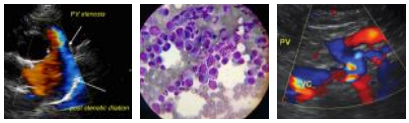
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/9/23

PATIENT

Dublin Stafford

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/1/07

WEIGHT

7.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Medical Clinic of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

20516

PRESENTING CLINICAL SIGNS

History: Patient is losing weight. Hyperthyroid diagnosed, but even on thyroid medication, was not gaining weight. After discontinuing thyroid meds to prepare for radioactive iodine treatment, cat did not exhibit any symptoms typical of thyroid disease. Has a history of consistent vomiting, along with bouts of intermittent constipation and/or diarrhea. Irregular colon lining upon rectal examination.

Current Medications: Cisapride 10mg/mL, 1/2 cc BID, increased to 1 cc BID on 1/4/23, Lactulose 1 cc BID, increased to 1&1/2 cc BID on 1/4/23, Methiamazole ear gel 2.5mg SID
Radiographs: See attached.
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

Urinary bladder is adequately 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.83 cm. The right kidney measures 2.65 cm. An infarct was noted near the caudal pole of the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.46 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. A tortuous but not pathologically distended cystic and common bile duct is present, which is most often a normal anatomic variant in a senior cat.

Gastrointestinal

The visible stomach wall is normal in thickness 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 intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The colon wall, just cranial to the urinary bladder, is focally thick, measuring 0.4 cm thick with an empty/collapsed appearance, consistent with a possible colonic stricture at the focal thickening.

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 peritoneal effusion.

Sublumbar lymphadenopathy is noted, characterized by an enlarged hypoechoic slightly heterogenous lymph node, measuring 1.65 cm long x 0.82 cm thick.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal colonic wall thickening with suspected stricture, rule outs for which include benign, inflammatory, infectious, parasitic, etc., disease, as well as potentially infiltrative neoplasia resulting in the stricture or conversely, the stricture resulting in an inflammatory change, causing the thickening.
- Sublumbar lymphadenopathy, both reactive, as well as infiltrative neoplastic differentials are possible and cannot be differentiated without tissue sampling.
- Mild inflammatory bowel disease pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

Secondary Findings

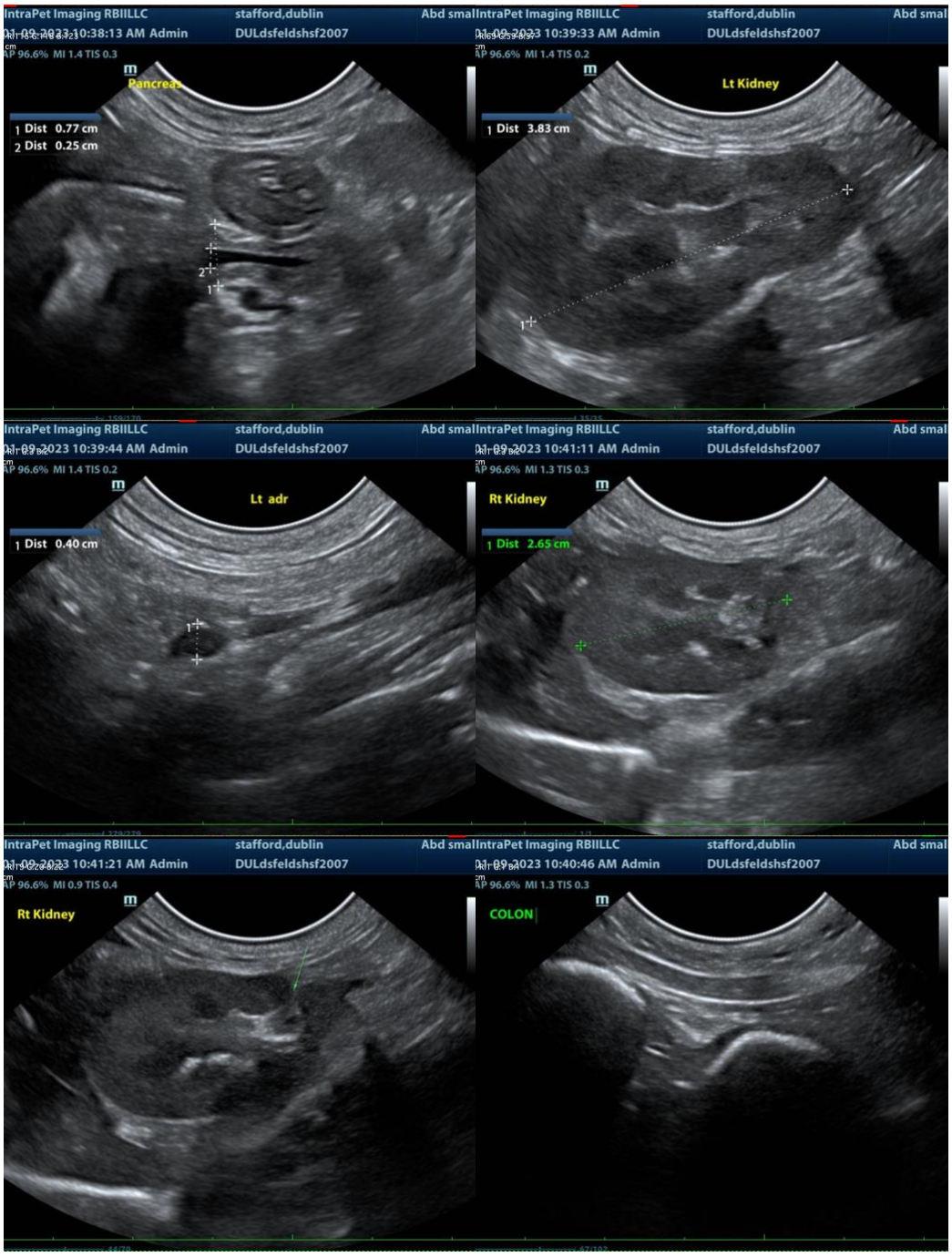
- Age-related kidney changes with a chronic infarct in the right kidney
- Chronic active pancreatitis

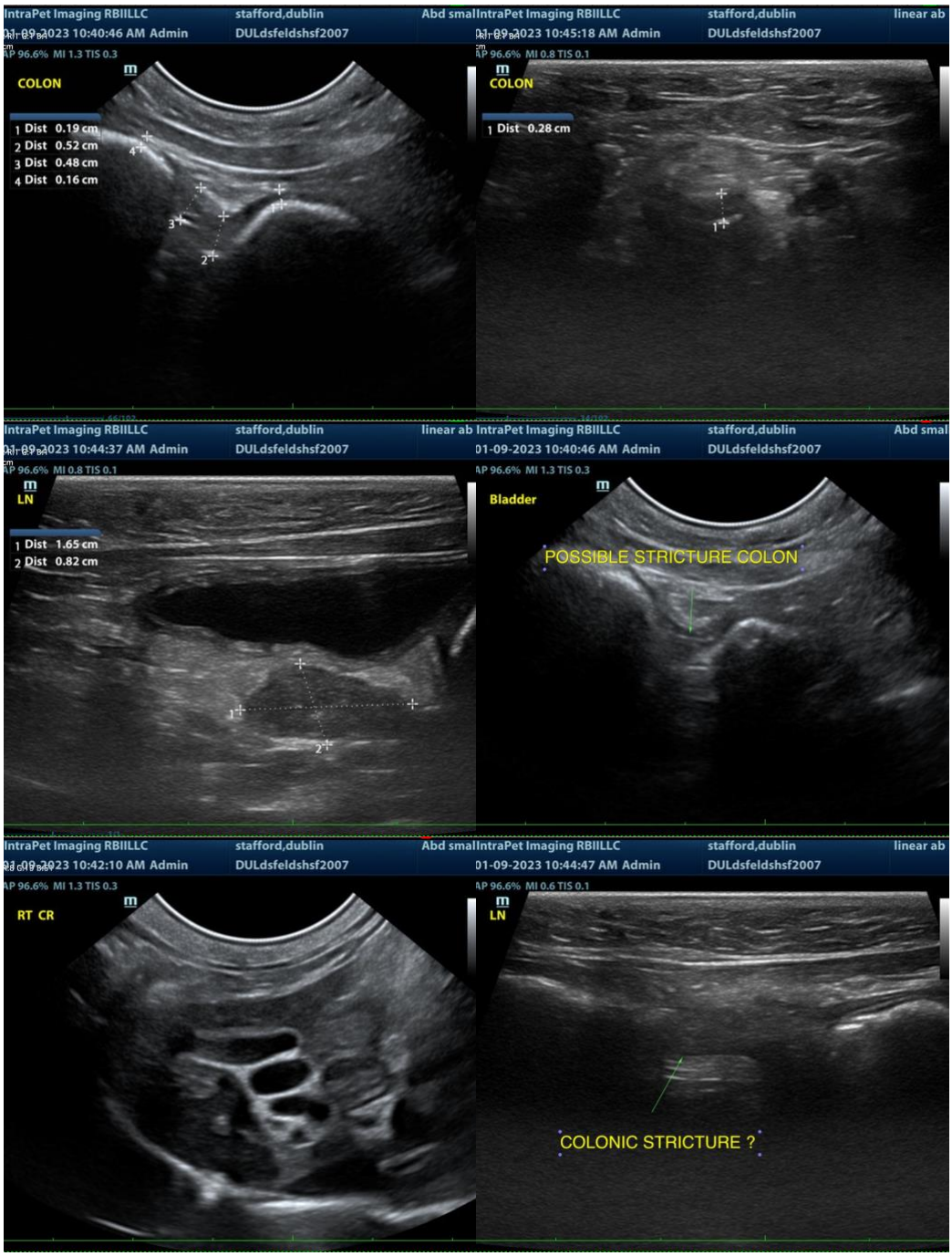
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients gastrointestinal signs, other than the constipation combined with the weight loss, etc., concurrent small bowel disease may be present, therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI

and pancreatic function.

A colonoscopy is recommended for further evaluation/biopsies/potential balloon dilation of the suspected colonic stricture, as well as upper GI endoscopy for biopsies of the small bowel as well.

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DULdsfeldshsf2007
AP 96.6% MI 1.3 TIS 0.3
COLON
1 Dist 0.19 cm
2 Dist 0.52 cm
3 Dist 0.48 cm
4 Dist 0.16 cm
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linear ab
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1 Dist 1.65 cm
2 Dist 0.82 cm
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AP 96.6% MI 1.3 TIS 0.3
Bladder
POSSIBLE STRICTURE COLON
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Abd small
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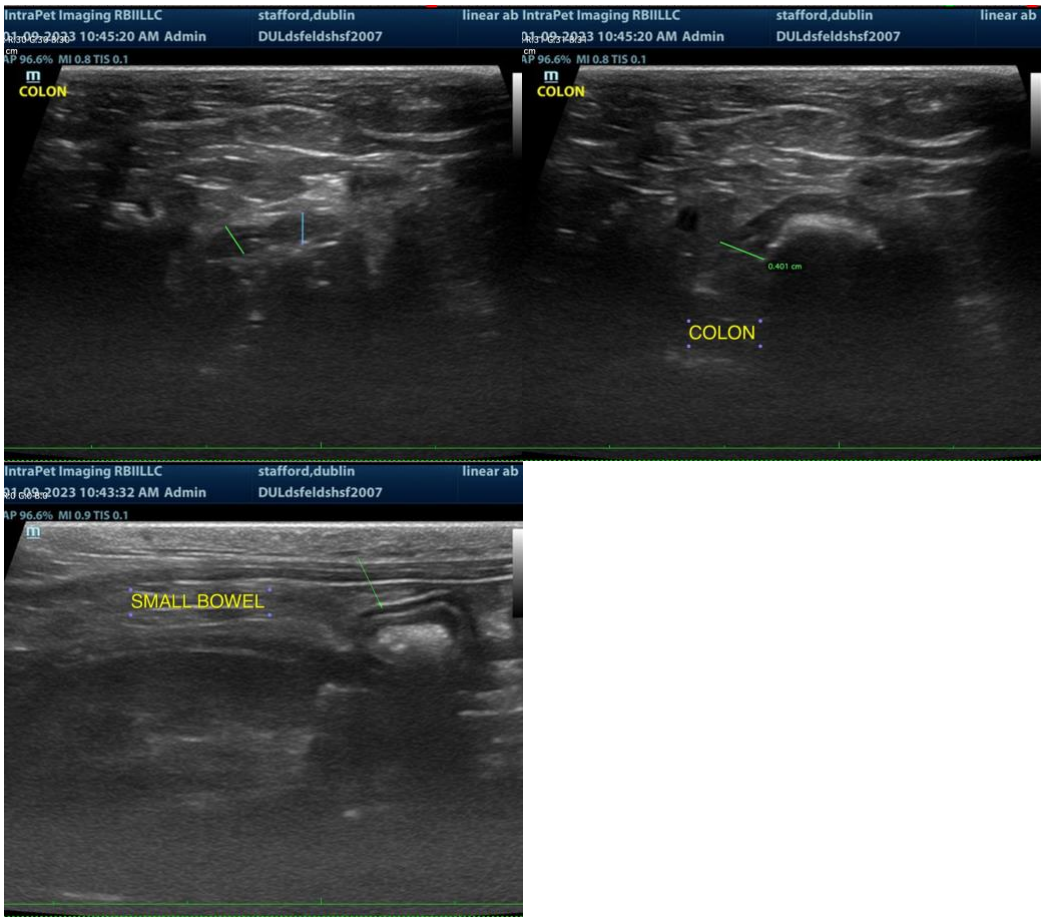
COLONIC STRICTURE ?



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