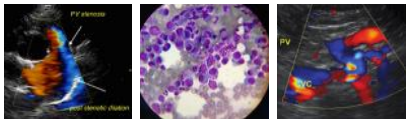
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7.21.2022

PATIENT

Bailey Ruark

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9/27/2011

WEIGHT

12.2lbs

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Notarangelo

INVOICE

11248

PRESENTING CLINICAL SIGNS

FIV+, history of recent mild anemia and lethargy. Mild weight loss.

Current Medications: None. Gabapentin to be given at home prior to scan.
Lab Results: 6/22/22 HCT 27. 7/14/22 HCT 31.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: DKT.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. A small 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 upper limits of normal in size (4.59 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened. There is poor corticomedullary distinction. Small foci of mineralization are observed near the renal pelvis. Trace pyelectasia (0.14 cm in the transverse plane) is present. There is no evidence of hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.71 cm in length); with a slightly irregular shape. The cortex is mildly thickened. There is poor corticomedullary distinction. Small focus of mineralization are observed near the renal pelvis. Trace pyelectasia is present. A cortical infarct is observed at the caudal aspect. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.81 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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** contains ingesta and irregular, hypoechoic bodies, some of which are shadowing. The hypoechoic bodies are difficult to discern from the gastric wall in some video clips. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened

(up to 0.31 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely visible normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.16 in diameter). The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. few prominent colic lymph nodes are visualized. In addition, one to two prominent mesenteric lymph nodes are seen, the largest measuring 1.29 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hypoechoic shadowing bodies in the gastric lumen may represent foreign material (i.e., hair densities, inflammatory polyps, masses, other).

- The small intestinal wall changes are most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, small intestinal neoplasia appears less likely at this time.

Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

- Bilateral chronic, age-related renal changes with nonobstructive and a right cortical infarct.

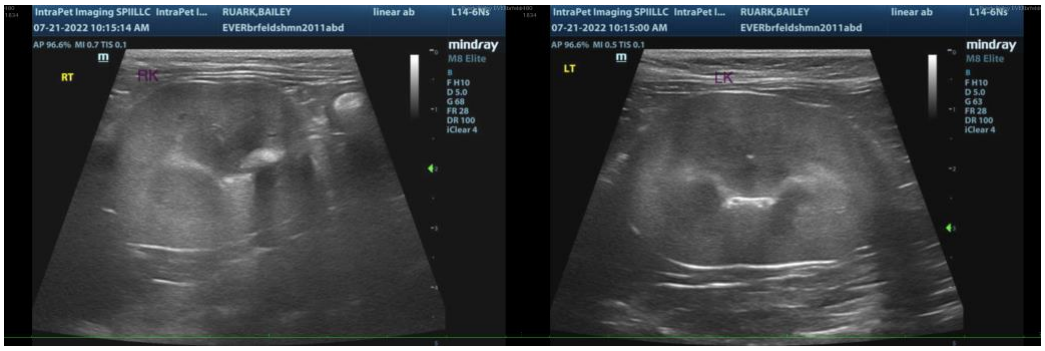
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the gastric luminal contents, a repeat ultrasound is recommended following a 12-18 hour fast, to determine if the contents are still present. Abdominal radiographs can also be considered to assess for gastric foreign material.

Regarding the patient's anemia, consider the following:

1. Thoracic radiographs to assess for occult neoplasia.
2. A reticulocyte count to determine if the anemia is regenerative
3. Mycoplasma PCR panel
4. Bone marrow aspirate (if anemia is nonregenerative) along with an immunofluorescence assay for feline leukemia on the bone marrow sample

If the patient has chronic GI signs, consider further work-up (i.e., a malabsorption panel, including serum cobalamin and folate, TLI and PLI, fecal evaluation for ova and Giardia, hypoallergenic diet trial, +/- GI biopsies.).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mindray M8 Elite
RT
RK
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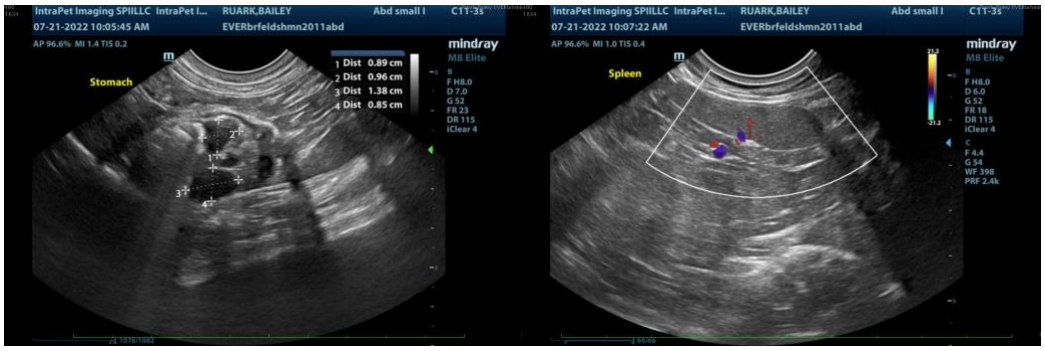
LT
LK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AP 96.6% MI 1.4 TIS 0.2
mindray M8 Elite
Stomach
1 Dist 0.89 cm
2 Dist 0.96 cm
3 Dist 1.38 cm
4 Dist 0.85 cm
IntraPet Imaging SPIILLC IntraPet I... RUARK,BAILEY Abd small I C11-3s
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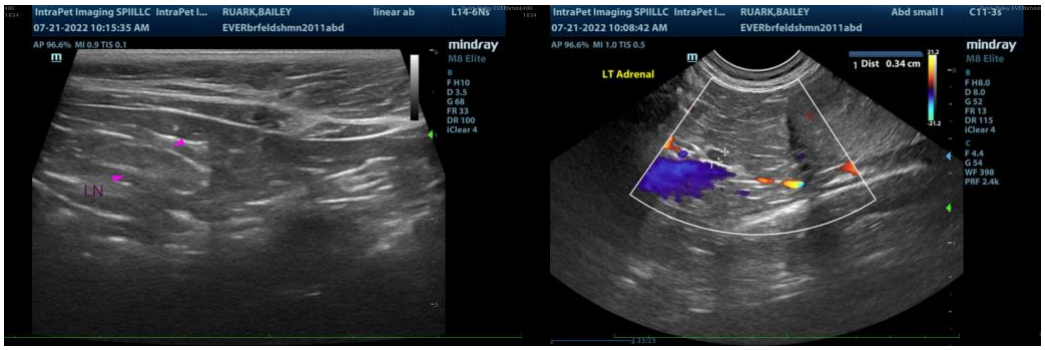
mindray M8 Elite
Spleen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mindray M8 Elite
LN
IntraPet Imaging SPIILLC IntraPet I... RUARK,BAILEY Abd small I C11-3s
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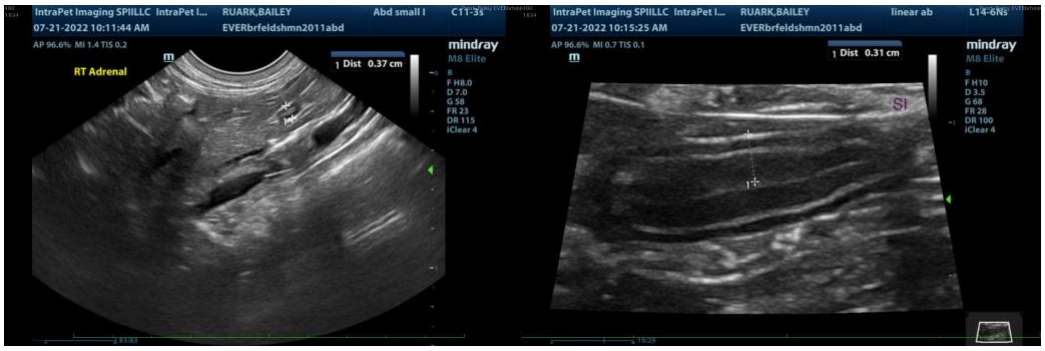
AP 96.6% MI 1.0 TIS 0.5
mindray M8 Elite
LT Adrenal
1 Dist 0.34 cm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AP 96.6% MI 1.4 TIS 0.2
mindray M8 Elite
RT Adrenal
1 Dist 0.37 cm
IntraPet Imaging SPIILLC IntraPet I... RUARK,BAILEY linear ab L14-6Ns
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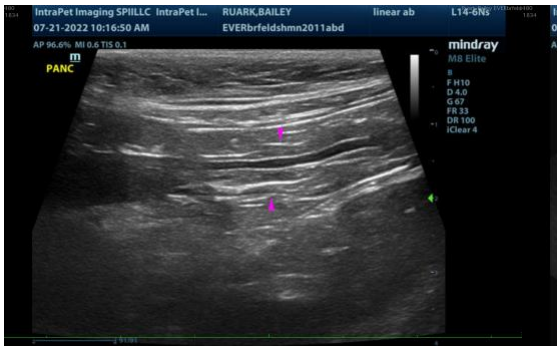
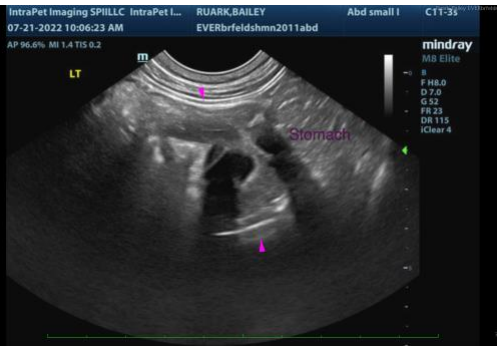
mindray M8 Elite
1 Dist 0.31 cm
SI





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