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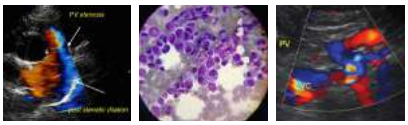

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DATE
9/17/21

PATIENT
Padme Johnson

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
10/8/09

WEIGHT
10.3 lbs

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

HOSPITAL NAME
Timonium AH

REFERRING VET
Dr. Kauder

INVOICE
115853kk

PRESENTING CLINICAL SIGNS

History: Long term off/on diarrhea. Metronidazole usually helps. Diabetes for 3 months earlier this year (April- June)- went into remission after glargine injections. Recent loss of appetite and hiding more (9/9-present).

Current Medications: Metronidazole 62.5mg BID , 8/19/21- present (but has missed doses this past week d/t inappetence)

Lab Results: most recent cbc/chem/T4 was normal -but was a few months ago. Will run cbc/chem/T4/UA & fpl on day of ultrasound.

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 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 size (3.59 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. Renal vasculature is normal.

The right kidney is normal size (4.05 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 seen.

Spleen

The spleen is subjectively enlarged (1.21 cm in width at the level of the hilus) with irregular peripheral contours. The parenchyma s hypoechoic and diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen, irregular, peripheral contours. The parenchyma is overall hypoechoic in appearance and subtly mottled. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. It has a bi-lobed confirmation. The wall is normal in thickness. A small amount of aggregated, echogenic debris is observed within the lumen, some of which is adhered and some of which is gravity-dependent. Th cystic and common bile ducts are normal.

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. The submucosal layer is also thickened in some 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

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The mesenteric lymph nodes are severely enlarged (the largest measuring 4.71 cm in length), irregular, and hypoechoic. Surrounding mesentery is hyperechoic. Several smaller lymph nodes are observed in the cranial and mid-abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

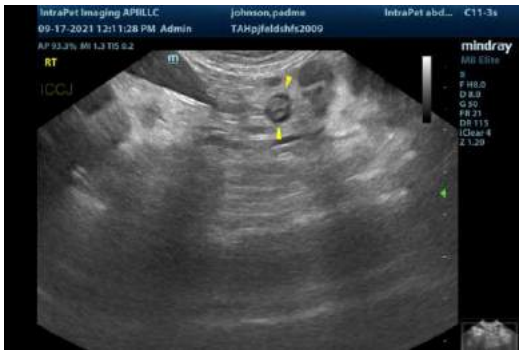
- The hepatic, splenic, and abdominal lymph node changes are most concerning for infiltrative neoplasia. Lymphoma is the top differential. A severe inflammatory process such as pyogranulomatous disease (i.e., secondary to FIP) is also a consideration but considered less likely.
- The diffuse peritonitis is likely sterile and secondary to multiple organ pathology.

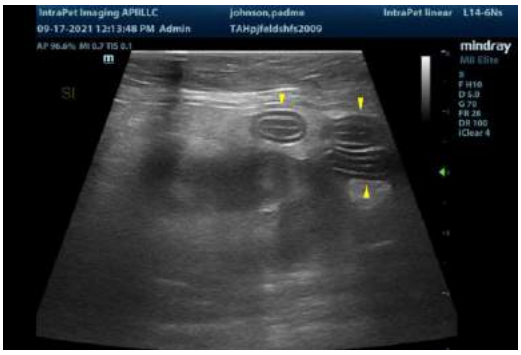
Secondary Findings:

- Bi-lobed gallbladder – incidental.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
2. Fine needle aspirates of the liver, spleen, and abdominal lymph nodes are recommended (if clotting status is appropriate). 25-guage needles should be used. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
3. Also consider a malabsorption panel including serum cobalamin, folate, PLI and TLI.





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.

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