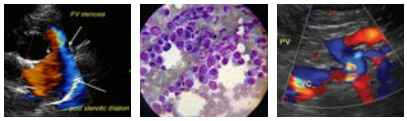
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/26/23

PATIENT

Butterscotch Sears

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12/9/05

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Abbey AH

REFERRING VET

Dr. Kuhlman

INVOICE

44557

PRESENTING CLINICAL SIGNS

Repeat visits for constipation (12/5/22, 1/19/23 with calls in-between discussing passing stool/vocalizing.) The constipation resolves post-enema but returns about one month later. Patient is anxious/fractious and requires sedation with isoflurane for a thorough exam. Patient is straining and producing liquid diarrhea in small episodes.

Current Medications: I/D diet.
Lab Results: See attached.
Radiographs: hyperechoic finding in the small intestine, alongside the constipation and gas patterns
Date of Previous IntraPet Ultrasound: No previous.
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

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A chronic infarct is noted on the caudal pole. There is no evidence of pyelectasia, or mineral observed.

The left kidney is normal in size (3.92 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A small non-obstructive nephrolith is noted. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.51 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are mildly tortuous in appearance, but not pathologically dilated. This is often a normal anatomic variant in a cat, but should be interpreted in combination with clinical signs and/or laboratory changes to suggest chronic or intermittent or resolved cholangitis.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

In the caudal abdomen, there is a round structure that appears at least partially mineral in composition, consistent with a bates body, that measures approximately 1.4 cm x 0.72 cm.

Primarily surrounding the left kidney in the left retroperitoneal area, there is amorphous enhanced hyperechoic fat.

Sublumbar lymphadenopathy is noted in the caudal abdomen, also surrounded by hyperechoic enhanced fat.

PRIMARY FINDINGS

- Chronic active pancreatitis
- Sublumbar lymphadenopathy with changes consistent with inflammation around the lymph nodes – This change could be reactive or infiltrative neoplasia and cannot be differentiated without tissue sampling. Additionally, there is some suggestion of perinephric inflammation around the left kidney.

SECONDARY FINDINGS

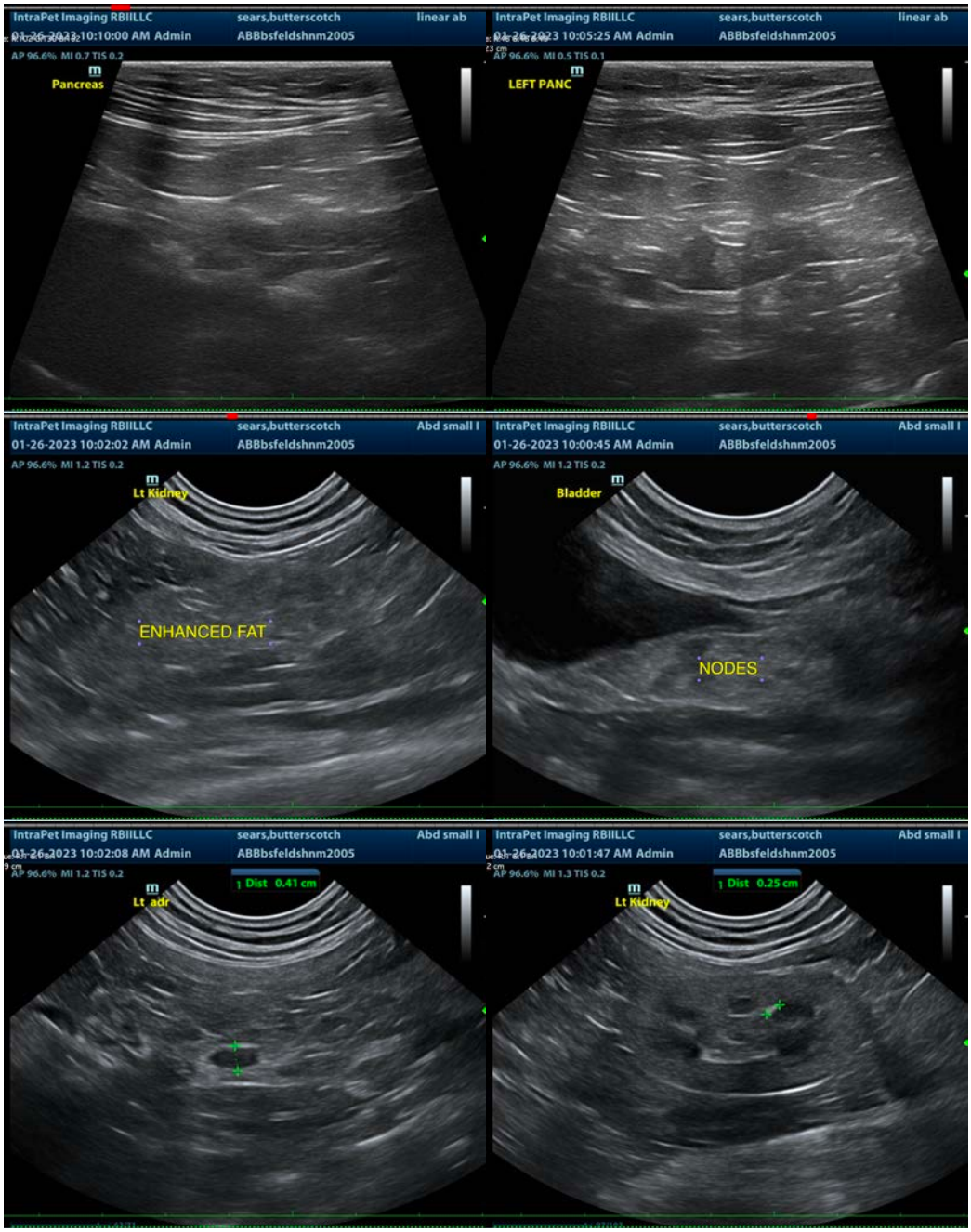
- Chronic infarct in the right kidney and non-obstructive small nephrolith in the left kidney
- Incidental bates body in the caudal abdomen

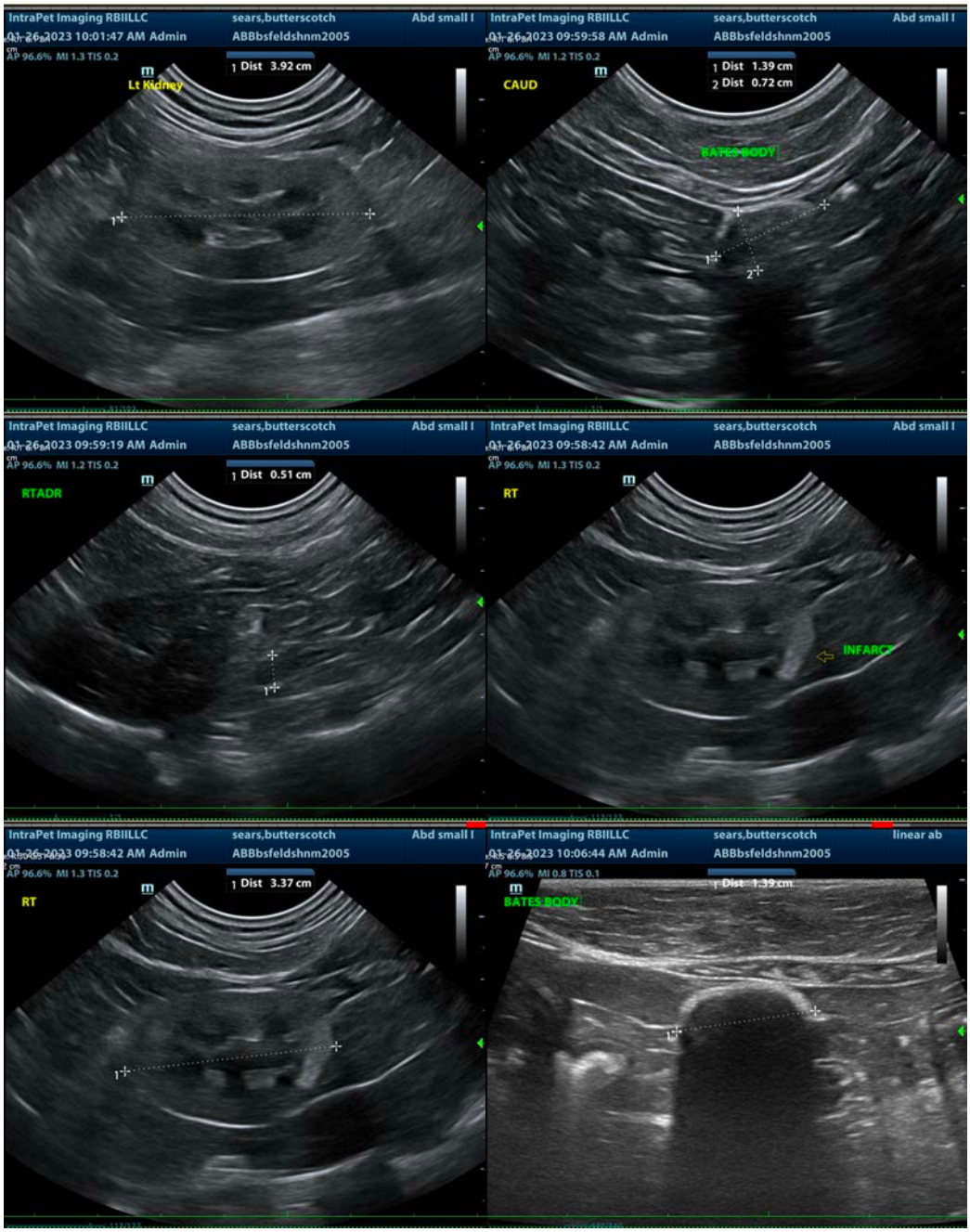
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's lack of suggestion of an acute kidney insult or urinary tract infection, etc., initial recommendations include medical management of the reported constipation in between the enemas that result in brief clinical improvement. This could include a chronic stool softener continued in between enemas, such as lactulose, or potentially fiber additive to the diet such as Metamucil versus other or potentially even a transition to a fiber responsive or colitis diet. Additionally, Cisapride may help precent flare ups that result in enemas.

If constipation is more consistently medically managed and the inflammatory changes in the abdomen persist, fine needle aspirate of the enlarged sublumbar lymph nodes could be considered if patient's coagulation status is appropriate.

Alternatively, if a more aggressive approach is elected sooner, and/or clinical signs don't improve with longer term medical management, a fine needle aspirate of the lymph nodes as well as potentially the hyperechoic fat in the left retroperitoneal area as well as surrounding the sublumbar lymph nodes could be considered.




IntraPet Imaging RBIILLC
sears,butterscotch
Abd small I
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1 Dist 3.92 cm
Lt Kidney
IntraPet Imaging RBIILLC
sears,butterscotch
Abd small I
01-26-2023 09:59:58 AM Admin
ABBbsfeldshnm2005
AP 96.6% MI 1.2 TIS 0.2
1 Dist 1.39 cm
2 Dist 0.72 cm
CAUD
BATES BODY
IntraPet Imaging RBIILLC
sears,butterscotch
Abd small I
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RT
INFARCT
IntraPet Imaging RBIILLC
sears,butterscotch
Abd small I
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RT
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sears,butterscotch
linear ab
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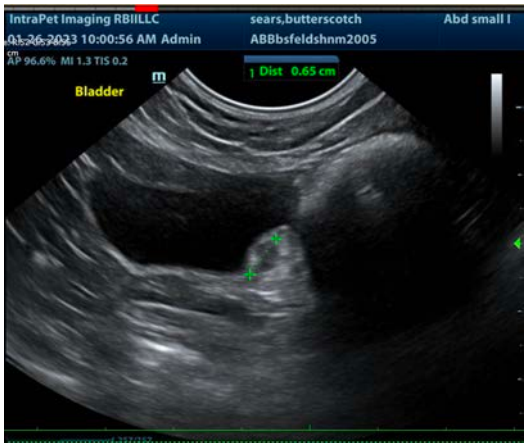
BATES BODY



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.

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