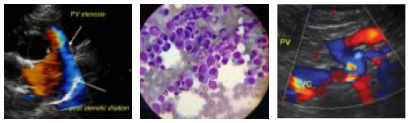
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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**DATE**

9.29.2022

**PATIENT**

Mikey Heath

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2/8/2011

**WEIGHT**

13.9lbs

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Fullerton Animal Hospital

**REFERRING VET**

Dr. Unger

**INVOICE**

11748

## PRESENTING CLINICAL SIGNS

Presented for exam and vaccinations on 9/27. O notes that pet has been having an increase in frequency in vomiting for the past year with it being more frequent in the last 6 months. Past 6 months pet has also started having intermittent diarrhea. On exam 1.5 lb weight loss noted. Exam unremarkable otherwise.

Current Medications: Gabapentin 100mg prior to exam and the night prior to exam
Lab Results: CBC chemistry T4 unremarkable.
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** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mostly 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 region of the trigone and the visualized portion of the proximal urethra are normal.

The **left kidney** is normal size (4.07 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate 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 size (4.15 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. 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 (0.97 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Two small (<5.05 cm) irregular, hyperechoic nodules are visualized. 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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### *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 is normal to mildly thickened (up to 0.35 cm) with a normal layering pattern and appropriate mural detail. There is disruption in

the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

### *Pancreas*

The **pancreas** is visible/prominent with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.25 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

### *Free Abdomen*

There is no evidence of free fluid. A few prominent hypoechoic, slightly rounded mesenteric **lymph nodes** are visualized. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenopathy or emerging neoplasia (i.e., lymphoma).
- Bowel changes consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic +/- active pancreatitis.

### Secondary Findings

- The hyperechoic splenic nodules are likely benign (i.e., myelolipomas) with a low possibility emerging neoplasia.
- Bilateral degenerative renal changes.

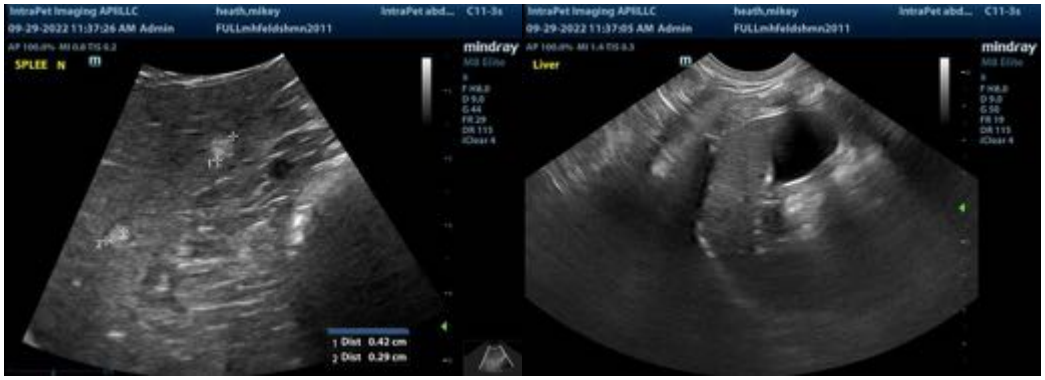
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

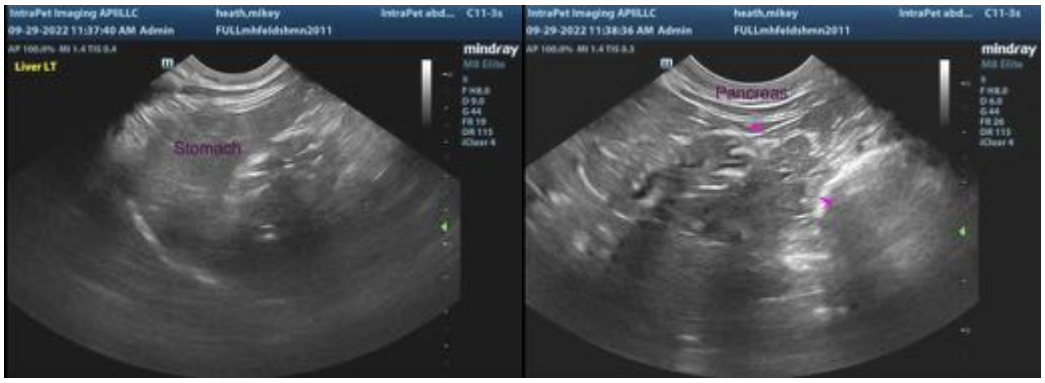
If accessible, a fine-needle aspirate of the mesenteric lymph nodes can be considered. Twenty-five gauge-needles should be used.

Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.

Other diagnostic considerations include the following:

1. A fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole
3. GI panel (i.e., serum cobalamin and folate, TLI and PLI)
4. Initiation of a limited antigen or hydrolyzed protein diet
5. GI biopsies (endoscopic or surgical)


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)
info@SonoPath.com