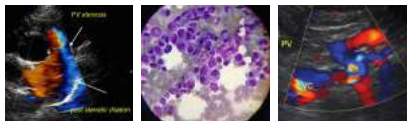
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8/10/21

PATIENT

Ace Fama

SPECIES

Feline

BREED

Domestic medium hair

SEX

Male Neutered

AGE

2006

WEIGHT

11.33 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Abingdon

REFERRING VET

Dr. Durastanti

INVOICE

11615kk

PRESENTING CLINICAL SIGNS

History: Patient has been drinking and urinating more than usual over the past 2 months, vocalizing before going to the litter box, but then once in the box urinates normally without any straining. Vomited a clear fluid a few times as well, patient's head will shake on occasion, appetite was touch and go for a little while and owner changed food flavor and he's eating better again, Bowel movements normal and energy has been about the same, no drastic changes.

Current Medications: N/A

Lab Results: Blood: CBC- LYM 1.37 LO, MCHC 36.9 HI, PLT 283 LO (P's blood draw was very slow), MPV 11.3 LO/ Chem- CHOL 228 HI. Total T4- normal: 2.6.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Not requested.

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 is moderately distended. A small amount of aggregated, 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 (3.80 cm in length) with normal shape and architecture and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.29 cm in length) with normal shape and architecture and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild 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 size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.03 cm in width at the level of the hilus) with slightly swollen peripheral contours. 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 normal in thickness. A small to moderate amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments with a 1:1 ratio in some regions. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left and right limbs and body of the pancreas are visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is dilated (0.26 – 0.35 cm). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Two to three prominent lymph nodes are observed adjacent to the ileocolic junction. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The prominent abdominal lymph nodes are most likely reactive with a lower possibility of infiltrative neoplasia.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Non-specific, age-related renal pathology.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

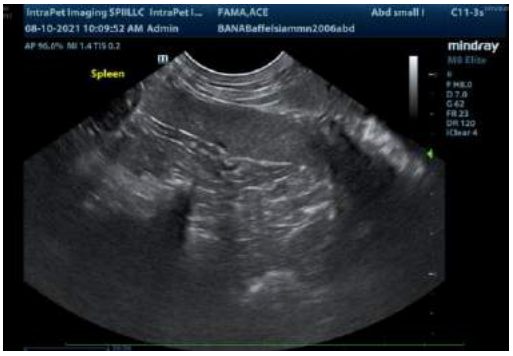
1. Regarding the PU/PD, a urinalysis and urine culture and sensitivity are recommended (if not already performed).
2. Regarding the gastrointestinal signs, consider the following diagnostics:
    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    b. A fecal evaluation for ova/Giardia

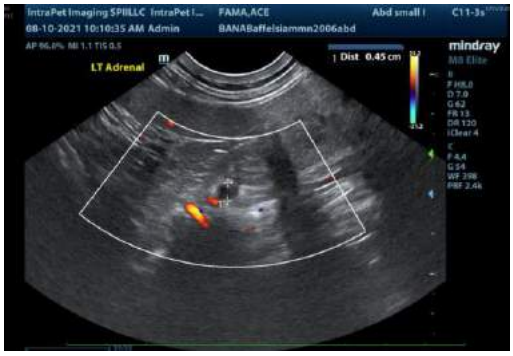
c. A 6-week limited antigen diet trial to assess for food allergies

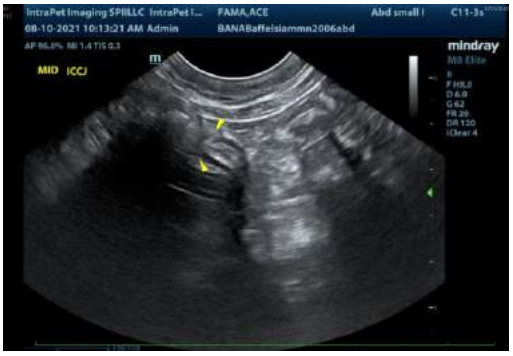
d. Heartworm antigen and antibody testing, as heartworm disease can be a cause for chronic vomiting in cats.

e. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

f. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.







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*)
Andrea.nicastro@sonopath.com