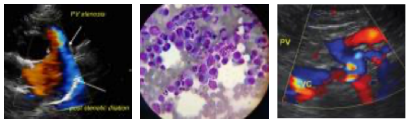
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4.14.2023

PATIENT

Fuzz Liu Hennessy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/9/2007

WEIGHT

13.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McIntyre

INVOICE

12729

PRESENTING CLINICAL SIGNS

Chronic vomiting, recent (~2 months) increase in frequency with ~1 lb. weight loss. o noticed chewing on plastic several days ago. AXR showed ingesta in stomach despite not eating well.

Current Medications: Cerenia 7 mg SQ on 4/13/23
Radiographs: TXR WNL. AXR evidence of ingesta in stomach despite vomiting/hyporexia
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 left kidney is normal in size (3.94 cm) irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. A nonobstructive nephrolith is present as well as, surrounding the left kidney, there is a scant amount of anechoic free fluid as well as enhanced hyperechoic mesenteric fat. There is no pyelectasia noted and is observed.

The left kidney is normal in size (3.33 cm) irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.

Adrenal Glands

The area of the adrenal glands is examined without evident adrenal gland pathology.

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. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness (canine < 0.5 cm) (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. There is a small amount of echogenic, non-shadowing and nonobstructive granular ingesta/chyme-type debris present within the pylorus.

The visible small intestine demonstrates areas of 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 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
A small amount of anechoic free fluid and enhanced hyperechoic mesenteric fat around the left kidney. Lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory bowel disease (IBD) 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

- Mesenteric reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- Chronic Kidney Disease **–** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. Given the appearance of the perinephric area, primarily on the left, an acute on chronic infectious toxic other process affecting the kidneys is suspected.

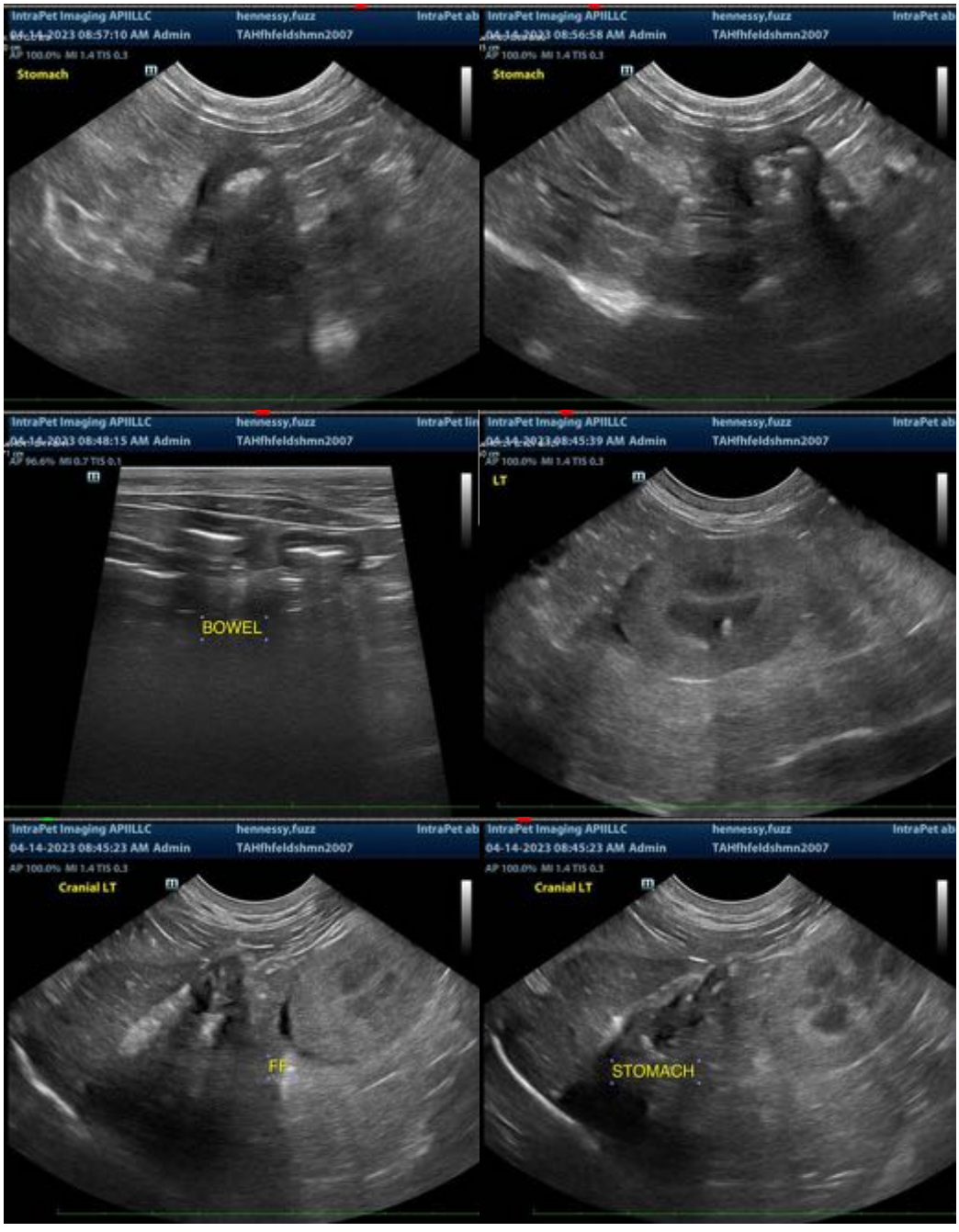
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of these images, this patient's vomiting is presumable more related to either an acute on chronic kidney disease or infiltrative bowel disease. Therefore, if not recently evaluated, a general metabolic health screen is recommended, beginning with CBC chemistry panel, electrolites and urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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.

Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Other supportive therapeutic considerations could include fiber supplementation, especially with large bowel diarrhea and/or a probiotic.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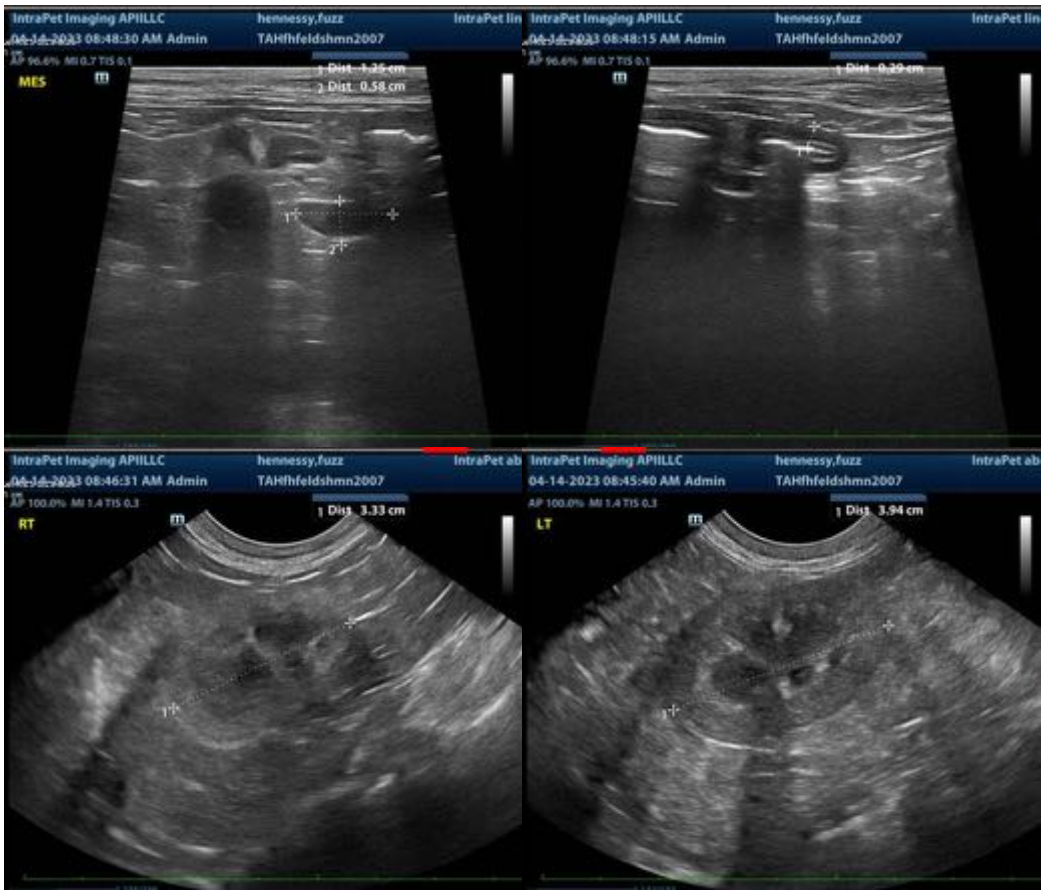

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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