IMAGING PERFORMED BY

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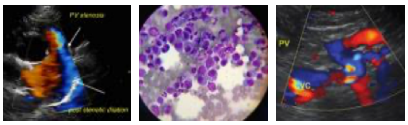

SonoPath
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DATE

9/16/21

PATIENT

Stanley Rohde

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5/31/2007

WEIGHT

3.37 kg

INTERPRETED BY

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

HOSPITAL NAME

Banfield Pet Hospital of White Marsh

REFERRING VET

Dr. Racz

INVOICE

12104

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea without vomiting. They have tried several GI diets, probiotics, and none of them help. His abdomen feels normal; his heart rate was high. I can palpate a thyroid; Free T4 was border-line high. I am treating with Felimazole 2.5mg - 1 BID. (I have not rechecked the thyroid - started 8/20/21.) This did not help the diarrhea.
Current Medications: Felimazole 2.5mg - Give 1 tab BID, Metronidazole 250mg - Give 1/8 tab once a day – finished.
Lab Results: blood work from Antech is normal - borderline Free T4 high.
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 mildly distended with mostly 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 in size (3.47 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is observed at the cranial aspect. 1-2 small nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.58 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. Trace pyelectasia is present. 1-2 small nephroliths are present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small hyperechoic nodules/areas are observed within the parenchyma. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. A 2.00 x 1.38 cm irregular hypoechoic nodule/mass is observed on the left side. In addition, a 0.90 cm hypoechoic nodule is observed on the right. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.19 cm) and hyperechoic. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal in diameter.

Gastrointestinal

The gastric lumen is moderately distended with gas, ingesta and a small amount of shadowing material. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction is normal. The wall of the descending colon is borderline thickened (up to 0.29 cm) with retention of the normal layering pattern. The colonic lumen contains granular appearing, shadowing fecal material. No obstructive disease is noted.

Pancreas

The right 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 visible but no overtly dilated (0.16 cm in diameter). The mesentery effacing the peripheral margins is hyperechoic. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.83 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with lower possibility of emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are consistent with chronic active pancreatitis.
- The hepatic nodules may represent benign pathology (i.e., inflammatory foci, granulomas). Alternatively, an early neoplastic process may be present.

Secondary Findings:

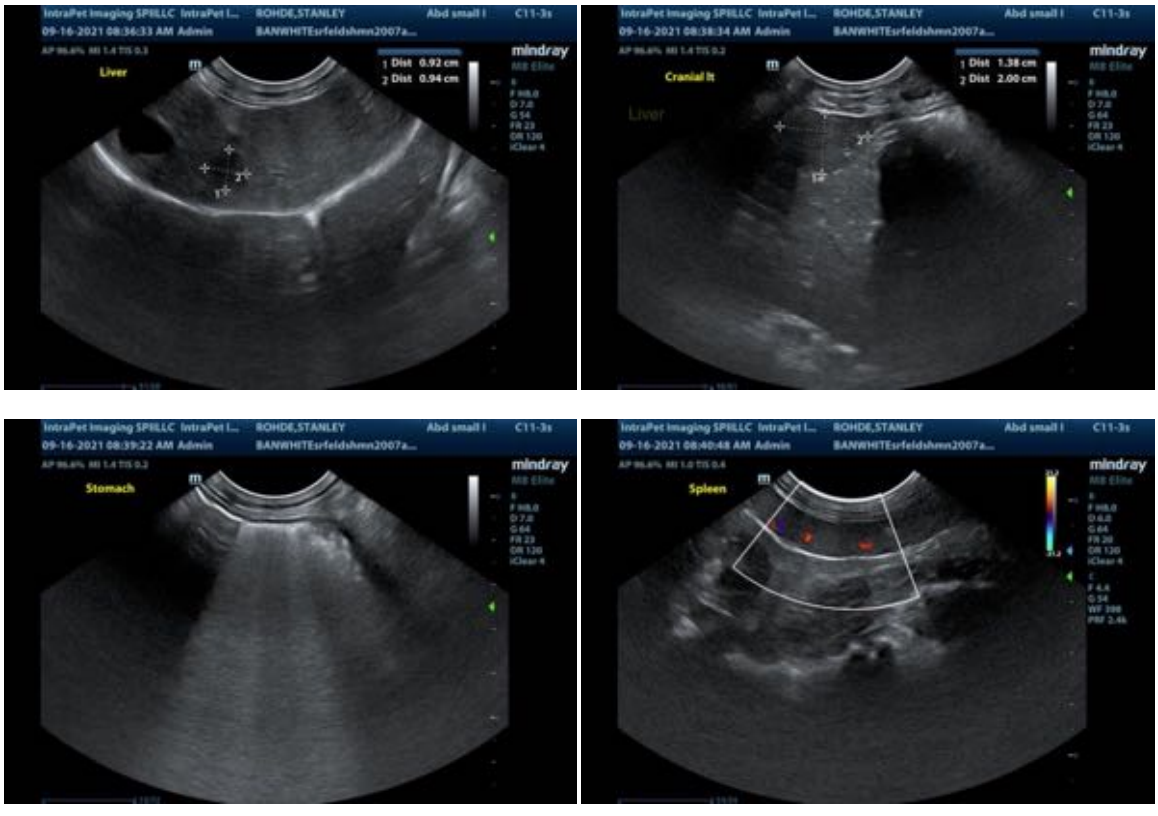
- The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- Bilateral age-related renal changes with dystrophic mineralization, non-obstructive nephroliths and a left cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- Consider fine needle aspirates of the hepatic nodules if accessible and if clotting status is normal. 25-gauge needles should be used for aspiration.
- Other diagnostic considerations include:

    1. Serum cobalamin, folate, PLI and TLI
    2. A fecal evaluation for ova/Giardia
    3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    4. A 6-week limited antigen diet trial to assess for food allergies
    5. Endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgery is pursued, biopsies of the hepatic nodules should also be considered.

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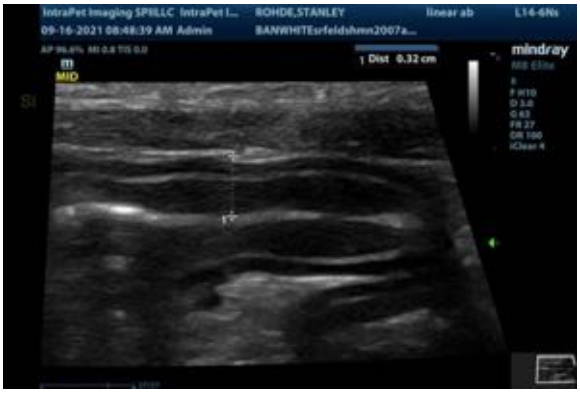
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Liver
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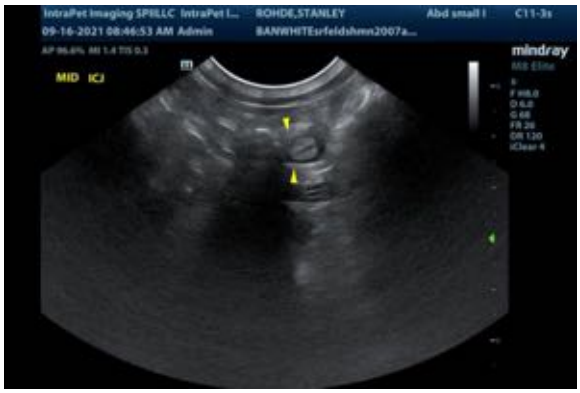

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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