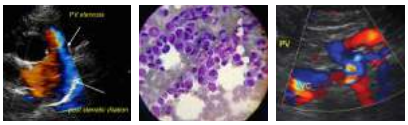
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/30/21

PATIENT

Static Dowell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

9/28/08

WEIGHT

5.92 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

11933kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting; Diarrhea; Not Eating. Date: 09-28-2021. Notes: Beginning this morning started vomiting - green tinged fluid, then this evening started having diarrhea. Now has stopped eating Current diet Special Kitty Naturals - owner did feed 1/2 can kitten food yesterday (gets occasionally). No known toxic or foreign ingestions. Has been dipping paw into water to drink - often litter gets into water. History of vomiting undigested kibble at least 1x monthly because does not chew food up and has had teeth removed. Assessment: Vomiting, diarrhea. Plan: Vomiting, diarrhea, cardiac murmur. Recommend admit into hospital - IV fluids supportive care for GI signs - full BW and T4. Abdominal X-rays.

Current Medications: Buprenex, Metronidazole, Pantoprazole, Cerenia, Azithromycin, Vitamin B12.

Lab Results: Attached separately.

Radiographs: Lateral and VD abdomen - gas and fluid throughout small intestines. Intestinal wall appears thickened.

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 is distended. A large amount of suspended, echogenic debris is observed within the lumen. 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 (3.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 prominent in size (1.05 cm in width at the level of the hilus) with an elongated contour and slight scalloping of the peripheral margins. Using the high frequency probe, a light micronodular pattern is seen throughout the parenchyma. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 1.89 x 1.44 cm anechoic cyst is observed deep on the left side. Adjacent to the cyst, a 0.95 x 0.84 cm ill-defined, hyperechoic area/nodule is observed. Hepatic vasculature and intrahepatic biliary tracts are of normal

volume with no evidence of congestion. The gall bladder lumen is mildly 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 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 mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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

Trace free fluid is observed. Several prominent, hypoechoic mesenteric lymph nodes are visualized (the largest measuring 1.89 cm in length). Surrounding mesentery is hyperechoic.

Other

Several ring down lesions are observed within the thoracic cavity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel pattern could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes may be secondary to infiltrative neoplasia, reactive lymphadenitis, or lymphoid hyperplasia.
- The trace ascites is likely secondary to bowel pathology.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia, lymphoid hyperplasia, or extramedullary hematopoiesis.

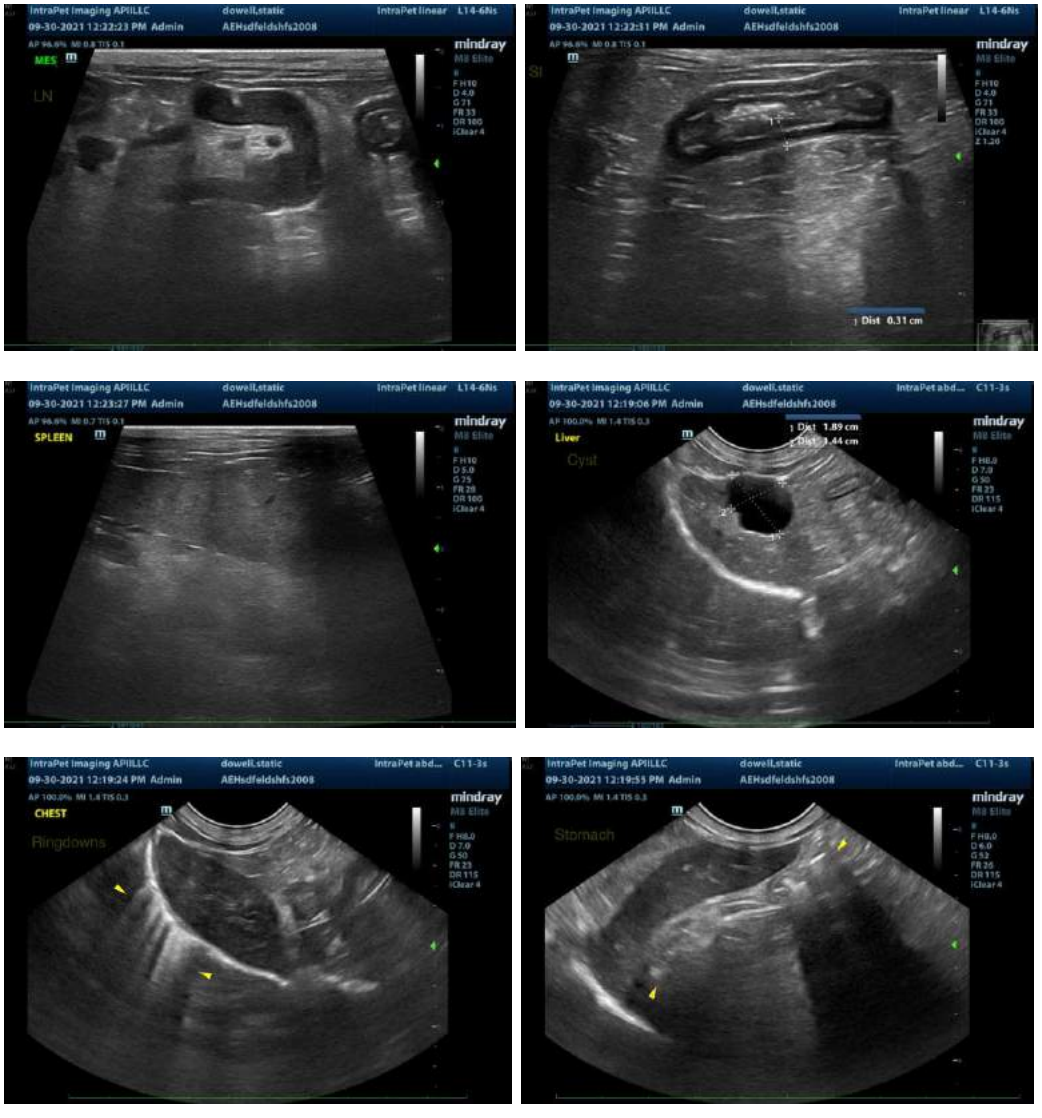
Secondary Findings:

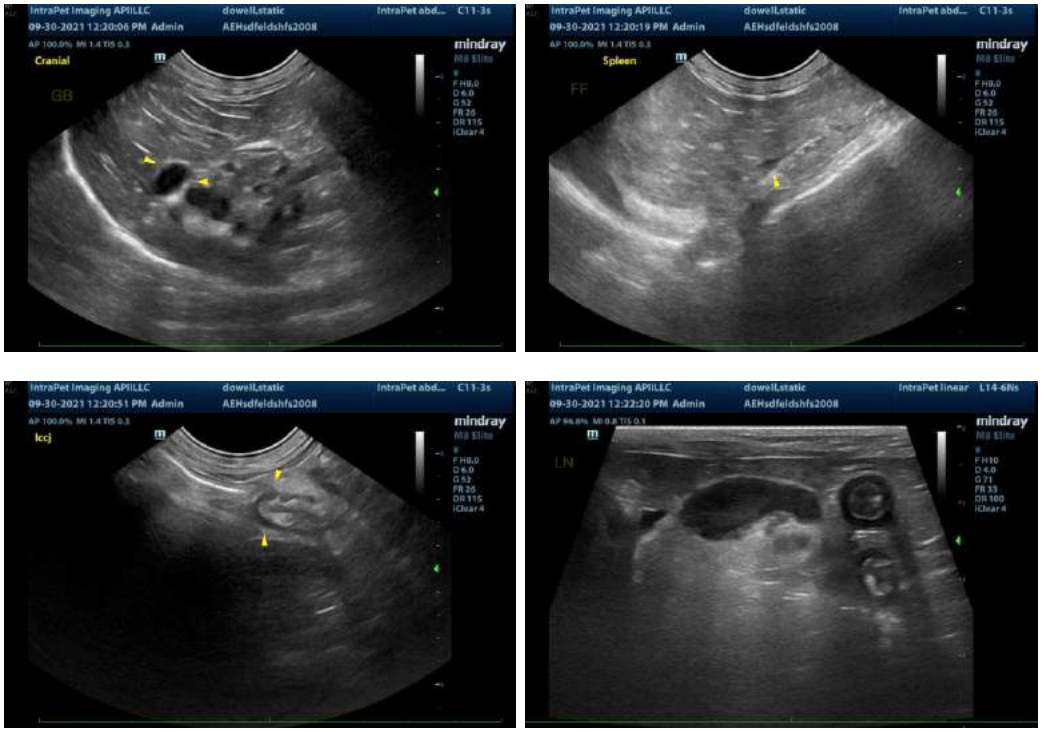
- Bilateral, age-related renal pathology with trace left pyelectasia.
- The urinary bladder debris could be consistent with cells, crystals, proteinaceous material, and/or lipid droplets.
- Hepatic cyst, likely benign/incidental.
- The hyperechoic area adjacent to the cyst trends towards the benign (i.e., lymphoid hyperplasia) with a low possibility of infiltrative neoplasia.
- The ring down lesions are consistent with the pulmonary parenchymal changes seen on thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Fine needle aspirates of the prominent abdominal lymph nodes and spleen are recommended if they are accessible (and if clotting status is appropriate). 25-guage needles should be used. If cytologic evaluation is inconclusive, surgical gastrointestinal and lymph node biopsies may be necessary to get a definitive diagnosis.

2. A malabsorption panel is also recommended.





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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