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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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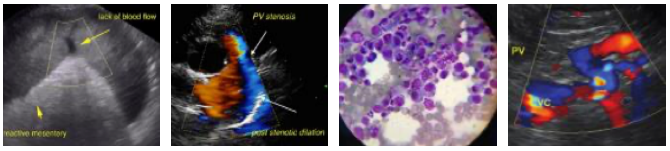


PATIENT
Cody Stewart

SPECIES
Feline

BREED
Domestic longhair

SEX
Male, neutered

AGE
15 Yrs.

WEIGHT
8.7 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
13774

DATE
7/26/22

PRESENTING CLINICAL SIGNS

History: Current Medications: Prednisolone 10 mg/ml 0.2 ml PO EOD- has been on chronically, considering decreasing frequency/dosing due to how stable P has been Amlodipine 2.5 mg 1/4 PO SID Patient History: Considering upcoming dental/anesthesia hx of HCM- last echo done 1/4/22 showed great improvement (thru Gulf Coast, SVS unavailable) hx of GI issues/diarrhea, much improved with diet and steroids therapy- have been considering weaning P off steroids (currently on low dose). Hx of thickened SI/ileum, occ reactive LNs seen on AUS. Hx of pancreatitis in the past, no issues this past year. Last AUS was done IH 5/11/22- showed hyperechoic liver, mild kidney changes, but intestines look good/stable with no thickening appreciated.
Abnormal PE/Chem/CBC/UA Results: Biannual exam performed 6/27/22 5. severe dental disease, heavy tartar, halitosis noted. Discussed option of dental with O- rec AUS + BW prior , but feel better with recent echo showing cardaic improvement. O may consider 6. grade II-III/VI heart murmur best heard parasternal- poss improvement from prev?. Recent echo showed marked improvement Jan 2022- HCM improved. 8. unkept, slightly greasy coat. Some matting noted, worse on ventral aspect. Mod dandruff. Discussed importance of helping with grooming for P, consider omega FA supplement? 9. normal stools- no recent diarrhea, hx of thickened GI, has responded well with diet and steroid therapy. 12. muscle wasting noted, but still active per O 13. wt gain noted! Up 1/2 lb over past 6mo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Trace pyelectasia is present (0.18 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A small cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

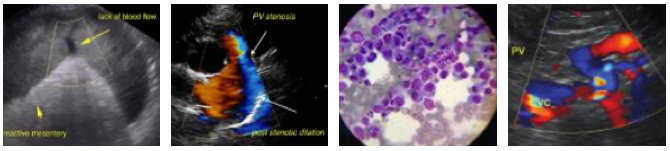
The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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



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The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.18 cm in diameter. A small amount of echogenic debris is observed within the cystic duct lumen.

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 is normal to borderline thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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 colic lymph nodes are visualized, the largest measuring 1.0 cm in length. Surrounding mesentery is mildly hyperechoic. A few prominent mesenteric lymph nodes are also seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Bilateral, chronic age-related renal changes with subtle dystrophic mineralization.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's gastrointestinal disease is stable, it is reasonable to consider starting to wean the corticosteroid dose. However, if the patient relapses, it may be necessary to resume a higher dose to get the patient back into remission.

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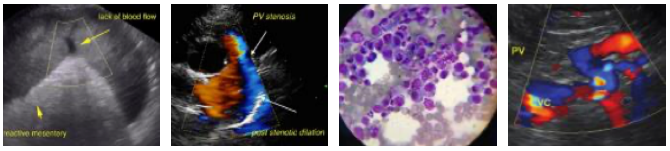

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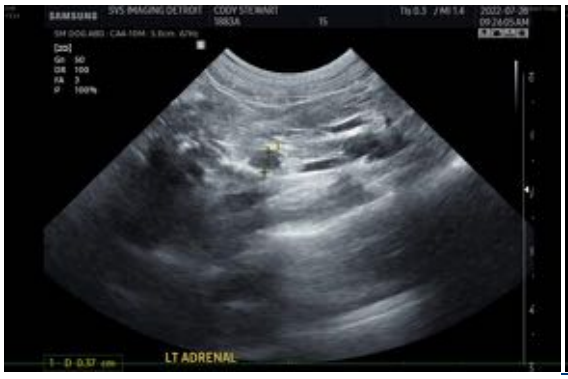

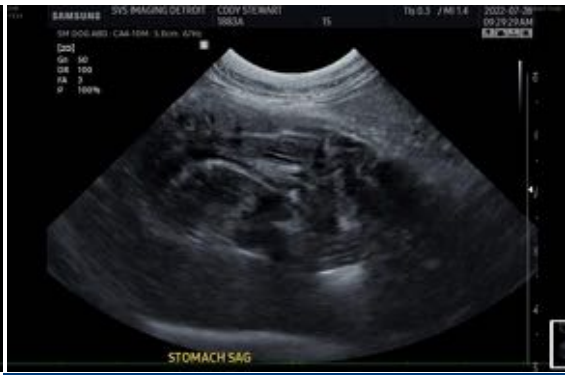

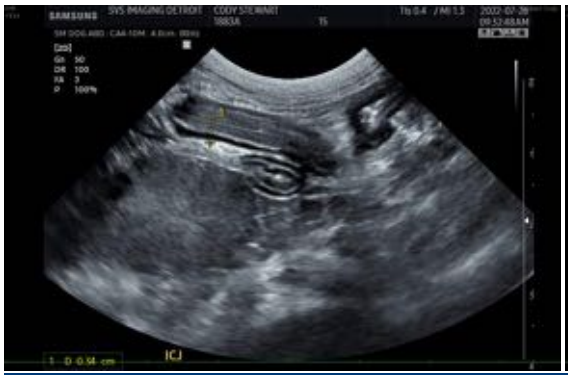

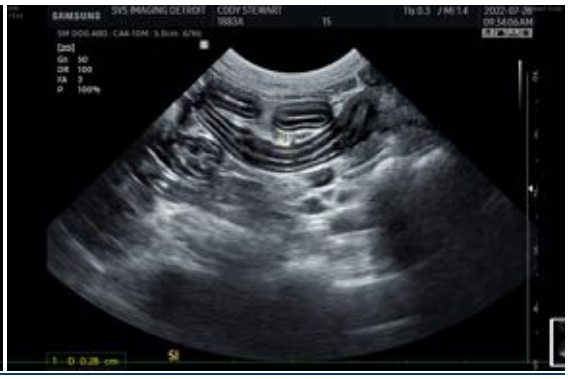

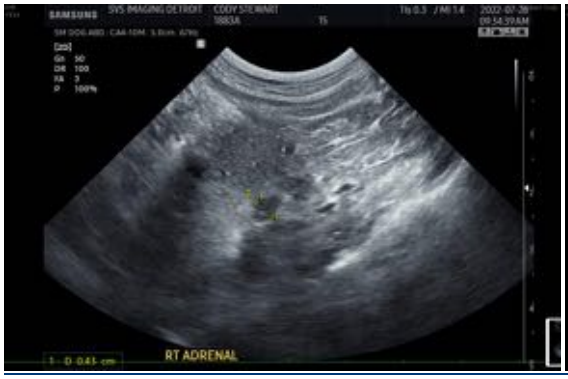

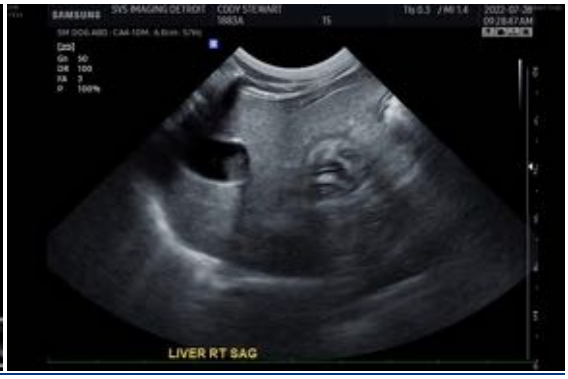

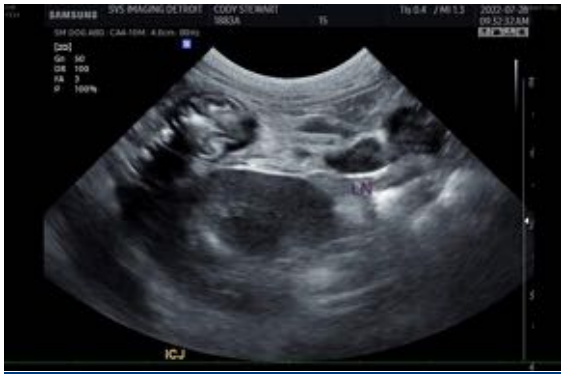

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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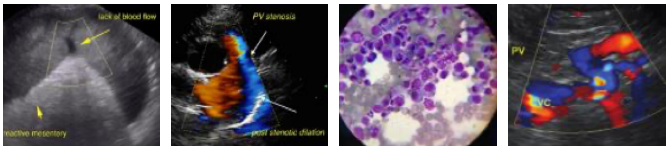

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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