IMAGING PERFORMED BY

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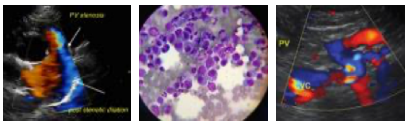

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DATE

8/23/2021

PATIENT

Bella Lawless

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10/6/2006

WEIGHT

10.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Michelotti

INVOICE

11944

PRESENTING CLINICAL SIGNS

History: Hx progressive weight loss (1 pound since June 2021) and hyporexia. Hx multiple extractions for resorptive lesions. PE WNL.
Current Medications: Started 8/20/21 on mirtazapine q 24 h and gabapentin 10 mg/kg PO q 12 h. Hx 30-day Denamarin trial with worsening of liver values.
Lab Results: Bloodwork and UA being rechecked. On referral BW ALT 403 U/L (12-130) and ALP 194 U/L (14- 111). Hyperthyroid. USG 1.055, 2+ proteinuria, inactive sediment.

Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 lumen is moderately distended with anechoic urine. 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 (3.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.97 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 curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen. Several hypoechoic nodules are observed throughout the parenchyma, the largest measuring 2.03 x 1.42 cm on the left side. 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 aggregated echogenic partially dependent 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 to mildly thickened (up to 0.36 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. Several prominent lymph nodes are observed in the cranial mid and caudal abdominal cavity. A few of the prominent caudal lymph nodes are also cystic. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic hepatic nodules could be consistent with inflammatory foci, granulomas or an early neoplastic process.

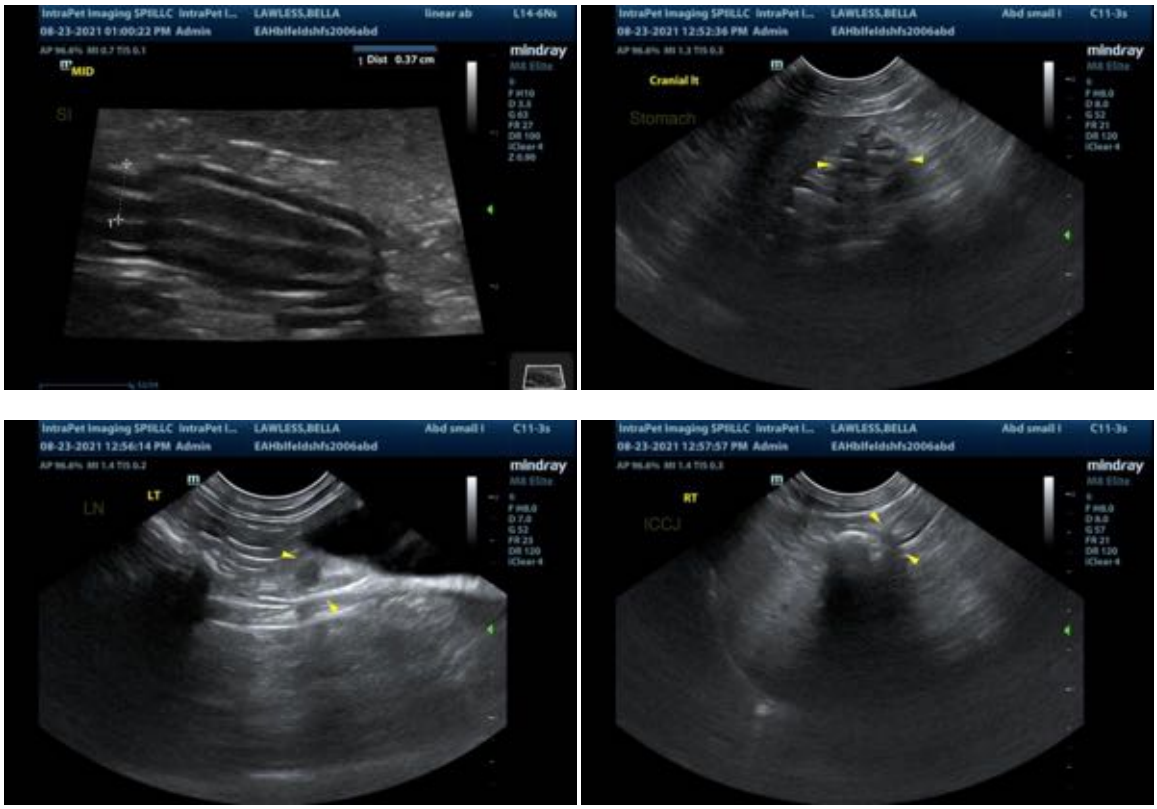
Secondary Findings:

- Bilateral age-related renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given that the patient is hyperthyroid, consider initiation of therapy with serial monitoring of the patient's weight and liver values to see if improvement occurs.
- Other diagnostic considerations include:
    1. Serum cobalamin, folate, PLI and TLI
    2. A 6-week limited antigen diet trial to assess for food allergies
    3. A fecal evaluation for ova/Giardia
    4. +/- a fine needle aspirate of the liver with particular attention to the hypoechoic nodules. Clotting status should be assessed prior to aspiration. A 25-gauge needle should be used for the aspirates.
- Depending on results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted if the weight loss persists.

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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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