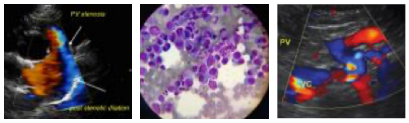
IMAGING PERFORMED BY

IntraPet.com



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

DATE

5.8.2023

PATIENT

Princess Moore

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1/12/2010

WEIGHT

6.4lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Warm & Fuzzy Vet

REFERRING VET

Dr. Hepner

INVOICE

12986

PRESENTING CLINICAL SIGNS

P has had hyporexia since March 20th. She has continued to only lick the gravy off of her wet food. She will eat hard treats but will not eat anything else. She has lost 0.6lbs since March. No V/D/C/S noted by O. She has dehydration and muscle wasting on exam. P also had subjectively thickened bowel loops on exam today.

Current Medications: starting Miratаz ointment once it is delivered from 1800 pet meds. Administered sqf and cerenia today and sent home w oral cerenia for 8d.
Lab Results: 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.

Left kidney is normal in size (3.96 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Punctate nonobstructive nephroliths noted bilaterally. A chronic infarct in the caudal pole is noted. There is no evidence of pyelectasia or infarcts observed.

Right kidney is normal in size (3.42 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Punctate nonobstructive nephroliths noted bilaterally. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.50 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.52), 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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. 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. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. Some of the luminal contents exhibit some subtle distal progressive shadowing, which could indicate a hairball or other similar fluid-absorbing foreign material.

The visible small intestines are normal in wall thickness and layering. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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

Findings

- Punctate nonobstructive nephrolithiasis bilaterally and a chronic infarct in the left kidney
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- The gastric contents are most consistent with normal ingesta. How, given this patient's reportedly decreased appetite, a hair ball or other similar consistency foreign material, cannot be definitively ruled out, and should be suspected if fasting does not resolve in gastric emptying.

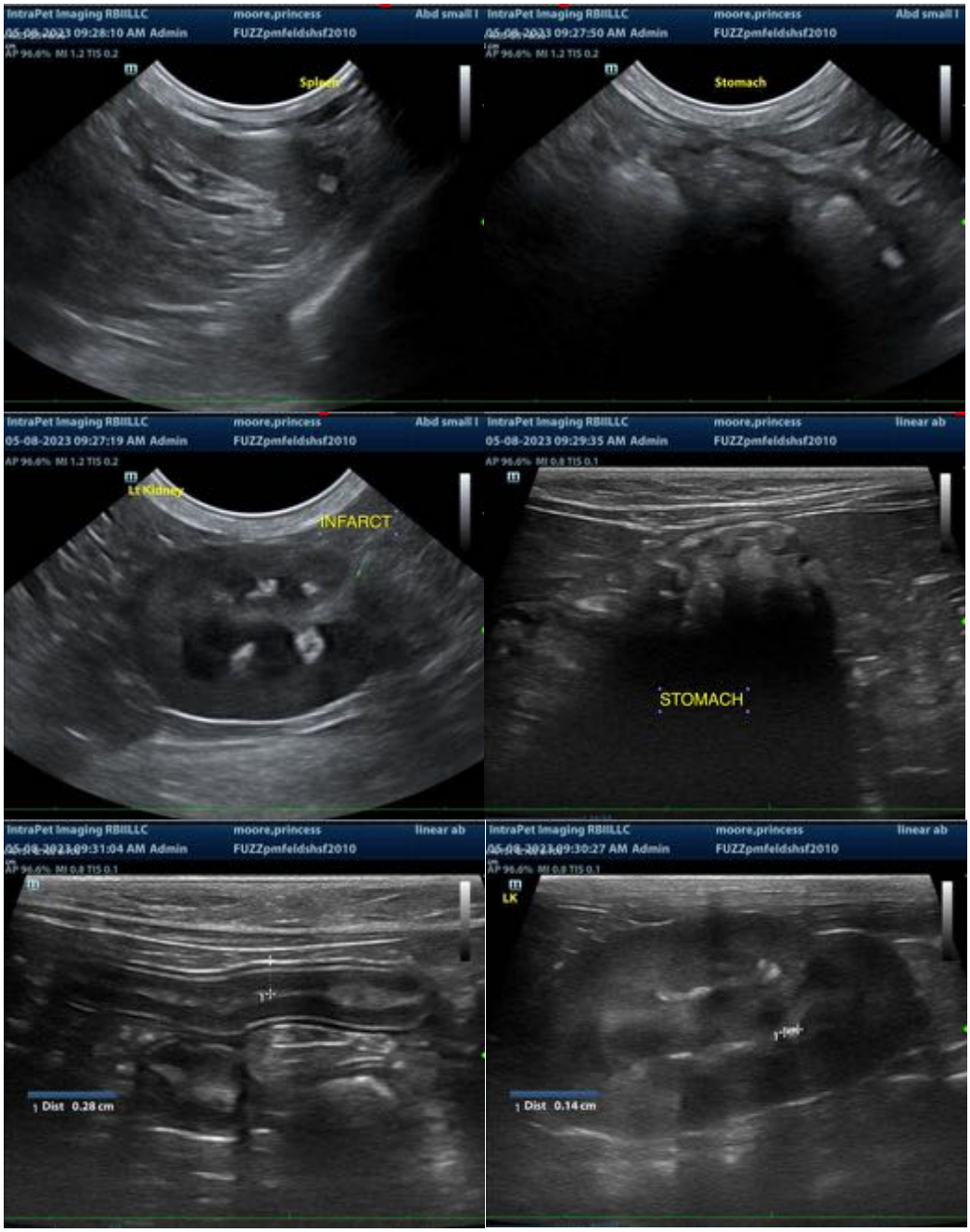
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

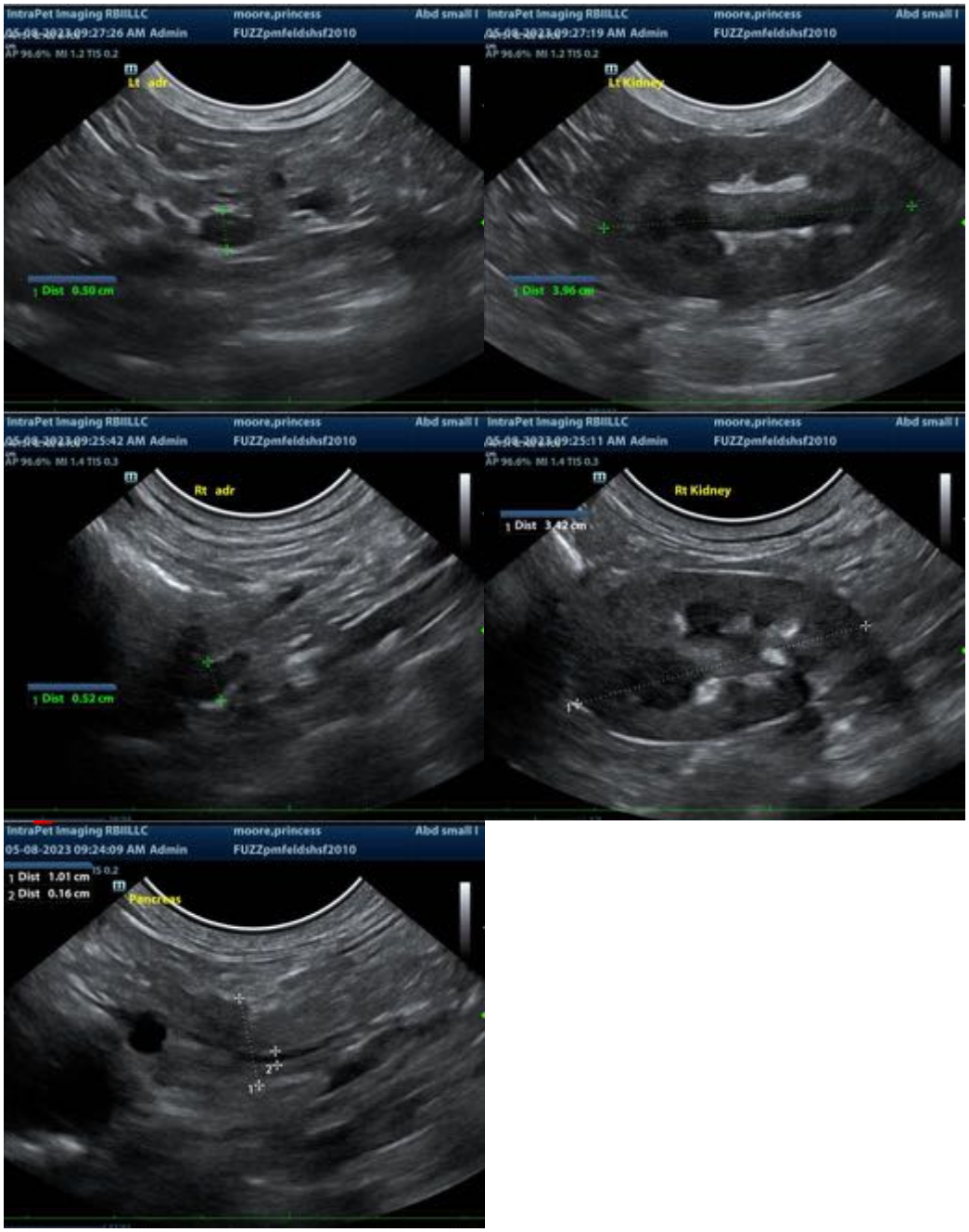
There is not a ultrasonigraphically definitive reason for this patient's decreased appetite. Next diagnostic recommendations include (if not already evaluated), completion of the general metabolic health screen, by adding on a CBC, urinalysis, and if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Given the reported mild hyperglobulinemia, further evaluation in the form of serum electrophoresis of the high globulins could be considered to help further differentiate infectious disease vs infiltrative neoplasia, vs other. Pending the results of the above, further investigation of occult pancreatic and/or gastrointestinal disease could be consider, beginning with 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.

If clinical signs persist, and a diagnosis is not obtained, and/or clinical signs persist (i.e., vomiting, etc.), recheck fasted imaging of the stomach to help further differentiate normal ingesta vs a hairball, etc., should be considered.





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