IMAGING PERFORMED BY

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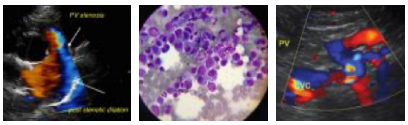

SonoPath
Clinical Sonography & Telecytology
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DATE
917/21

PATIENT
Sparkles Giannaccini

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed Female

AGE
12/10/10

WEIGHT
8.8 lbs

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

HOSPITAL NAME
Parkville AH

REFERRING VET
Dr. Martin

INVOICE
12215

PRESENTING CLINICAL SIGNS

History: PC: Chronic Diarrhea (since at least 12/2020), Weight loss (0.7lbs since 6/2021). She was placed on Metronidazole at previous veterinary hospital (unknown dose/duration) that helped per owner. When I first saw Sparkles in 6/2021, owner requested another round of metronidazole, and I placed her on oral Metronidazole at 11.6mg/kg BID for 7 days with no improvement. In 6/2021, a fecal centrifugation was negative. She has been on Hill's z/d since 8/05/2021, and her owner says she has seen some response, but she still has diarrhea on it. No vomiting. She is eating and drinking normally. PE (9/15/21): Weight: 8.8 lbs., Temp: 101.1 F Pulse: 200 Respirations: 20 BCS: 2.5/5, Overall condition: QAR, Lethargic, mildly underweight, appeared dehydrated. Abdomen: Abdomen was doughy, but no other significant findings. Dental: Mild dental calculus and gingivitis. All other systems had no significant findings.
Current Medications: on Z/d diet, but no other medications.
Lab Results: For bloodwork on 9/15/21: CBC: RBC and HCT were just under the low end of normal (6.35 M/uL and 29.8%, respectively), Mild leukocytosis (18.44 K/uL), Mild neutrophilia (12.31 K/uL) and mild monocytosis (1.85 K/uL)- I interpreted as a stress leukogram, CHEM+SDMA: ALP<10.
Radiographs: Not provided by the veterinarian.
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 is moderately distended. The wall is normal in thickness. The mucosal surface is smooth. A small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.71 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. Renal vasculature is normal.

The right kidney is normal in size (3.79 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A small nephrolith is visualized. Trace pyelectasia is present. There is no evidence of 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 (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological

hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is slightly thickened (0.15 cm). Luminal contents are anechoic. The 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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. Several prominent to enlarged hypoechoic slightly cystic nodes are observed at the mesenteric root. See also *Other.*

Other

A few cystic lesions are observed in the cranial and mid-abdomen, the largest measuring 2.20 cm near the mesenteric root and the second largest measuring 0.78 x 0.66 cm in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with severe inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The cystic structures in the cranial and mid-abdomen are thought to represent cystic lymph nodes, however pancreatic cysts cannot be completely excluded.
- The diffuse peritonitis is likely secondary to bowel pathology.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings:

- The gallbladder wall changes could be consistent with cholecystitis and/or age-related hyperplasia. Correlation with clinical findings is recommended.
- Bilateral age-related renal changes with dystrophic mineralization and a right non-obstructive nephrolith.
- Urinary bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- A fine needle aspirate of the enlarged mesenteric lymph nodes is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, surgical gastrointestinal and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs should be performed prior to anesthesia.


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RT Adrenal
Dist 0.42 cm
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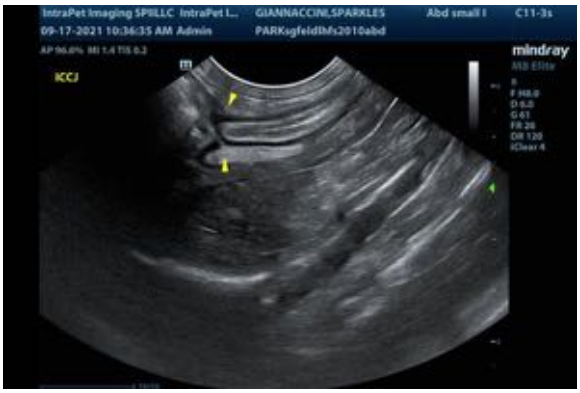
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mesenteric lymph
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Liver
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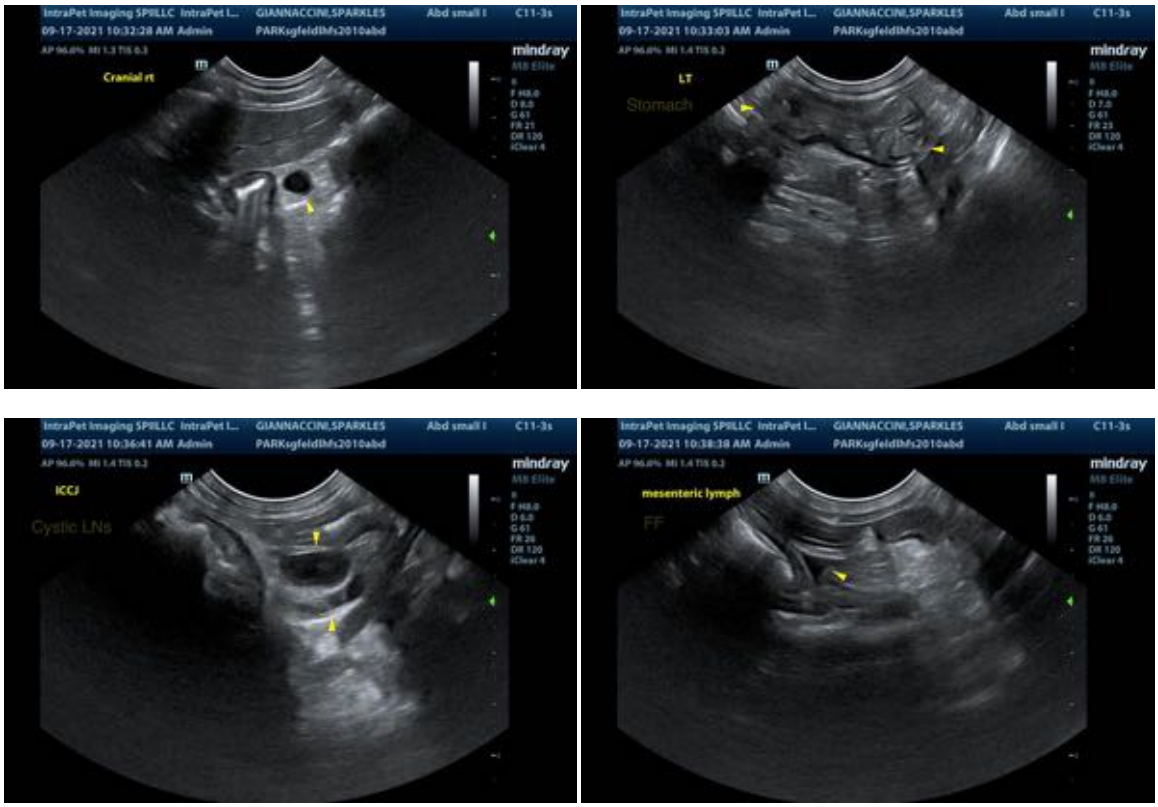

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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