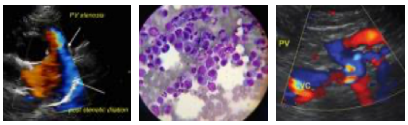
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/5/22

PATIENT

Dash Niedens

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

2/1/2015

WEIGHT

12.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. McNesby

INVOICE

13498

PRESENTING CLINICAL SIGNS

Previous ultrasound demonstrated intestinal wall changes. Owner declined abdominal exploratory/biopsies. Elected to treat with Budesonide 1 mg Q24 hours and Maropitant (Cerenia) 4 mg Q24 hours. Patient did not start medications until April 2022, but after starting meds, he was doing well, eating and gaining weight, until 5/25/22. He collapsed on 5/25/22, was vomiting blood, pale mm, tachypnic. Recovered with conservative treatment (SQ fluids, injectable Cerenia), and PCV / TS was 31/9.0. Recheck on 6/3/22 - Dash is eating better, is on Budesonide EOD, Cerenia 8 mg Q24 hours. CBC shows no evidence of anemia.

Current Medications: Budesonide 1 mg EOD, Cerenia 8 mg Q24 hours.
Date of Previous IntraPet Ultrasound: 2/15/22. 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 wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A scant amount of 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 normal size (3.40 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Cortical infarcts are suspected at the caudal pole. There is no evidence of nephroliths, pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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: 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 echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. There is also evidence of submucosal thickening in some areas. In one small segment of small intestine, there is questionable loss of the normal layering pattern. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and right limb of the pancreas are prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. Several prominent to enlarged, slightly rounded mesenteric lymph nodes are visualized, the largest measuring 3.11 cm in length. Surrounding mesentery is hyperechoic. A 0.68 cm gastric lymph node is also visualized measuring 0.68 cm in length.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma. Overall, the small intestinal wall changes are similar to slightly improved compared to the previous sonogram.
- The abdominal lymphadenopathy could be consistent with lymphoma, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- Bilateral, chronic, age-related renal changes with left cortical infarcts.
- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling +/- fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of one of the prominent mesenteric lymph nodes, if accessible and if clotting status is appropriate. If results are inconclusive, an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies can be considered to get a definitive diagnosis.
- Thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Also consider a fecal evaluation for ova and Giardia.
- Serial monitoring of the patient's hematocrit is recommended to assess for the development of anemia, given the recent episode of hematemesis.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Spleen


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NIEDENS,DASH
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mindray
LT Pancreas
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LT Adrenal
Dist 0.40 cm


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RT Adrenal
Dist 0.26 cm


IntraPet Imaging SPIELLC IntraPet I...
NIEDENS,DASH
Abd small I
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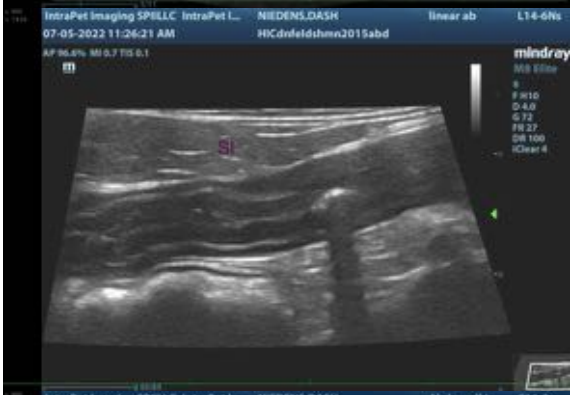
mesenteric lymph
Dist 1.44 cm
Dist 1.27 cm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Liver


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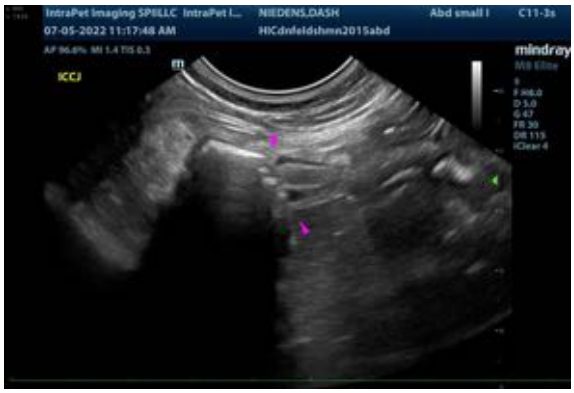
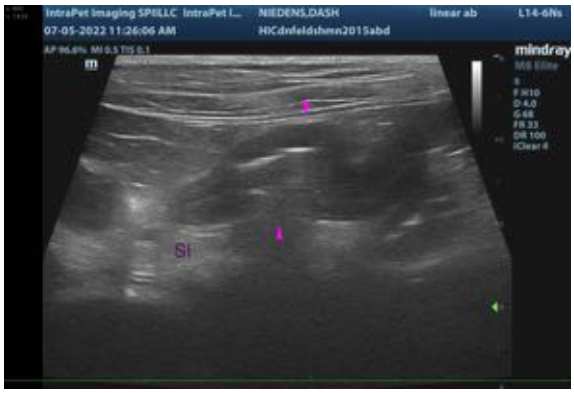
Stomach





The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)
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