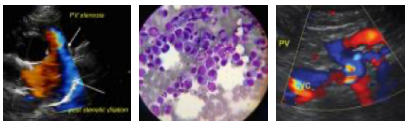
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/13/22

PATIENT

Benny Hensler

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

2/1/2015

WEIGHT

7 kg.

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

13945

PRESENTING CLINICAL SIGNS

IBD with gastric ulceration, weaned off prednisolone and initially did well but then appetite waned, restarted pred EOD. Suspect ulceration is sensitivity to steroids rather than related to underlying IBD.

Current Medications: Prednisolone 2.5mg EOD.
Date of Previous IntraPet Ultrasound: Most recent 5/21/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.76 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 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. A small amount of aggregated echogenic to mineralized gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. There is no obvious evidence of ulceration. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic 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. A 0.38 cm colic lymph node is visible. A few mesenteric lymph nodes are also visible, the largest measuring 0.60 cm in length. The mesentery surrounding the nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- There is no obvious evidence of gastric ulceration. However, micro-ulceration cannot be completely excluded.

Secondary Findings:

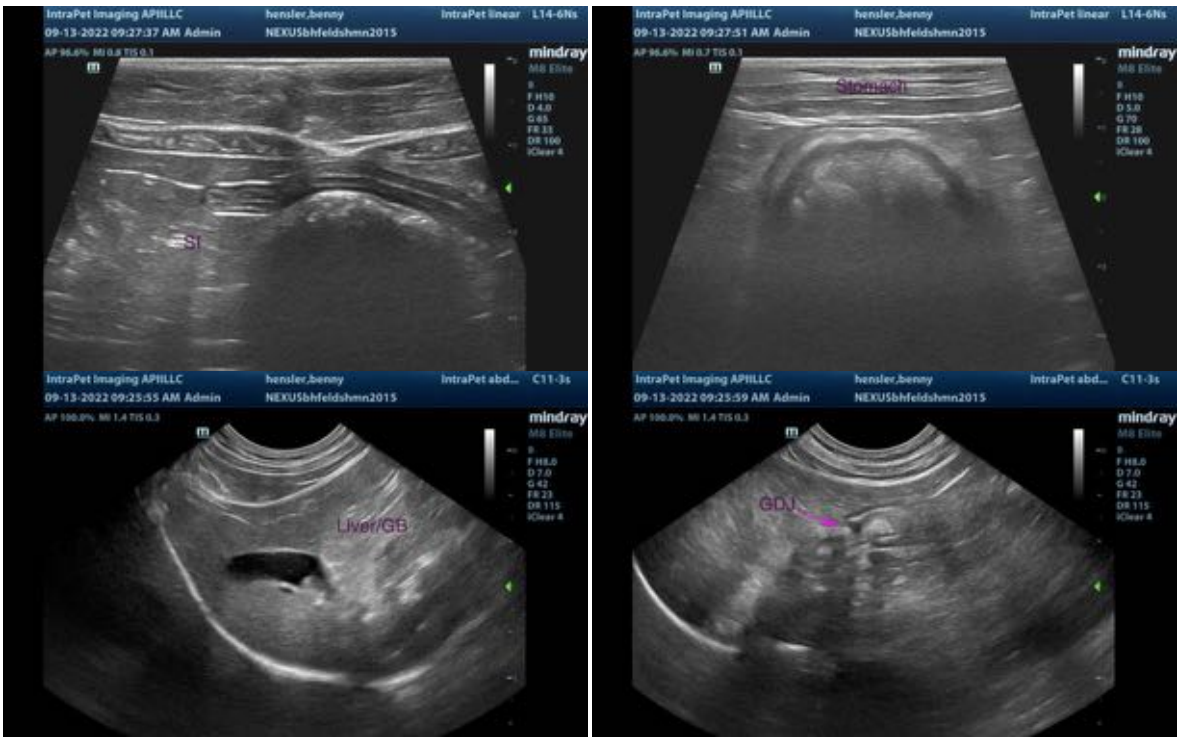
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- The hepatic parenchymal changes (which were previously observed) are non-specific and may be a normal variant for this patient or may be secondary to an inflammatory hepatopathy, hepatic lipidosis or less likely, infiltrative neoplasia (i.e., lymphoma).

*A distinct cholelith is not visible on today's study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations for this patient are to be implemented by Dr. Cara Steele.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com