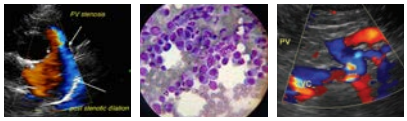
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

6/22/23

PATIENT

Bailey Alexander

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/17/10

WEIGHT

12.75 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

43393

PRESENTING CLINICAL SIGNS

Bailey has had a grade 1/6 murmur for many years that has not been checked out. At his most recent visit for a possible urinary issue his murmur was a grade 2/6 and he initially was a bit bradycardic at 128 bpm. He also had a mild arrhythmia. His HR did go up to 176 after he was radiographed (abdominal) but the arrhythmia persisted. His BNP was elevated at 459. Bailey presented on 6/8 for seeming to have less urine than usual. He had not been noted to be straining or acting uncomfortable, just not urinating as much total quantity per day for the previous 2-3 days. He had also lost 3/4# since March 2023.

Current Medications: None currently.
Lab Results: BNP 459.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
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 right kidney is normal in size (4.13 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 (4.03 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 area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. 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

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 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.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- 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.

- Otherwise, this is a relatively unremarkable/normal abdomen without an intraabdominal ultrasonographically visible explanation for the patient's reported weight loss.

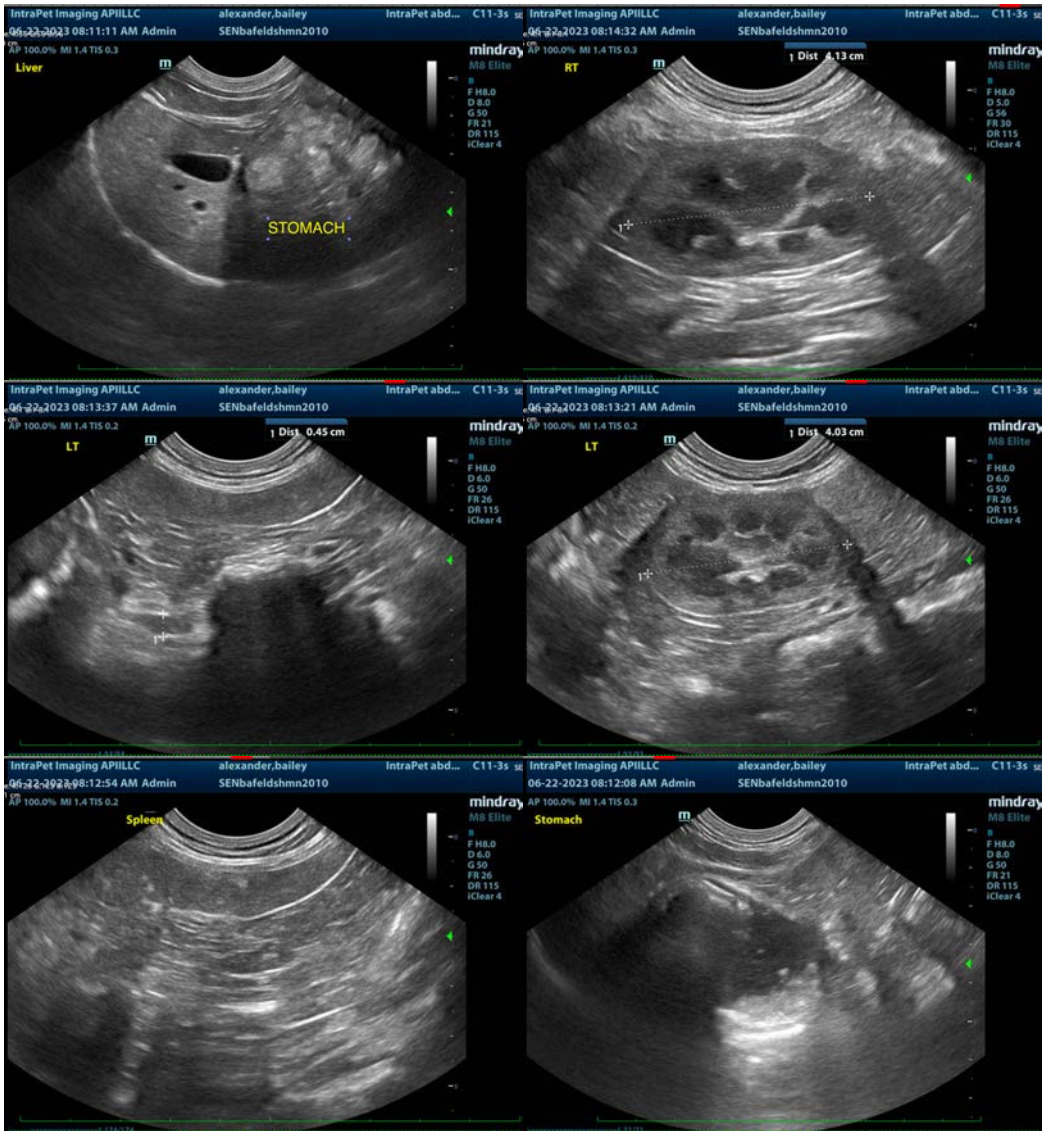
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already planned, further evaluation of this patient's progressive heart murmur is recommended, beginning with an echocardiogram and a blood pressure.

Further evaluation of the weight loss depends partially on appetite. This patient's presenting complaint of decreased urination without straining or changes in behavior implies potentially decreased water intake, which could accompany decreased appetite, leading to weight loss.

Recommendations include further evaluation of the pancreas and gastrointestinal health via a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory. If however the patient's appetite is normal or even increased, given this patient's gray zone T4, a free T4 level is recommended for further evaluation of possible early or emerging hyperthyroidism.

In the meantime, supportive/symptomatic medical management is recommended in the form of an appetite stimulant, as well as management of subclinical nausea in the form of an antiemetic if appetite is decreased.



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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