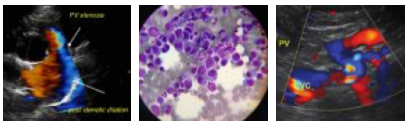
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/26/22

PATIENT

Tallon O'Rourke

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7/4/2010

WEIGHT

5.68 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws Veterinary Wellness

REFERRING VET

Dr. Levitsky

INVOICE

14012

PRESENTING CLINICAL SIGNS

Seen in 6/22 for biannual exam. O. complaint of losing weight despite good appetite. Wt. was 6.62 lbs. BW done and WBC normal but slight elevated eos. Seen again at the end of August for diarrhea. O. was out of town and cat sitter was feeding dry food because they ran out of canned food. Appetite still great and weight down to 6.2 lbs. Tx with probiotics. Saw cat again on 9/22 because cat was even more voracious and trying to bite the O. hand while she was impatient for her to open the food can. Weight is now 5.68. Diarrhea in on/off. BW is pending but WBC is now elevated at 17, 000 with high eos and mono counts.

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is 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 mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 observed.

Spleen

The spleen is normal in size (0.64 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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. A scant amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall is normal to mildly thickened (up to 0.31 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. There is also evidence of mucosal fogging. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas
The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
Trace free fluid is observed. A cluster of enlarged, slightly irregular mesenteric lymph nodes are visualized, the largest measuring 2.37 cm in length.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

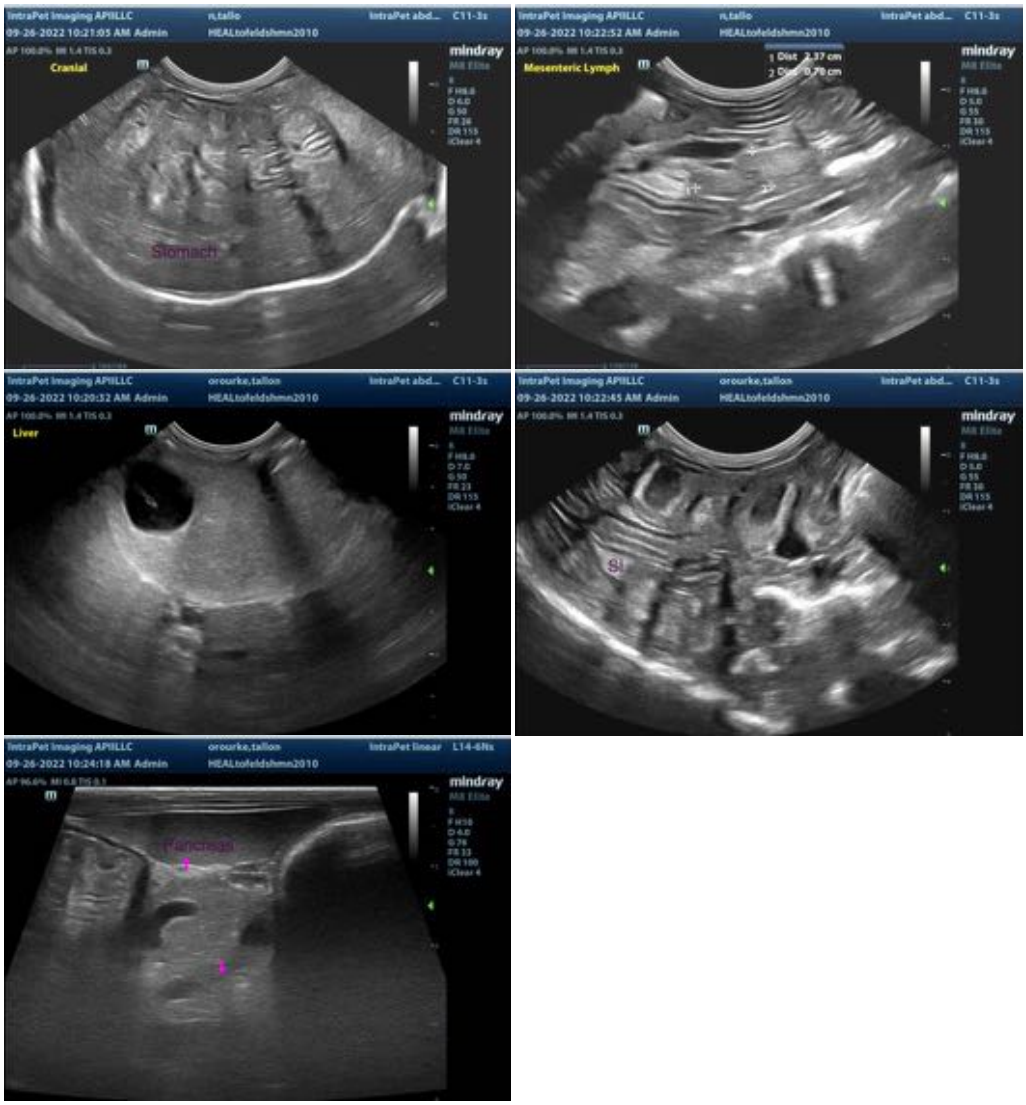
- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is also possible.
- Trace ascites, likely secondary to bowel and/or lymph node pathology.

Secondary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, normal variation or other hepatopathy.
- The pancreatic changes could be consistent with mild chronic pancreatitis. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Given the patient's clinical history, consider the following:

1. Three-view thoracic radiographs to assess for occult neoplasia in the chest.
2. Malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
3. A fecal evaluation for ova/Giardia.
4. Supplementation with a probiotic with a high colony count (i.e., Proviable Forte).
5. Consider empirical treatment for small intestinal bacterial overgrowth with a 4 week course of Tylosin.
6. A 6 week hydrolyzed protein or limited antigen diet should also be considered.
7. Ultimately, GI biopsies (i.e., endoscopic or surgical) 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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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