IMAGING PERFORMED BY

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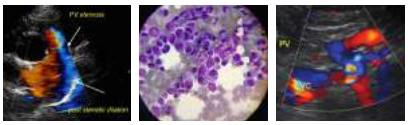

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DATE

8/23/21

PATIENT

Alfie Mars

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

6/1/05

WEIGHT

7.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Michelotti

INVOICE

11692kk

PRESENTING CLINICAL SIGNS

History: Hx weight loss despite good appetite. BCS 2-3/9, moderate gingival inflammation, small kidneys on palpation, remainder of PE WNL.

Current Medications: No current medications.

Lab Results: Mild neutrophilia 16649, TT4 2.2 mg/dL (plan on submitting free T4). Urine specific gravity is 1.021 with no protein and an inactive sediment.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Midazolam and Torbugesic IV.

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 scant 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 normal size (3.88 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.53 cm in length) with a slightly irregular shape . There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.68 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.21 x 0.79 cm hypoechoic to slightly heterogeneous nodule is observed deep mid to right liver, adjacent to the gall bladder. There is an increase in portal markings. Hepatic vasculature is 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 aggregated, echogenic, suspended 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: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no evidence of obstruction.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The right pancreatic duct is dilated (0.34 cm in diameter). No distinct focal lesions are observed. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

Trace free fluid is visulzied. A few prominent lymph nodes are observed adjacent to the ileocolic junction, the largest measuring 0.79 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic active pancreatitis.
- The hepatic parenchymal changes could be consistent with inflammatory/immune-mediated disease, hepatic lipidosis, infiltrative neoplasia (less likely) and other hepatopathy. The hypoechoic hepatic nodule may represent an inflammatory focus, granuloma, early tumor, and other.
- The trace ascites is likely secondary to pancreatic and/or bowel inflammation.

Secondary Findings:

- The prominent abdominal lymph nodes are most likely reactive with a low possibility of emerging neoplasia.
- Bilateral, age-related renal changes.

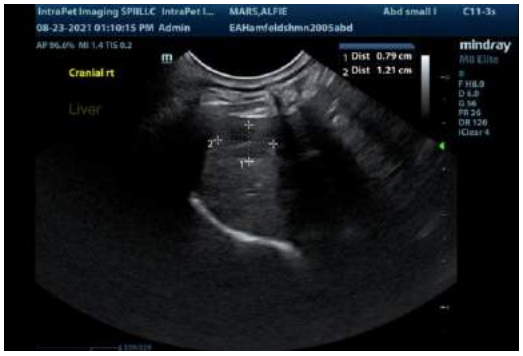
**Given the sonographic changes, triaditis is a consideration in this patient.

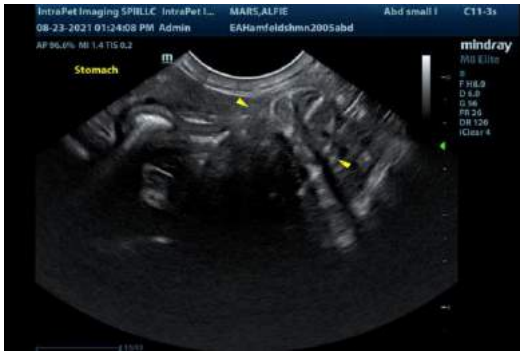
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

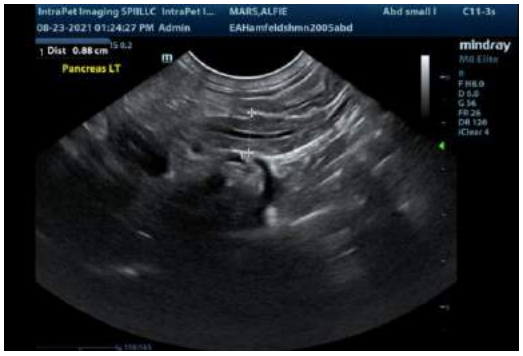
1. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. Ultimately, endoscopic, or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

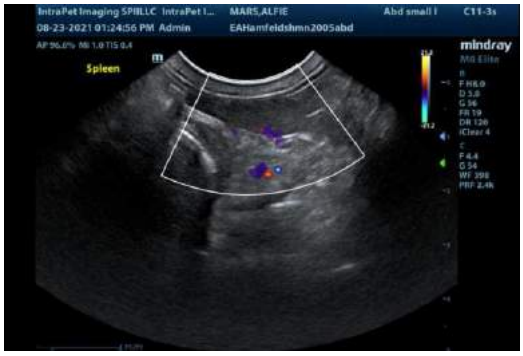
5. If accessible, a fine needle aspirate of the hepatic nodule is recommended (if clotting status is appropriate). A 25-guage needle should be used. If the region is not accessible, consider a repeat ultrasound in 4-6 weeks to assess for progression.

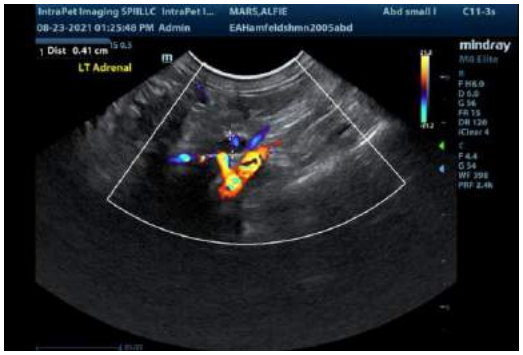
6. Three-view thoracic radiographs should be performed prior to any anesthetic event.

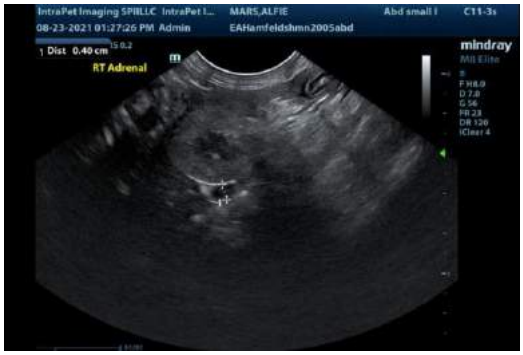


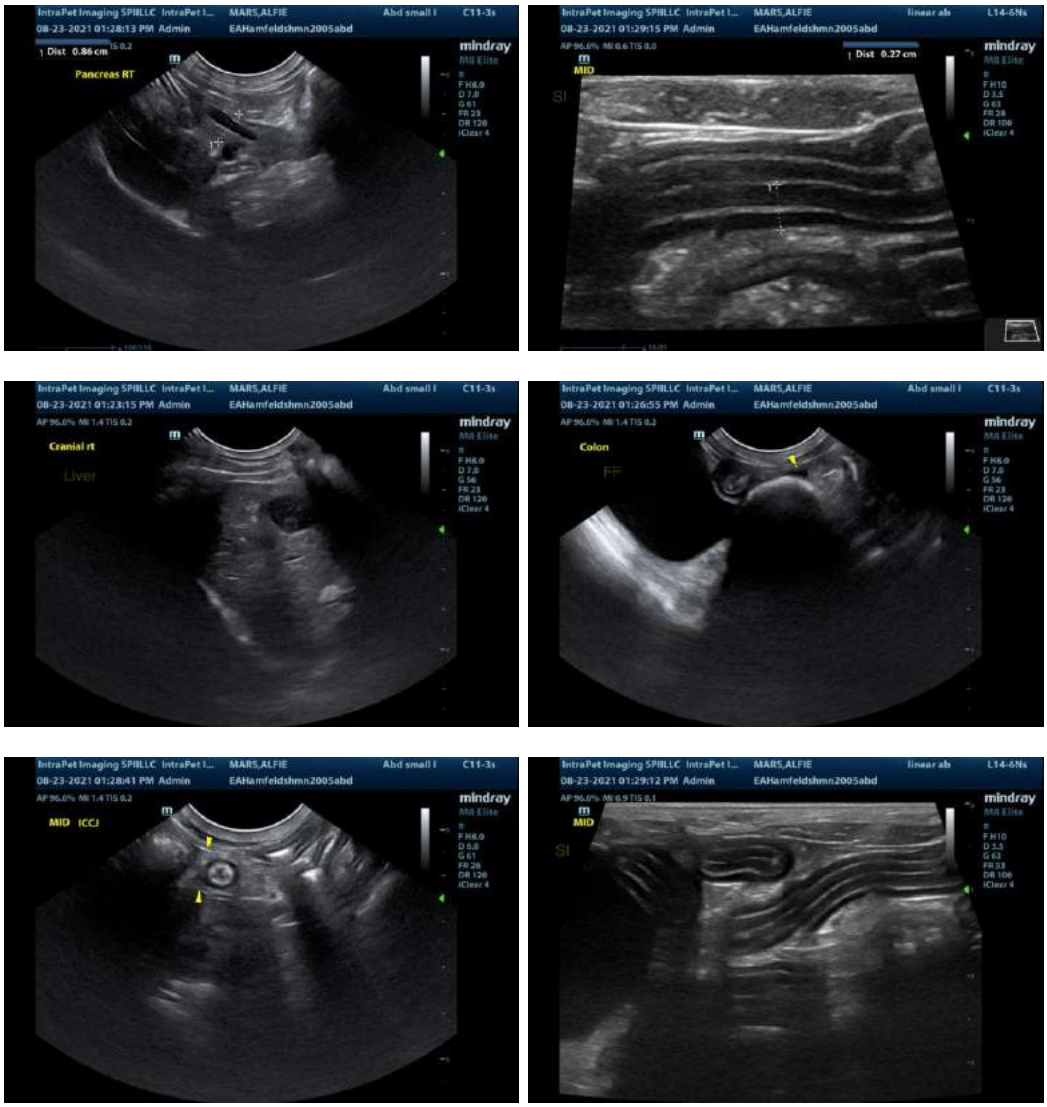












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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