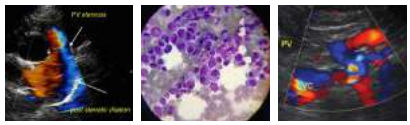
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/21/21

PATIENT

Jake Rogers

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

9/20/07

WEIGHT

9.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

11867kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: trouble eating; losing weight. Date: 09-20-2021 Notes: PC: Jake is eating half of his usual amount of food and has lost several pounds (~5 lb. in few weeks), vomited this am On Purina senior, tiki cat indoor only ATO- Lost lots of weight was previously 13-15 lbs. Has 4 cats in house, 1 is a diabetic, turned up canned tuna. Hx of chronic intermittent vomiting- sensitive stomach- certain foods he's ok with and eats fast. Vomiting first noticed yesterday- food, vomit on couch with plastic where he lays (didn't see him vomit it but likes to pick things up). Not able to see rDVM booked until November. 3 yrs. ago last saw rDVM and had rabies- no hx of heart murmur, not lethargic, chews reg food, unsure urination, and defecation- has multiple cats, no increase in drinking. Assessment: 14 yr MN Domestic Shorthair / for vomiting; dietary indiscretion; vomit with plastic pieces; weight loss ~5 lbs. in few weeks; hyporexia. AFAST/TFAST: No FF; urinary bladder moderate in size. No obvious heart murmur. Abdomen soft and doughy. No obvious string under tongue- P not very cooperative. DDX: CKD vs hyperthyroidism vs HL vs neoplasia vs IBD vs dietary indiscretion leading to FB vs neoplasia vs other. Plan: Recommend to owner hospitalization, IV catheter, fluid therapy, and further treatment as needed, CBC/CHEM/LYTES, T4 SDMA, +- FELV/FIV- O approves, +- BNP- O declines, Cysto + UA and BP, X ray 2 view, US, IVF, Hospitalization. Owner authorizes recommended treatment. Prognosis: Fair to guarded; risk for underlying heart disease. Discussed ddx fair to guarded prognosis pending diagnostics and P response. O oks US.

Current Medications: Unasyn, Buprenorphine, Cerenia, Pantoprazole, Vitamin B12.

Lab Results: Patient is anemic. PCV is 24%. Blood pressure is fine. Urine specific gravity is 1.026. No proteinuria. Inactive sediment. FELV/FIV negative. Heartworm is negative. ALP is 142. Slightly low BUN. T4 is normal.

Radiographs: AFAST/TFAST: No FF; urinary bladder moderate in size.

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 distended with 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 (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.42 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen
The spleen is subjectively normal in size (0.76 cm in width at the level of the hilus) with scalloping of the medial contour. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively enlarged with slightly swollen 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. 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 mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The mesentery surrounding the gastric wall is hyperechoic. 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 some 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 prominent to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.33 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen
No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most consistent with chronic, active pancreatitis +/- concurrent age-related remodeling/fibrosis.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- Bilateral, age-related renal changes. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, and/or PU/PD or fluid therapy if applicable.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

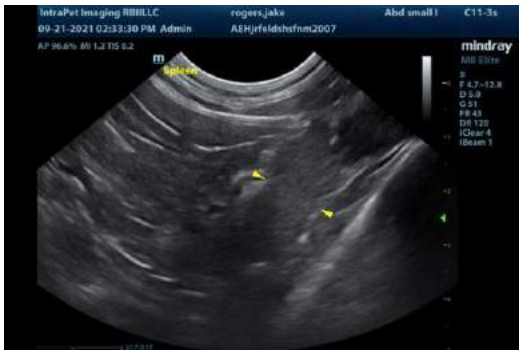
2. A fecal evaluation for ova/Giardia

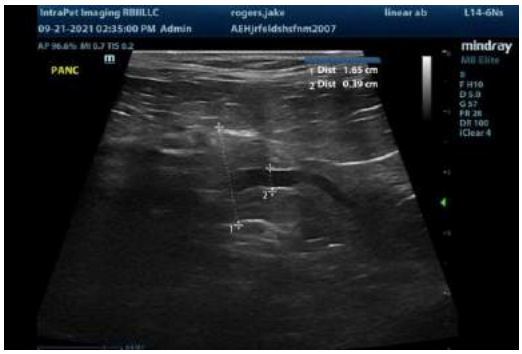
3. A fine needle of the liver can be considered (if clotting status is appropriate). A 25-guage needle should be used.

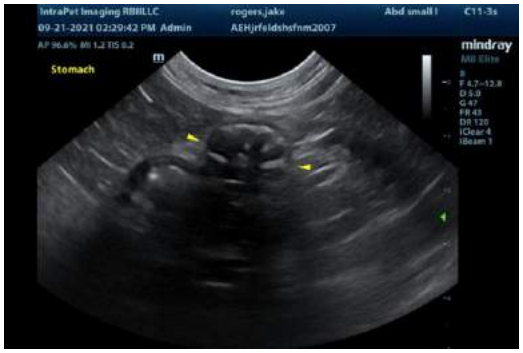
4. Given the severe weight loss, three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.

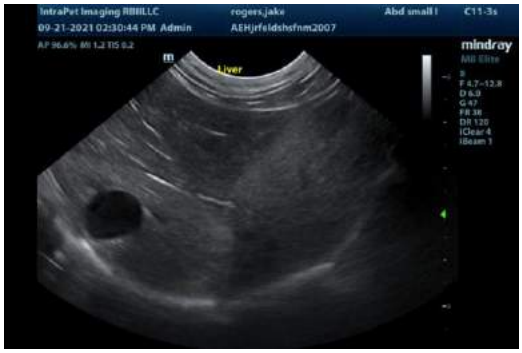
5. While awaiting test results, nutritional support (i.e., via a temporary feeding tube) should be considered to help prevent/treat hepatic lipidosis.

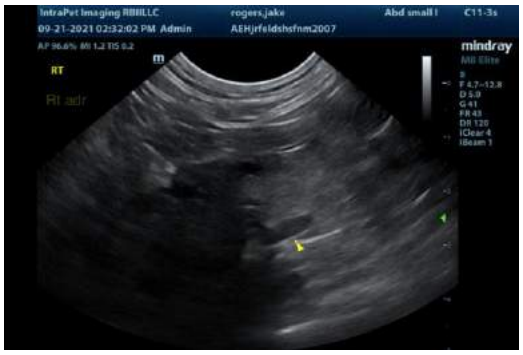
6. Depending on the results of the above diagnostics/therapeutics, surgical biopsies of the liver, pancreas, and GI tract may be warranted.

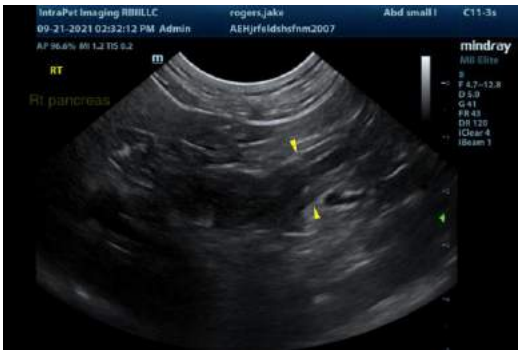


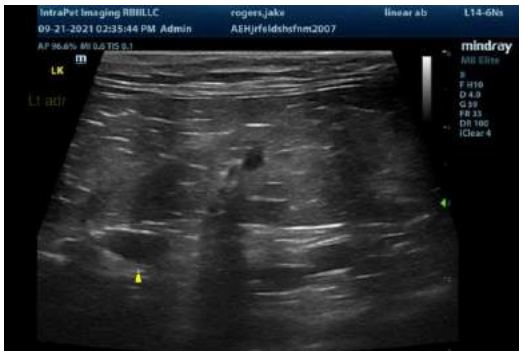


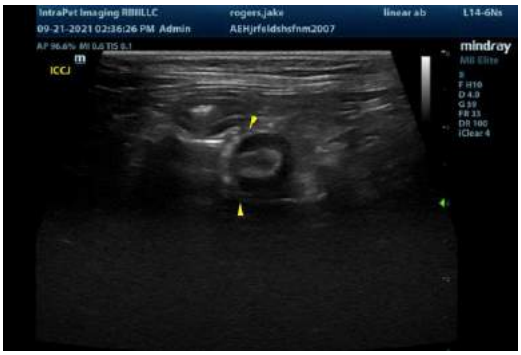


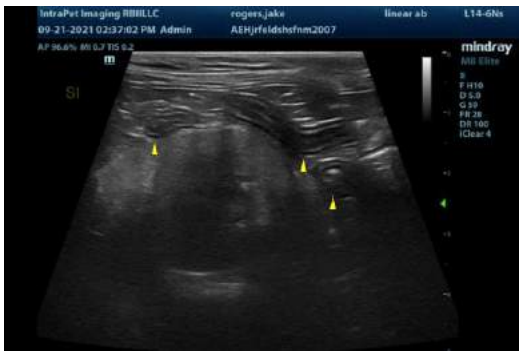












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
Andrea.nicastro@sonopath.com