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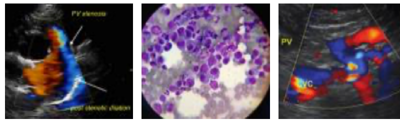

SonoPath

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DATE

9/6/21

PATIENT

Clementine Reed

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

5/1/2011

WEIGHT

7.01 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Severna Park AH

REFERRING VET

Dr. Reichenbach

INVOICE

12103

PRESENTING CLINICAL SIGNS

History: Weight loss, unsure if P is eating.

Current Medications: Not provided by the veterinarian.
Lab Results: CBC/Chem/T4: Neutrophilia, Hyperglobulinemia, Normal liver/kidneys/thyroid.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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. A small to moderate 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 in size (4.08 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.16 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is observed at the cranial pole. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

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

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

Spleen

The spleen is subjectively normal in size with an undulating medial contour. The parenchyma is hypoechoic relative to the liver and homogeneous in appearance. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled 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 moderate 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 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 is normal. The

wall of the ascending colon is mildly thickened (up to 0.41 cm) with retention of the normal layering pattern. The remaining colonic wall is normal. No obstructive disease is noted.

Pancreas
The left limb of the pancreas is 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 pancreatic duct is not dilated. The mesentery effacing the peripheral margins is hyperechoic. There is no evidence of peripancreatic effusion.

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. Several prominent to enlarged hypoechoic irregular lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.57 cm in length.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The enlarged abdominal lymph nodes could be consistent with infiltrative neoplasia, lymphoid hyperplasia or reactive lymphadenitis.
- The pancreatic changes are consistent with chronic active pancreatitis.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The diffuse peritonitis is likely secondary to bowel and/or pancreatic pathology.

Secondary Findings:

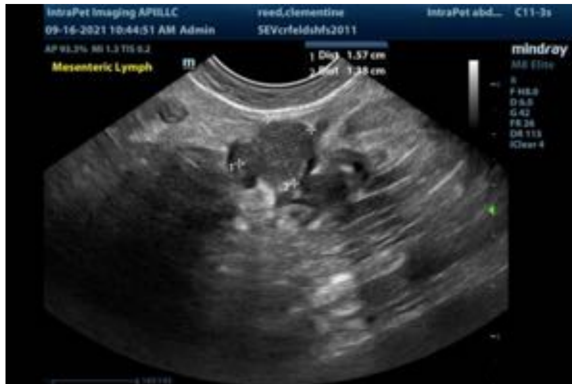
- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis or, less likely, infiltrative neoplasia.
- Bilateral age-related renal changes with dystrophic mineralization and a right cortical infarct.
- Urinary bladder debris.

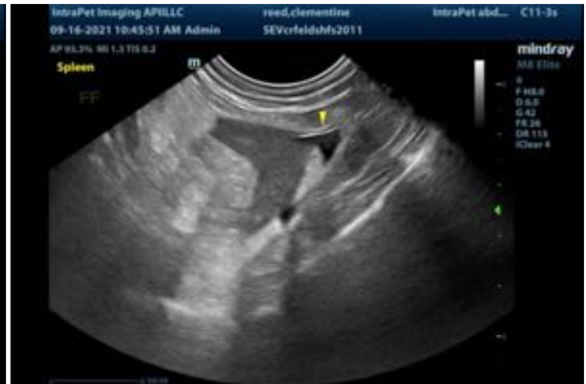
*Given the sonographic changes, “triaditis” is a consideration for this patient.

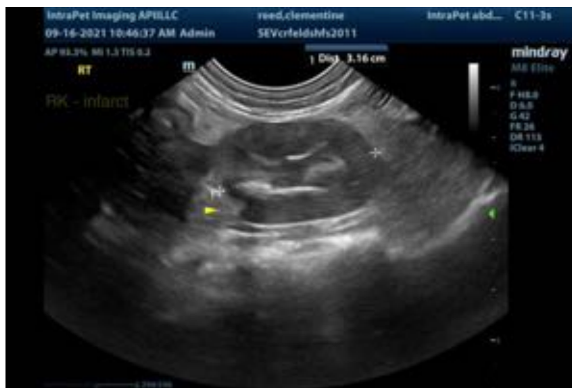
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

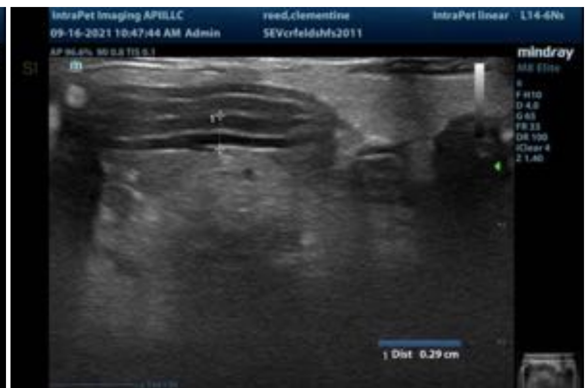
- Fine needle aspirates of the enlarged abdominal lymph nodes is recommended if accessible and if clotting status is normal. 25-gauge needles should be used.
- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

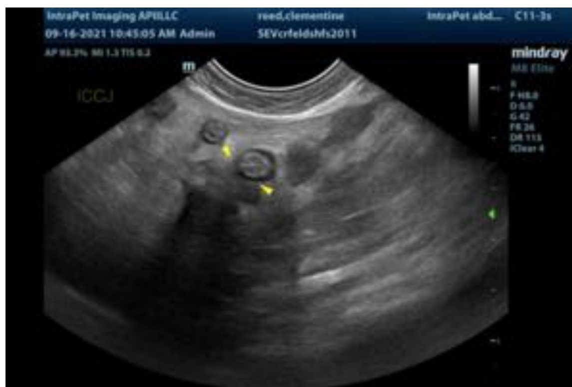
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

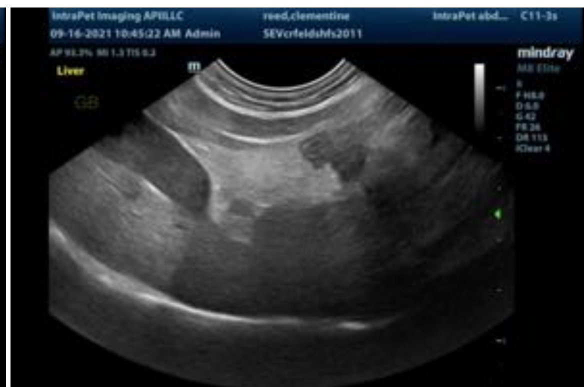


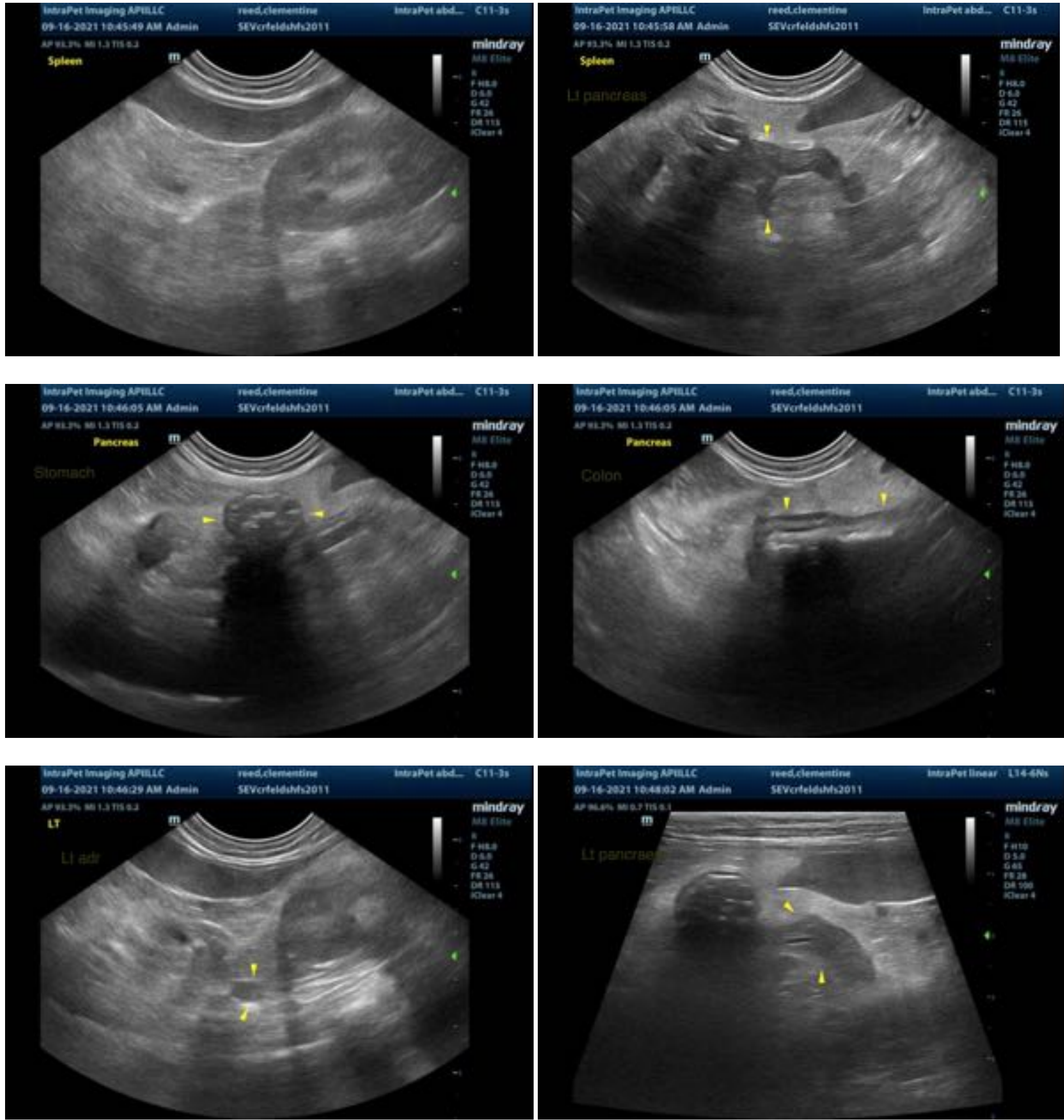












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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