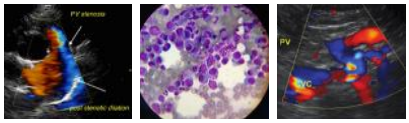
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/9/2022

PATIENT

Juliet Rahman

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

1/26/2009

WEIGHT

8.7 lbs

INTERPRETED BY

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

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Hirsch

INVOICE

11054

PRESENTING CLINICAL SIGNS

Juliet is a 16-year-old FS Persian with a new 3/6 systolic murmur. She also has a history of CRF with recurrent UTIs. Last year did have intermittent diarrhea, but owner reports that that has resolved now that other cat in household has passed and she no longer eats their food. Had a previous intrapet abdominal ultrasound 10/25/2021.

Current Medications: Currently on Clavamox pending urine culture results.
Lab Results: Bloodwork and urinalysis 5/31/22 BUN 39, creatinine 2.3. Thyroid 2.2. USG 1.027 and rods present. Culture is pending. Bloodwork and Urinalysis 3/4/2022 BUN 31 creatinine 2.2 USG 1.034, no bacteria present. Bloodwork and urinalysis 9/23/2021 BUN 45 creatinine 2.3 Urinalysis USG 1.028 with cocci present. Culture grew Enterococcus
Date of Previous IntraPet Ultrasound: 10/25/21. See attached.
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, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 normal size (3.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is borderline small in size (3.13 cm in length); with a normal shape smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.60 x 0.75 cm ill-defined hypoechoic nodule is observed on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are 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 moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

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. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to moderate thickened (up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In one focal segment of small intestine, the mucosal layer is thickened and irregular. The ileocecocolic junction and colonic wall are normal. There is no obvious 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. One to two colic lymph nodes are visualized, the largest measuring 0.79 cm in length. The nodes are normal in shape and echogenicity.

Other

An approximately 3.00 cm irregular, but well-circumscribed mass effect with a fat opacity is observed in the left cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease, with some potential for emerging lymphoma. The segment with the thickened/irregular mucosal layer is more concerning for an emerging neoplastic process.

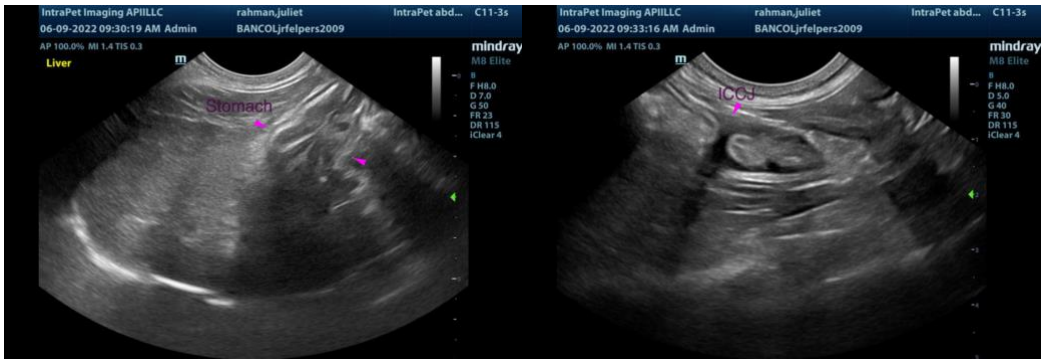
Secondary Findings

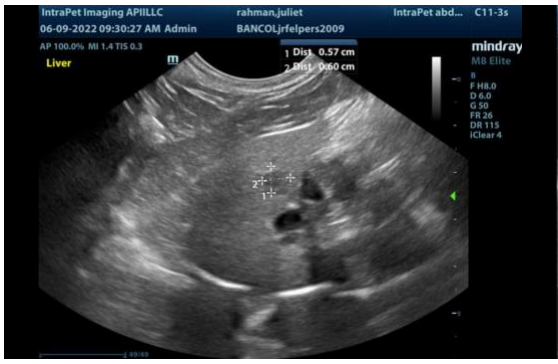
- Bilateral, chronic nephropathy. Changes are similar to the previous sonogram.
- The hypoechoic left, hepatic nodule could be consistent with an inflammatory focus, granuloma, or emerging tumor. Changes are similar to the previous sonogram.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The mass effect in the left, cranial abdomen could be consistent with an intrabdominal lipoma, liposarcoma, other.

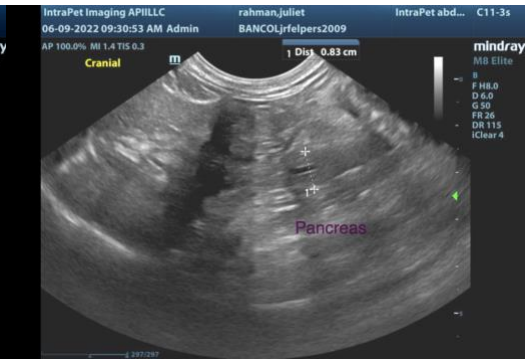
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

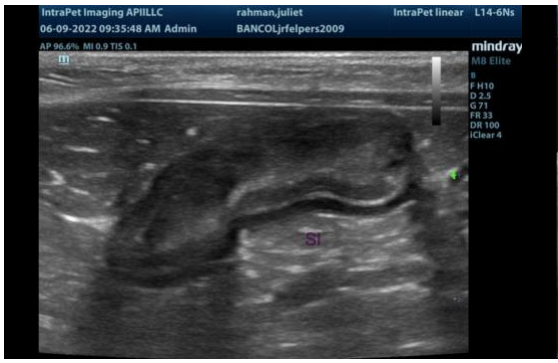
- To further investigate the small intestinal wall changes, surgical biopsies would be necessary.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended, particularly if the patient is losing weight and/or exhibiting gastrointestinal signs.
- Given the azotemia, a baseline blood pressure measurement is recommended, if not already performed.

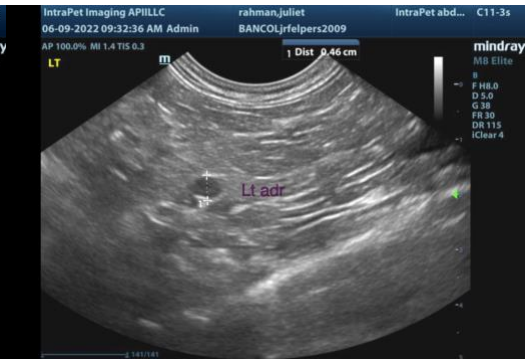
- Also consider thoracic radiographs, particularly if fluid therapy or anesthesia are to be administered in the patient's near future.

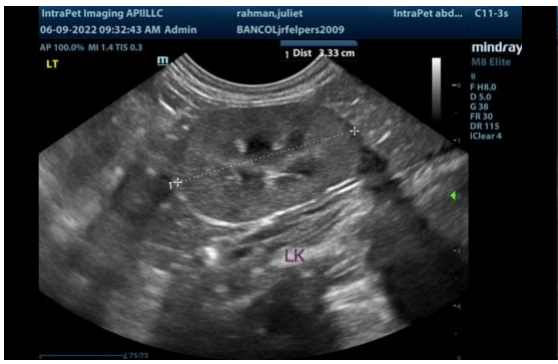


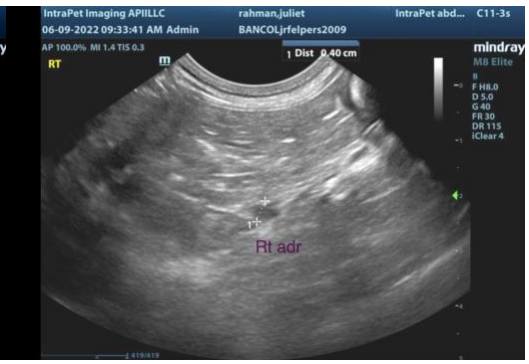


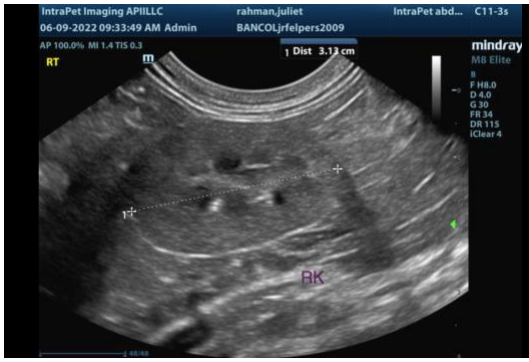


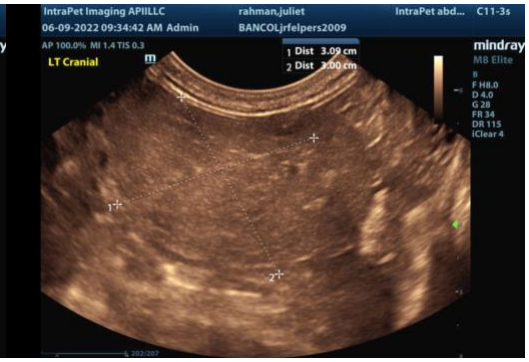


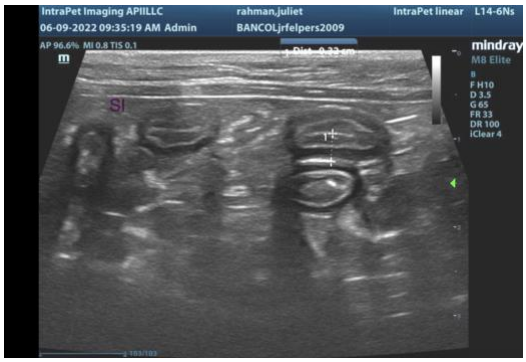












The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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