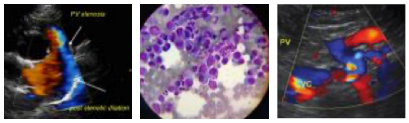
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8.24.2022

PATIENT

Quackers Frohman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/18/2010

WEIGHT

10.07lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

11474

PRESENTING CLINICAL SIGNS

Anorexia 1+ month.

Current Medications: Miratax QD, Doxycycline 25mg BID since 8/2/22.
Lab Results: Sl low Cobalamin; otherwise unremarkable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of aggregated, echogenic suspended 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 (3.83 cm in length); with a slightly irregular shape. The cortex is hyperechoic to mildly heterogenous in appearance. 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, or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.72 cm in length); with a slightly irregular shape. The cortex is hyperechoic to mildly heterogenous in appearance. 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, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is slightly small in size/contracted (0.55 cm in width at the level of the hilus) normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively enlarged with normal in size with normal curvilinear 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** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. 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
(See "other" category).

Other
A 0.47 cm hypoechoic to anechoic structure/lesion is observed in the caudal ventral abdomen, within the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

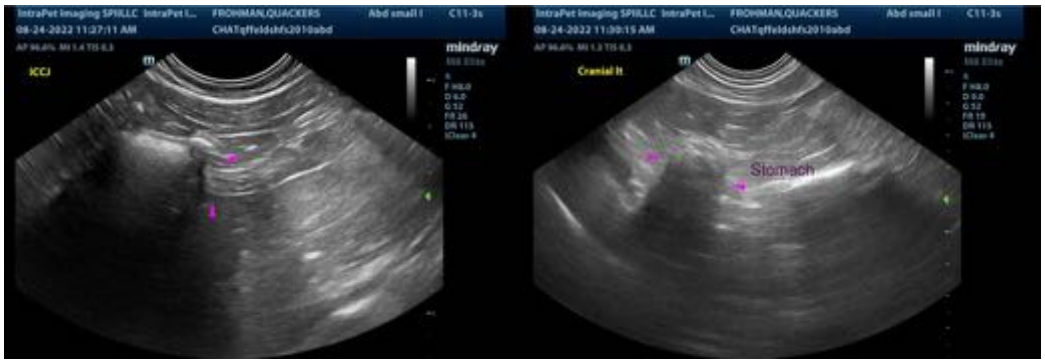
- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings

- The splenic contraction is most consistent with dehydration.
- Bilateral, age-related degenerative renal changes
- The significance of the echogenic lesion in the caudal abdomen is unclear. It may represent a scant amount of free fluid, a prominent lymph node, a granuloma within the mesentery, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Updated baseline lab work, including CBC, chemistry panel, urinalysis and T4 is recommended. if not already performed, particularly to assess the patient's current liver values (due to the concern for potential for developing hepatic lipidosis).
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Feline leukemia and FIV testing is recommended, if not already performed.
- Fecal evaluation for ova and Giardia
- A neurologic examination should also be considered, as weight loss/anorexia can be presenting signs for primary brain tumors.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.
- While awaiting test results, nutritional support (i.e., via a temporary feeding tube) should be considered to help prevent/treat hepatic lipidosis.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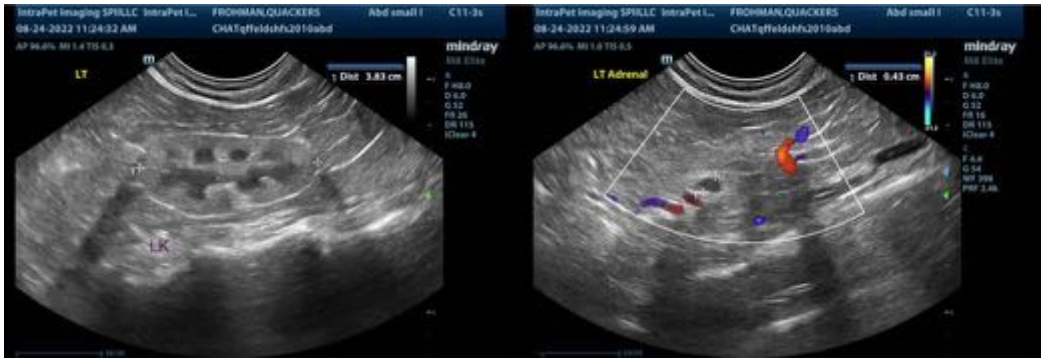
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Dist 3.83 cm
LK
IntraPet Imaging SPILLC
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LT Adrenal
Dist 6.43 cm


IntraPet Imaging SPILLC
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Dist 3.72 cm
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RT Adrenal
Dist 6.38 cm


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Liver

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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