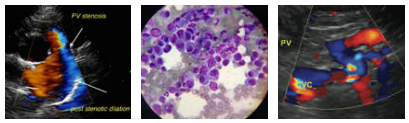
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/24/2022

PATIENT

Kisa Flory

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

8/14/2007

WEIGHT

9.15 lbs.

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Noah's Ark Veterinary and Boarding Resort

REFERRING VET

Dr. Martinez-Hernandez

INVOICE

95479

PRESENTING CLINICAL SIGNS

History: Weight loss, increased hunger, (siblings/littermates recently passed away with cancer and O worried she may have the same issues). No other GI issues are displayed.
Current Medications: Currently treating with some Gabapentin
Lab Results: CBC- NSF, CHEM- NSF, FPL- elevated 0.0-.3.5 (4.4), t4- WNL.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic (some mineral) debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (3.73 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.79 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.45 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.78 cm long x 0.17 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The gallbladder is contracted and small. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

This appears to be a post prandial study, which can limit evaluation of subtle gastrointestinal tract lesions. The small intestines maintained normal layering except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The small intestinal lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

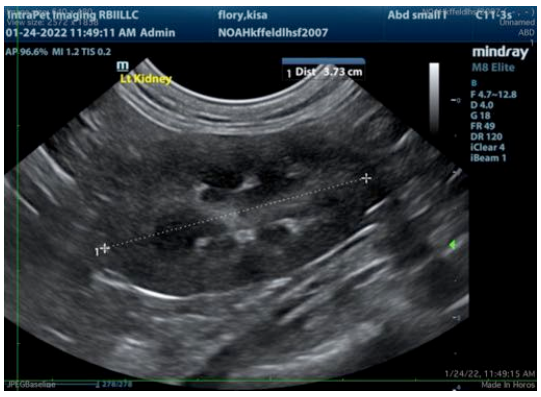
Colon is normal in wall thickness (< 0.2 cm) and layering.

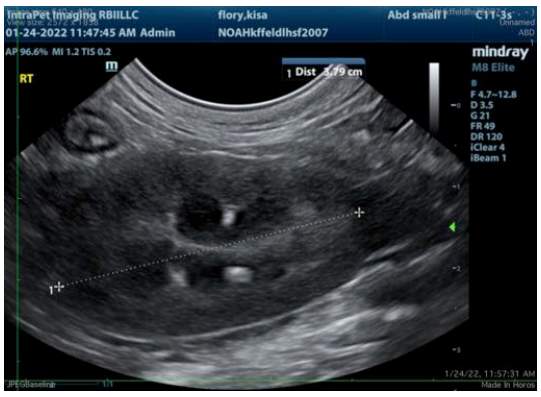
Pancreas
The pancreas is diffusely prominent/large in size. The visible capsule is smooth and normal in contour. The parenchyma is diffusely coarse and heterogenous to hypoechoic in echogenicity. The pancreatic duct is mildly dilated and measured 0.3 cm.

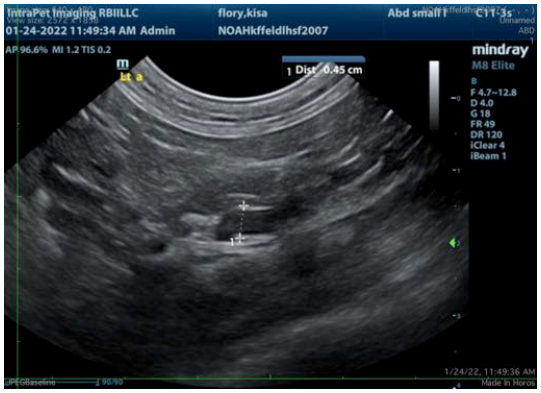
Free Abdomen
Mild lymphadenopathy is noted around the ileocecocolic junction.

ULTRASONOGRAPHIC FINDINGS
- Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.
- Feline thick muscularis– This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Enlarged, hypoechoic, coarse pancreas with mildly dilated duct. This is consistent with chronic pancreatitis. Infiltrative disease such as infiltrative neoplasia cannot be ruled out, but is considered less likely. There was no evidence of acute inflammation present.
- Mild lymphadenopathy around the ileocecocolic junction. This is most consistent with reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Given the weight loss in this patient in spite of a good appetite combined with the thick muscularis, I recommend gastrointestinal malabsorption panel, TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess GI tract and pancreas. If the total T4 was > 2.0 a free T4 is also recommended as some hyperthyroid cats do not have a total T4 outside of the normal reference range. Given the urinary bladder changes a urinalysis and culture are recommended if not already performed. Finally a FNA of the pancreas can be considered to definitively rule out infiltrative neoplasia; however, that is less likely. Mild, chronic pancreatitis is the top differential for the changes in these images. Given the mildly thick muscularis biopsies of the gastrointestinal tract either endoscopic being sure to include ileum if possible or full thickness surgical biopsies at which time the pancreas can also be biopsied are necessary to definitively determine the cause of the changes.



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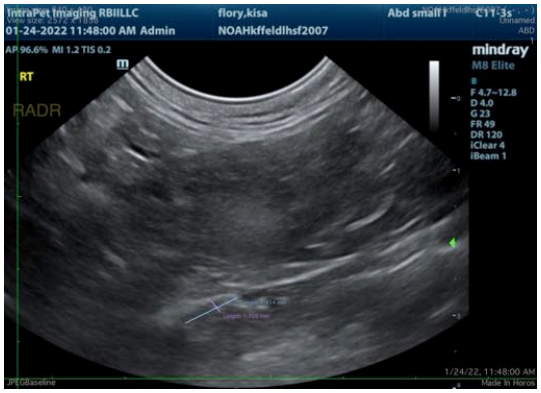
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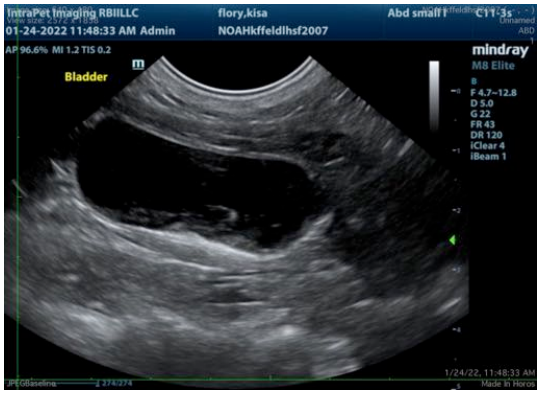
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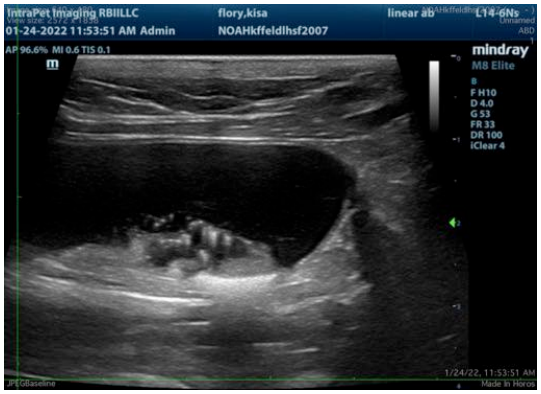
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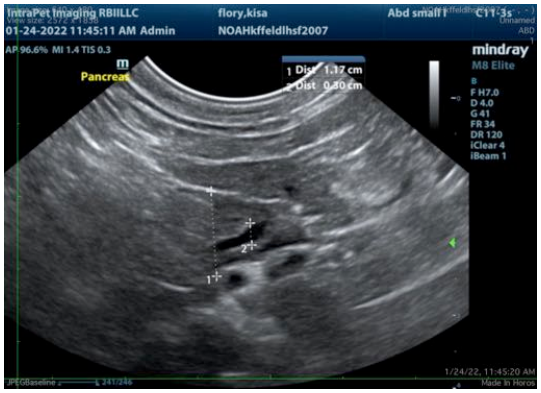
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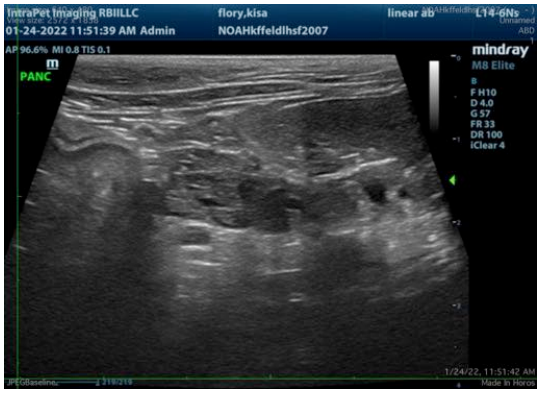
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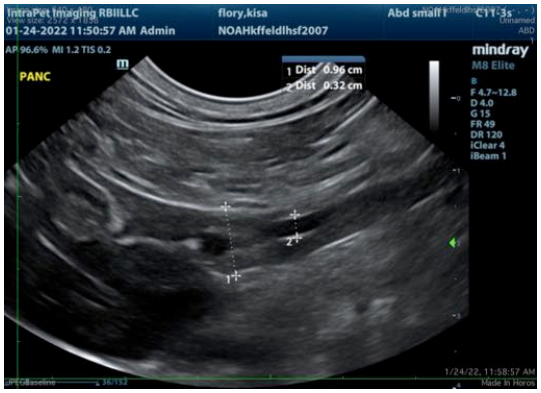
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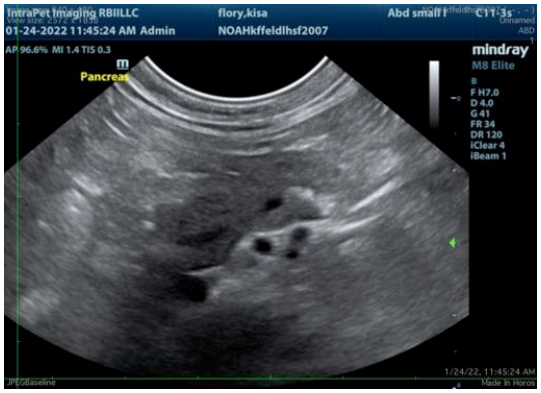
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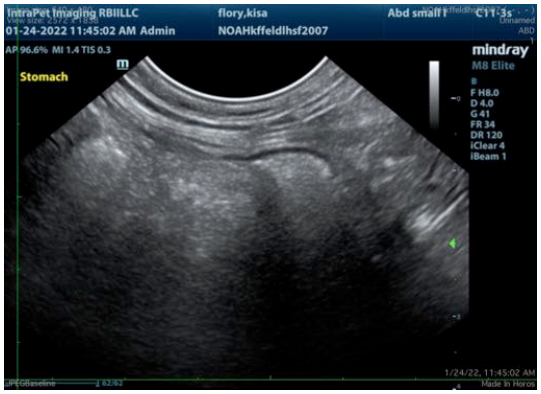
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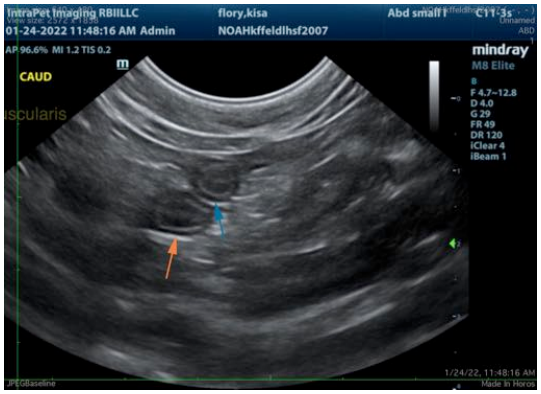
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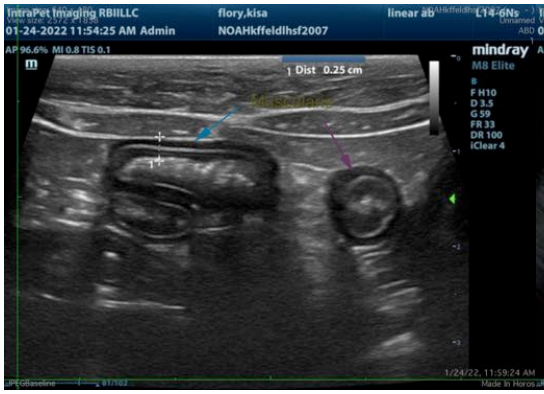
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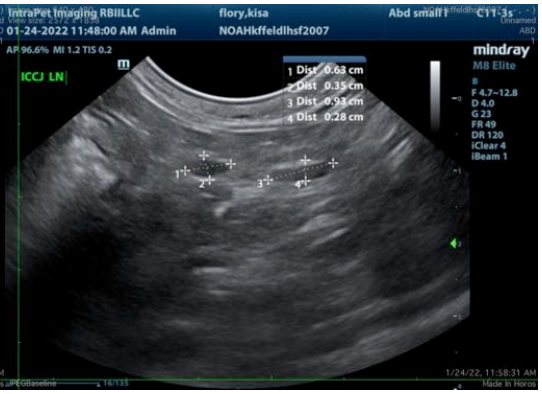
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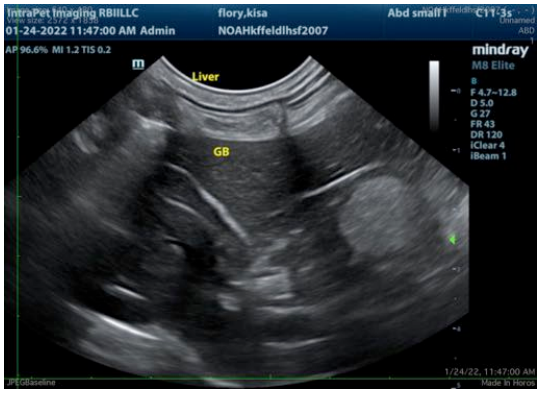

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com