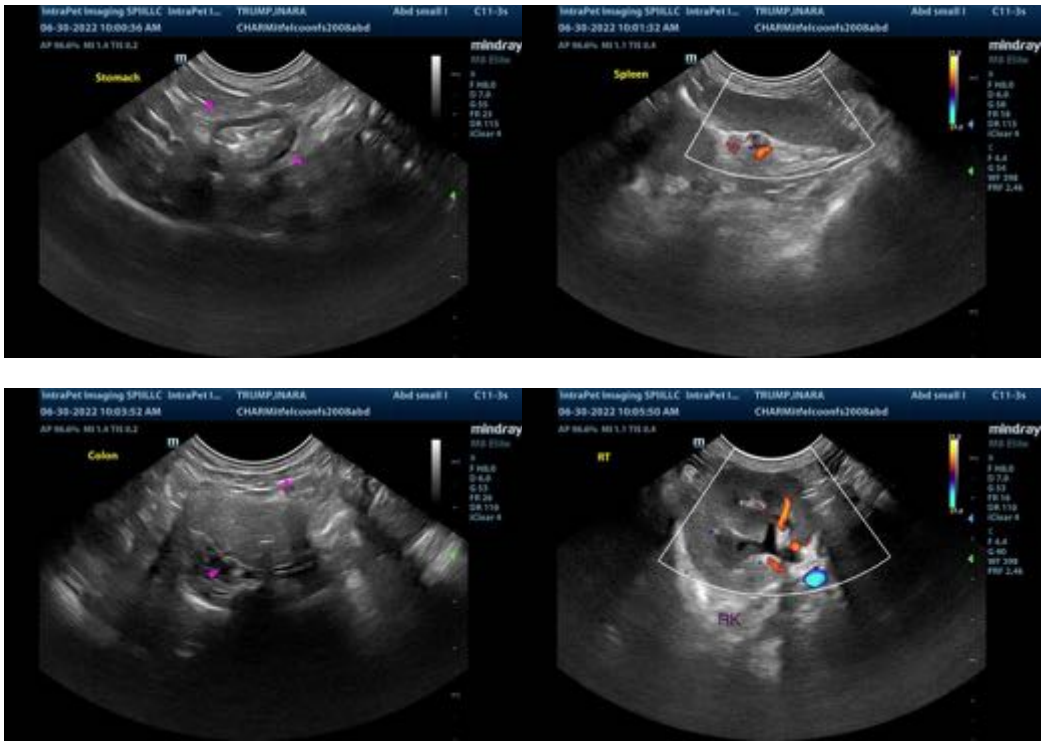
6. Given the urinalysis and right renal changes a urine culture and sensitivity is recommended.

7. Given the hypercalcemia, an ionized calcium +/- PTH/PTHrP should be considered.









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.

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