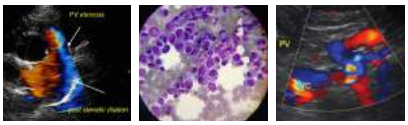
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/10/21

PATIENT

Fiona Getz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

2013

WEIGHT

8.06 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Swan Creek Veterinary Clinic

REFERRING VET

Dr. Receski

INVOICE

11614kk

PRESENTING CLINICAL SIGNS

History: Has not been eating well for a couple days. On PE, patient was found to be icteric (ear pinna and mucous membranes). Abdomen was soft on palpation. Muscle wasting around epaxial muscles, dandruff along back.

Current Medications: 08/03/2021: Cerenia 4mg every 24 hours for 4 days, Metronidazole liquid (100mg/ml)- Give 0.4 ml PO every 12 hours for 7 days.
08/05/2021: Elura 0.37 ml SID (sent home with two doses). 08/06/2021: Prednisolone 15mg/5ml- Give 1 ml by mouth every 12 hours for 7 days, then 0.5 ml every 12 hours for 7 days, then 0.5 ml every 24 hours or as directed by veterinarian.

Lab Results: 08/03/2021: - CBC: All values WNL. CHEM: BUN 12 Low (16-36). ALT 500 High (12-130). ALKP 375 High (14-111). TBILI 7.5 High (0-0.9).

Radiographs: Two view radiographs: No obvious masses observed, no fluid in chest appreciated.

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

The right kidney is normal size (3.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal 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 (0.57 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 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. Luminal contents are anechoic. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio and thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Nonspecific hepatopathy. Differentials include hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, FIP, or other hepatopathy.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings:

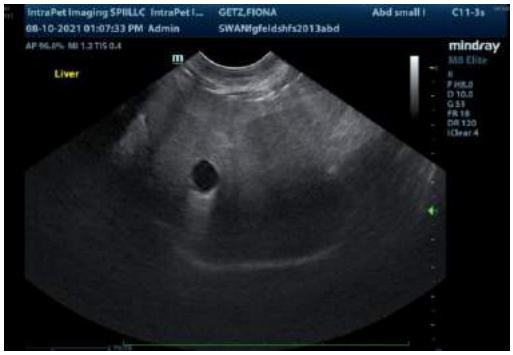
- The mild urinary debris is likely a benign, incidental finding.

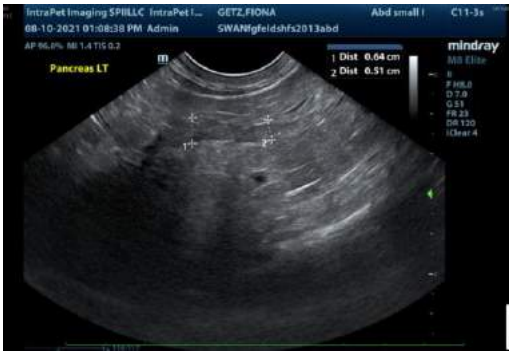
**Given the sonographic findings, “triaditis” is a consideration in this patient.

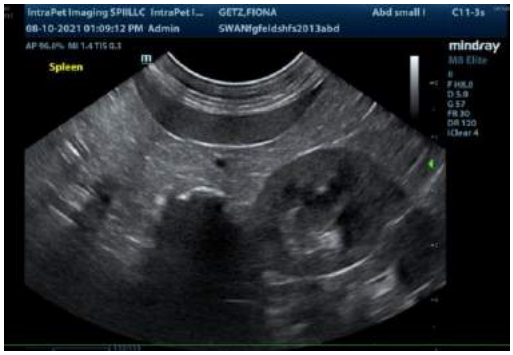
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

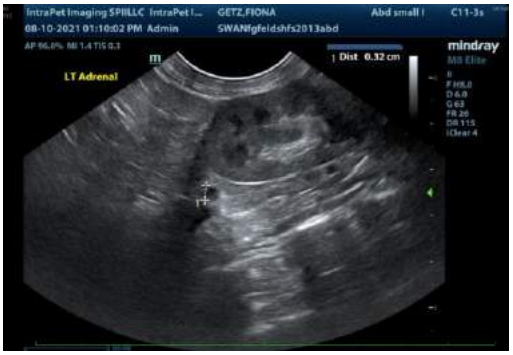
1. A fine needle aspirate of the liver is recommended (if clotting status is appropriate). A 25-guage needle should be used. If cytologic evaluation is inconclusive, a surgical liver biopsy with aerobic and anaerobic bile cultures can be considered. If surgery is pursued, gastrointestinal biopsies should also be obtained.
2. Other diagnostic considerations include the following:
    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    b. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

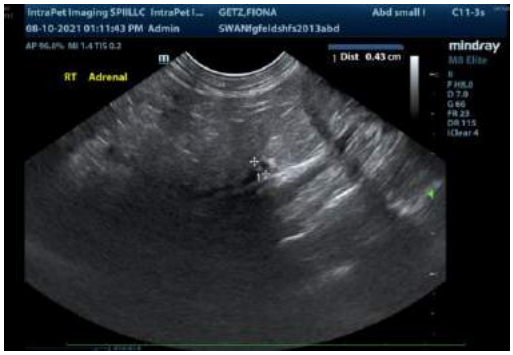
3. While awaiting test results, empirical treatment for cholangiohepatitis/hepatic lipidosis is recommended. Nutritional support (i.e., via temporary feeding tube) is strongly encouraged to prevent/treat hepatic lipidosis.

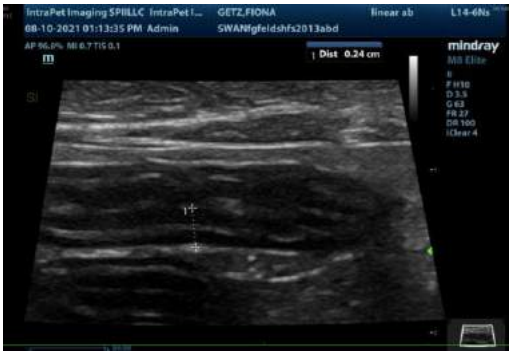


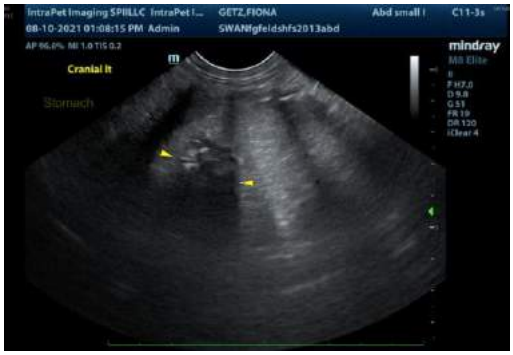


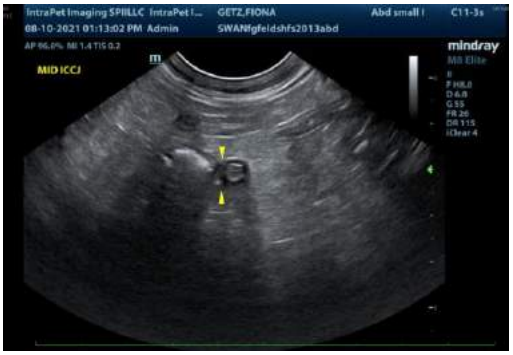


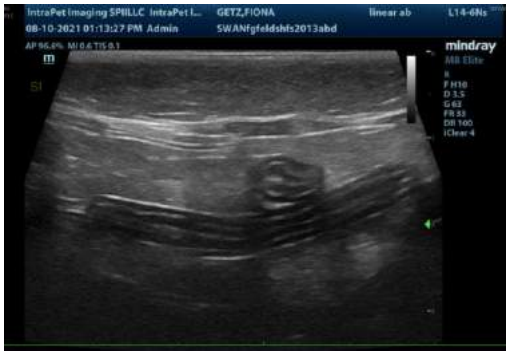












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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