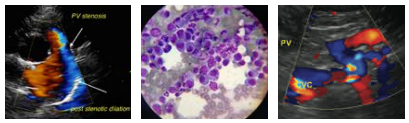
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/20/22

PATIENT
Robbie Little

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
5/1/09

WEIGHT
11 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Cat Sense Feline Hospital

REFERRING VET
Dr. Sinclair

INVOICE
30604

PRESENTING CLINICAL SIGNS

Has been losing weight and also has started urinating & defecating out of the litter box recently. He was diagnosed with hyperthyroidism at the end of January 2022 and is one methimazole but is still losing weight in spite of his thyroid either being hypothyroid or in the low range. He also has ckd. We started him on B12 but that doesn't seem to be helping to stabilize his weight. He started urinating & defecating out of the litter box a few weeks ago. He has had urinary issues in the past but his urinalysis was unremarkable and a urine culture was negative. An x-ray of the bladder did not show any abnormalities.
Current Medications: Fluoxetine 2.5 mg PO SID
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately to over distended with anechoic contents as well as suspended, echogenic, non-shadowing debris and strands of echogenic, non-shadowing densities throughout the lumen. No masses or cystoliths are observed. The bladder wall, trigone and visible pelvic urethra are normal in thickness with a smooth, mucosal surface.

Left kidney is normal in size (3.97 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (3.99 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.35 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.31 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. Some echogenic, suspended and gravity dependent debris is noted. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal
The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas
Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen
Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Feline 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.

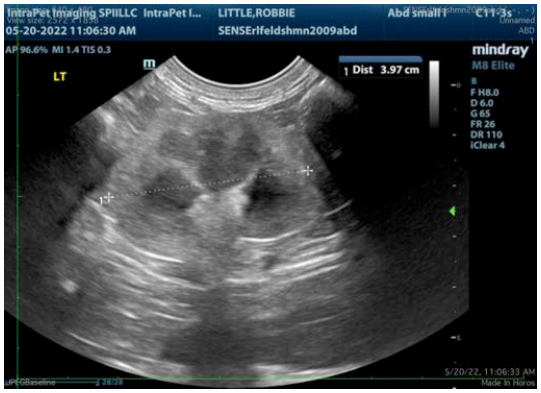
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

- Mild amount of cholecystic debris in a non-distended gallbladder of unknown clinical significance.

SECONDARY FINDINGS:

- Age related kidneys. This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Recommendations for this patient given the weight loss include further assessment of the gastrointestinal tract and pancreatitis with a gastrointestinal malabsorption panel to Texas A&M GI laboratory including TLI, PLI, folate and cobalamin. Given the urinary bladder changes recheck urinalysis and urine culture is also recommended as well as recheck CBC and serum chemistry panel with electrolytes if not recently evaluated. Ultimately biopsies of the gastrointestinal tract including ileum if possible may be required to definitively diagnose and therefore, medically manage the suspected infiltrative small bowel disease and likely cause of this patient's weight loss. Further orthopedic and neurologic evaluation is recommended to investigate possible sources of pain and/or other cause for the inappropriate eliminations in case entering the litter box is uncomfortable. If the urinary signs persist and recheck culture is negative diet transition to a urinary health crystal/stone prevention diet could be considered on a trial basis with monitoring for improvement in clinical signs.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LT
1 Dist 3.97 cm
mindray
M8 Elite
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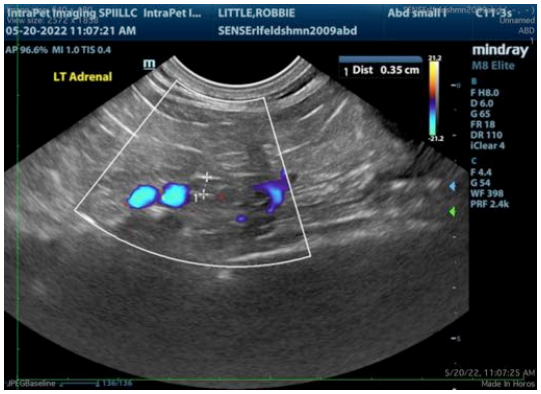
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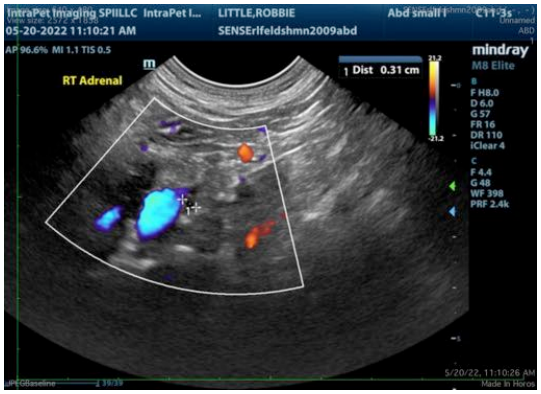
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RT Adrenal
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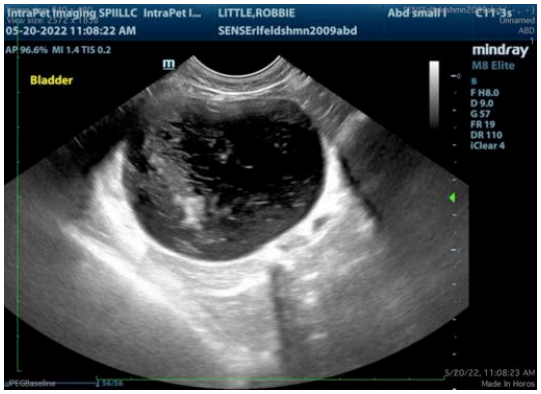
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Abd small f
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Bladder
mindray
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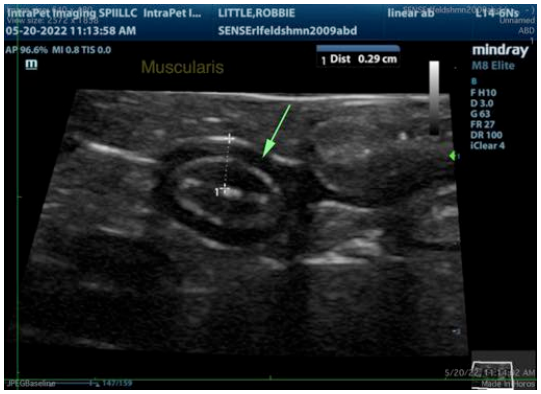
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Muscularis
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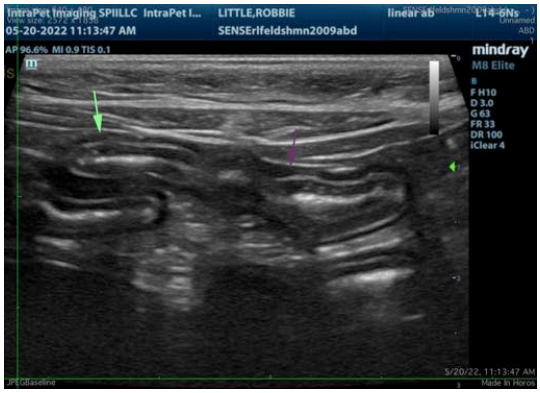

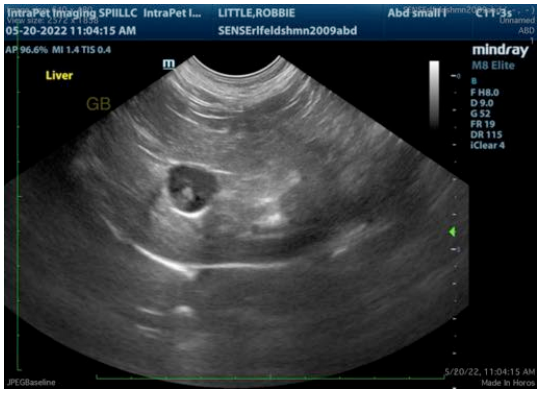

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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