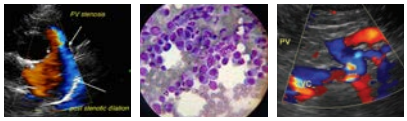
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/2/22

PATIENT

Belle Diviney

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2010

WEIGHT

9.86 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

35850

PRESENTING CLINICAL SIGNS

P presented for inappetence on 12/24/21, bw was wnl. Dr. Recommended dental, dental rads were WNL. Discussed possible IBD vs GI lymphoma vs partial obstruction w/ owner. Owner would like to rule out possible GI issues prior to starting hypoallergenic diet and Pred.

Current Medications: N/A.
Radiographs: Dental rads WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (3.59 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 (3.08 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 normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 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 moderately distended with anechoic bile and gravity dependent echogenic sediment. The small 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

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. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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 pancreas is diffusely hyperechoic to surrounding tissue. The visible capsule is smooth and normal in contour. Parenchyma is mildly coarse. There is no visible pancreatic duct dilation and no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. Mildly enlarged hypoechoic mesenteric lymph nodes are noted.

PRIMARY FINDINGS

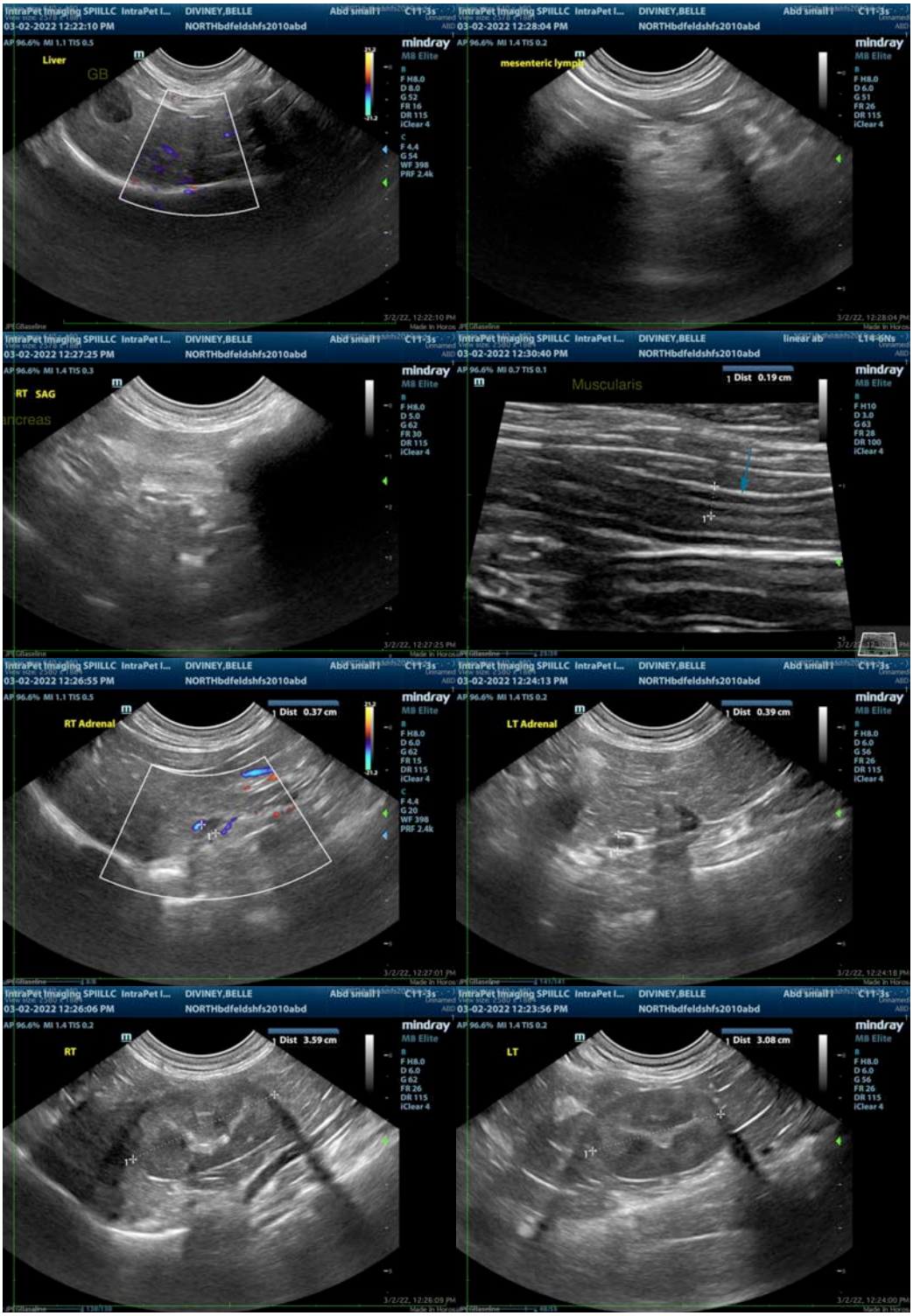
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Likely reactive mesenteric lymphadenopathy – Infiltrative neoplasia cannot be ruled out, but is considered less likely.

SECONDARY FINDINGS

- Chronic pancreatitis and cholecystic debris of unknown clinical significance, which should be interpreted with clinical signs such as abdominal pain, decreased appetite, nausea, etc., and/or laboratory changes such as increased liver enzymes and/or total bilirubin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include CBC, serum chemistry panel, electrolytes and urinalysis if not recently evaluated, as well as a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and pancreas, prior to starting steroids. Biopsies of the gastrointestinal tract could also be considered for definitive diagnosis of the infiltrative process. However, if biopsies are not pursued at this time, diet change to a hydrolyzed protein diet and empirical steroids (as is reportedly planned) is the recommended therapeutic approach.



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
Beth.Johnson@sonopath.com