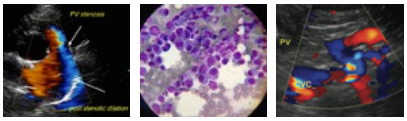
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

6/29/23

PATIENT

Gus Reynolds

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

06/15/2014

WEIGHT

18.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Essex Middle River Veterinary Center

REFERRING VET

Dr. Hicks

INVOICE

10295

PRESENTING CLINICAL SIGNS

CC- V/D x 2 yrs total; seen previously at other practices (8/2022); that is where rads and BW was done. diagnosed with pancreatitis. Today- CC- vomiting several times a week; loose diarrhea; both chronic issues
PE- BARH, mm pink; moderate dental tartar, Abdomen palp- NSF, nonpainful, Mild weight loss over time (~2#)

Current Medications: 8-9/2022- Treated with Convenia/Cerenia; helped for a little while.
Also, P is on Purina PP HA. 6/28/23- Vit B12 250mcg SQ; do once weekly; considering starting Tylan powder vs Prednisolone
Lab Results: 8/2022- BW WNL; fPL- Abnormal
Radiographs: 9/2022- +gas, possible soft tissue density at pyloric area, mineralization of kidneys
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.42 cm), shape, and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex-to-medulla ratio with appropriate corticomedullary distinction. A 0.3 cm to 0.4 cm in diameter non-obstructive nephrolith was noted. There is no evidence of pyelectasia, or infarcts observed.

The left kidney is normal in size (4.34 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 (0.44 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

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. 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 and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

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

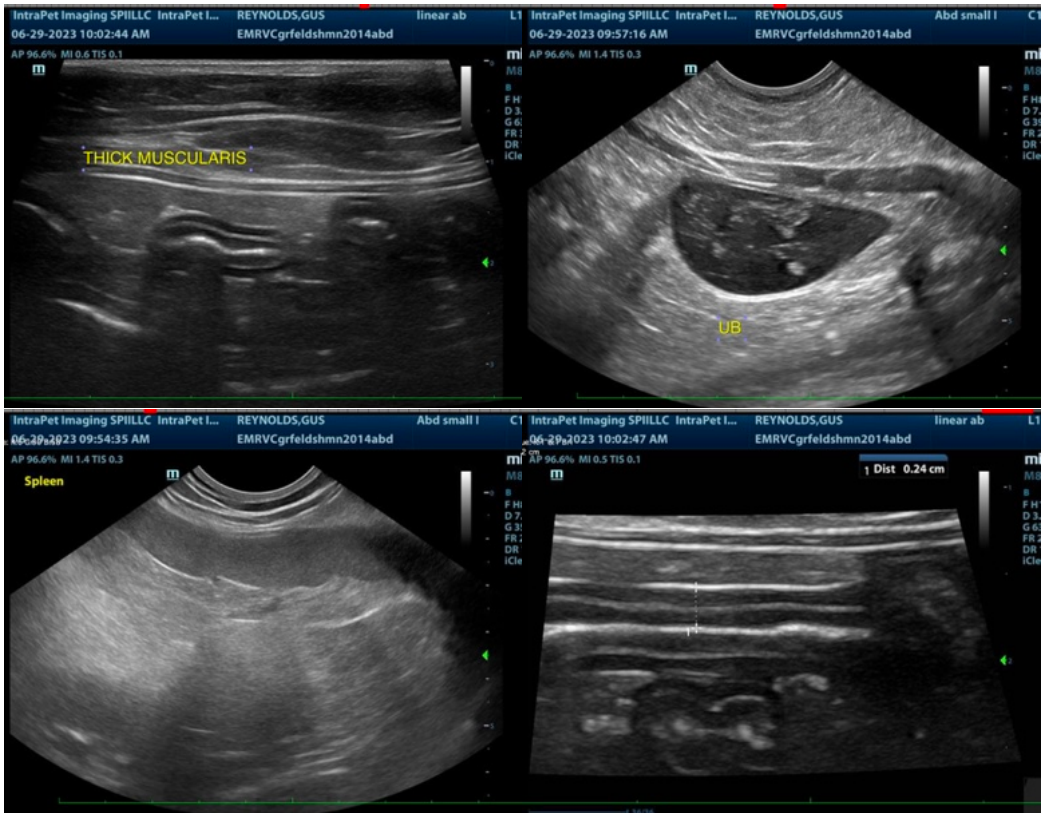
- Acute pancreatitis, possibly acute on chronic smoldering pancreatitis is suspected.
- **Inflammatory bowel disease (IBD) pattern –** Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- **Scalloped spleen –** can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Non-obstructive nephrolith in the right kidney.
- Urinary bladder debris.

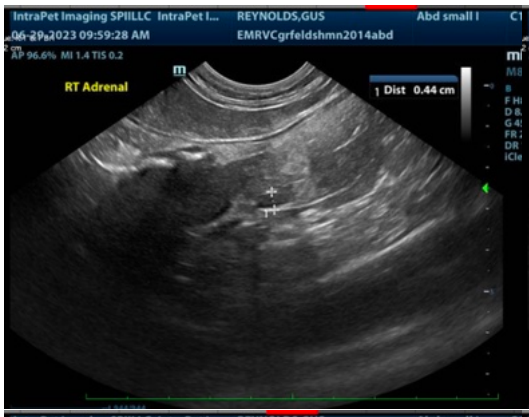
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

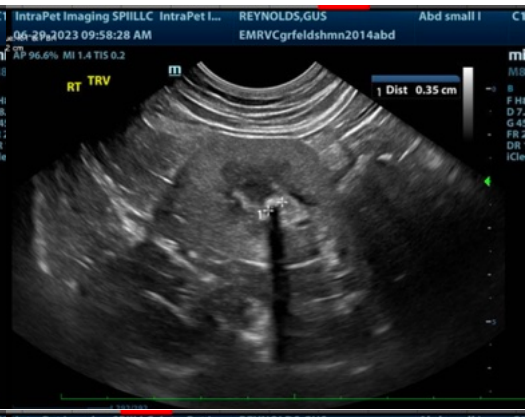
Recommendations for this patient include medical management of pancreatitis with antiemetics, gastroprotectants, appetite stimulants, or nutritional support as needed, pain management if clinically indicated, broad-spectrum antibiotics, fluid therapy, etc.

Pending response further evaluation of chronic infiltrative gastrointestinal disease contributing to gastrointestinal flare-ups could also be considered via 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.

Additionally, or prior to a more invasive step such as GI biopsies, a fine needle aspirate of the spleen could be considered if the patient coagulation status is appropriate.

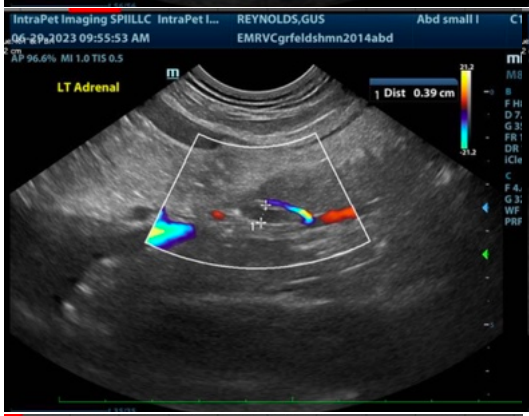


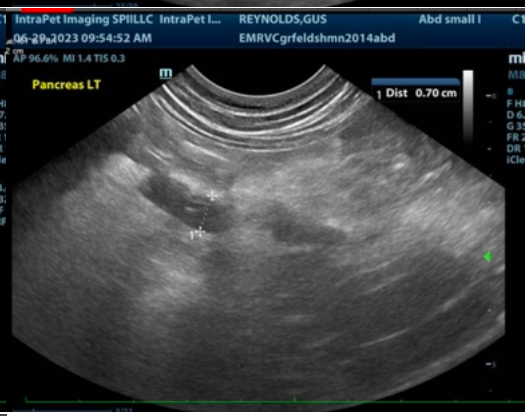

IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:59:28 AM EMRVCgrfeldshmn2014abd
RT Adrenal
Dist 0.44 cm


IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:58:28 AM EMRVCgrfeldshmn2014abd
RT TRV
Dist 0.35 cm


IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:58:04 AM EMRVCgrfeldshmn2014abd
RT
Dist 4.42 cm


IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:56:03 AM EMRVCgrfeldshmn2014abd
LT
Dist 4.34 cm


IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:55:53 AM EMRVCgrfeldshmn2014abd
LT Adrenal
Dist 0.39 cm


IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:54:52 AM EMRVCgrfeldshmn2014abd
Pancreas LT
Dist 0.70 cm


IntraPet Imaging SPIILLC IntraPet I... REYNOLDS,GUS Abd small I
06-29-2023 09:53:36 AM EMRVCgrfeldshmn2014abd
Pancreas
Dist 1.14 cm

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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