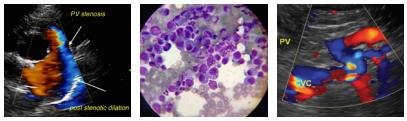
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/15/22

PATIENT

Benny Hensler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/22/15

WEIGHT

13.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

35661

PRESENTING CLINICAL SIGNS

History: History of probable IBD - was ultrasounded in 2017 and the ultrasound did not show anything significant. He has been on a limited antigen diet, Cerenia, prednisolone +/- metronidazole and has been stable since the latter part of 2017 until the past several months. He has become pickier with his food, not eating as well and has lost 2# in the past year. We are seeing if there are any changes with the intestinal tract/other organs.

Current Medications: Cerenia 6mg sid, prednisolone 5mg sid, Mirataz as needed
Lab Results: T4=0.4. Attached separately.
Date of Previous IntraPet Ultrasound: 03/28/2017, 7-18-2017.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 suspended echogenic non-shadowing 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.

The right kidney is normal in size (4.24 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is subjectively small in size (0.26 cm thick), consistent with history of steroid administration. Normal shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is subjectively small in size (0.22 cm thick), consistent with history of steroid administration. Normal 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

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is moderately distended with anechoic bile and gravity dependent, echogenic sediment, including some sand/mineral with acoustic shadowing. The wall is smooth without visible thickening. There is no evidence of cystic or common bile duct dilation. There is no evidence of effusion or inflammation.

Gastrointestinal
Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation and echogenic non-shadowing luminal contents and gas consistent with normal ingesta. No evidence of masses/nodules or foreign material present.

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
The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

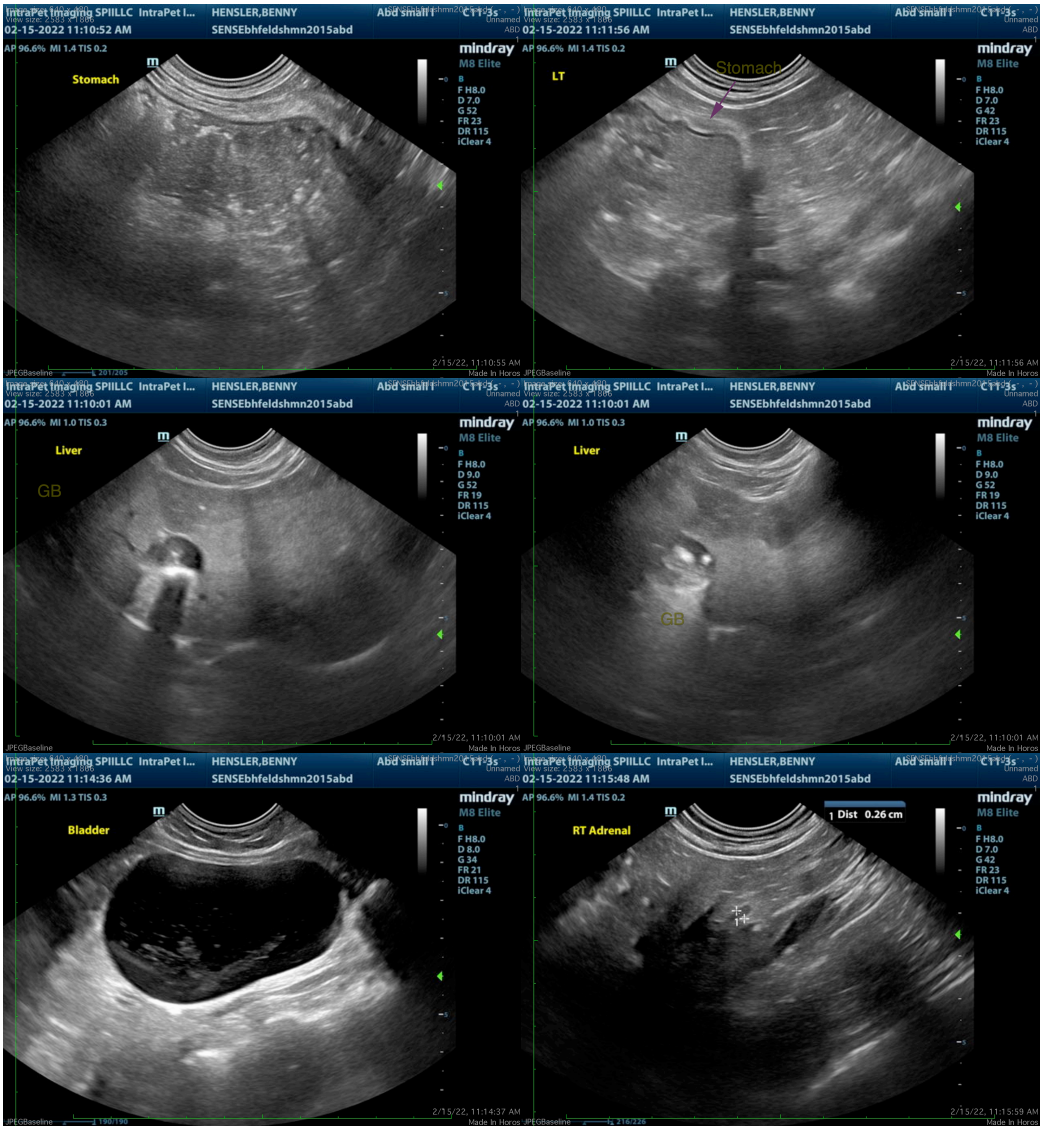
- Gastritis – Microulceration cannot be ruled out.
- Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Cholecystic debris/mineral/sand of unknown clinical significance – This can be seen with biliary stasis from fasting or illness. However, it is often associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort, and/or laboratory changes such as increased ALP and/or increased total bilirubin.
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

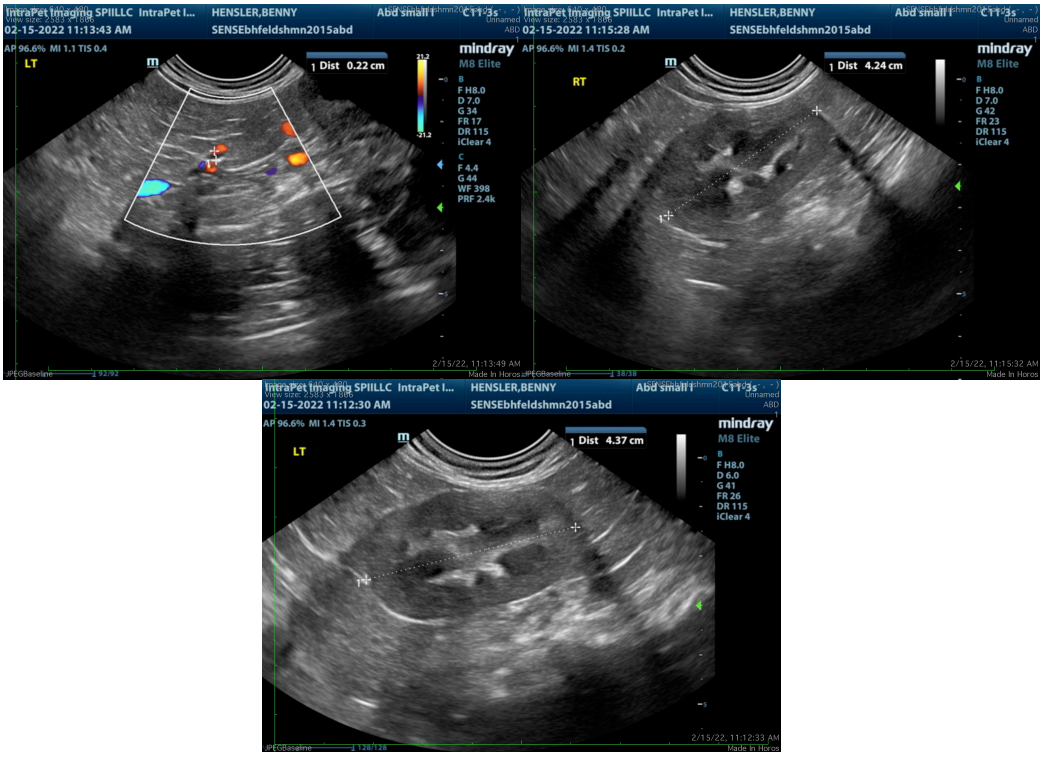
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If lab work has not recently been rechecked since the time that clinical signs progressed, it is recommended with a CBC, serum chemistry panel, electrolytes and urinalysis with close attention paid to liver enzymes and bilirubin, given the presence of cholecystic debris and mineral in this ultrasound. Even with normal lab work (if the lab work is normal), given the recent acute flare up of clinical signs, it is reasonable to treat presumed cholangitis with broad-spectrum antibiotics and Ursodiol with monitoring for improvement during the treatment course.

Other recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to see if therapy needs to be tweaked. A fine needle aspirate of the liver is recommended if patient's coagulation status is appropriate. Finally, given the gastric wall changes, recommendations include management of gastritis with antiemetic and gastroprotectants +/- appetite

stimulants with monitoring for any improvement in clinical signs. If clinical signs do not approve, and the aforementioned diagnostic recommendations don't yield a different approach, recheck ultrasound of an empty stomach is recommended.





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.

Beth Johnson, DVM, DACVIM
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