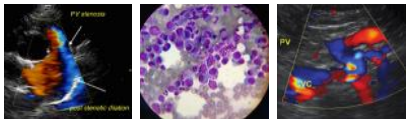
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/14/23

PATIENT

Buster Maggitti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/25/07

WEIGHT

9.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Pleasantville AH

REFERRING VET

Dr. Gounaris

INVOICE

23949

PRESENTING CLINICAL SIGNS

History: Lethargic and poor appetite.

Current Medications: None listed.
Lab Results: WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Alfaxan/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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly 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.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. Left kidney measures 3.94 cm. Right kidney measures 4.06 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.3 cm), 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). No focal nodules or masses are observed. 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. Visible vasculature and biliary tree appear normal without distension or congestion. Multifocal nodules/masses of mixed echogenicity are noted, primarily hyperechoic in echogenicity but containing some small cysts of varying size.

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. The gallbladder is bilobed in appearance, which is an incidental/normal anatomic variant in some senior cats.

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 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. The colon is subjectively diffusely mildly overdistended and especially distally contains very strong acoustic shadowing.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

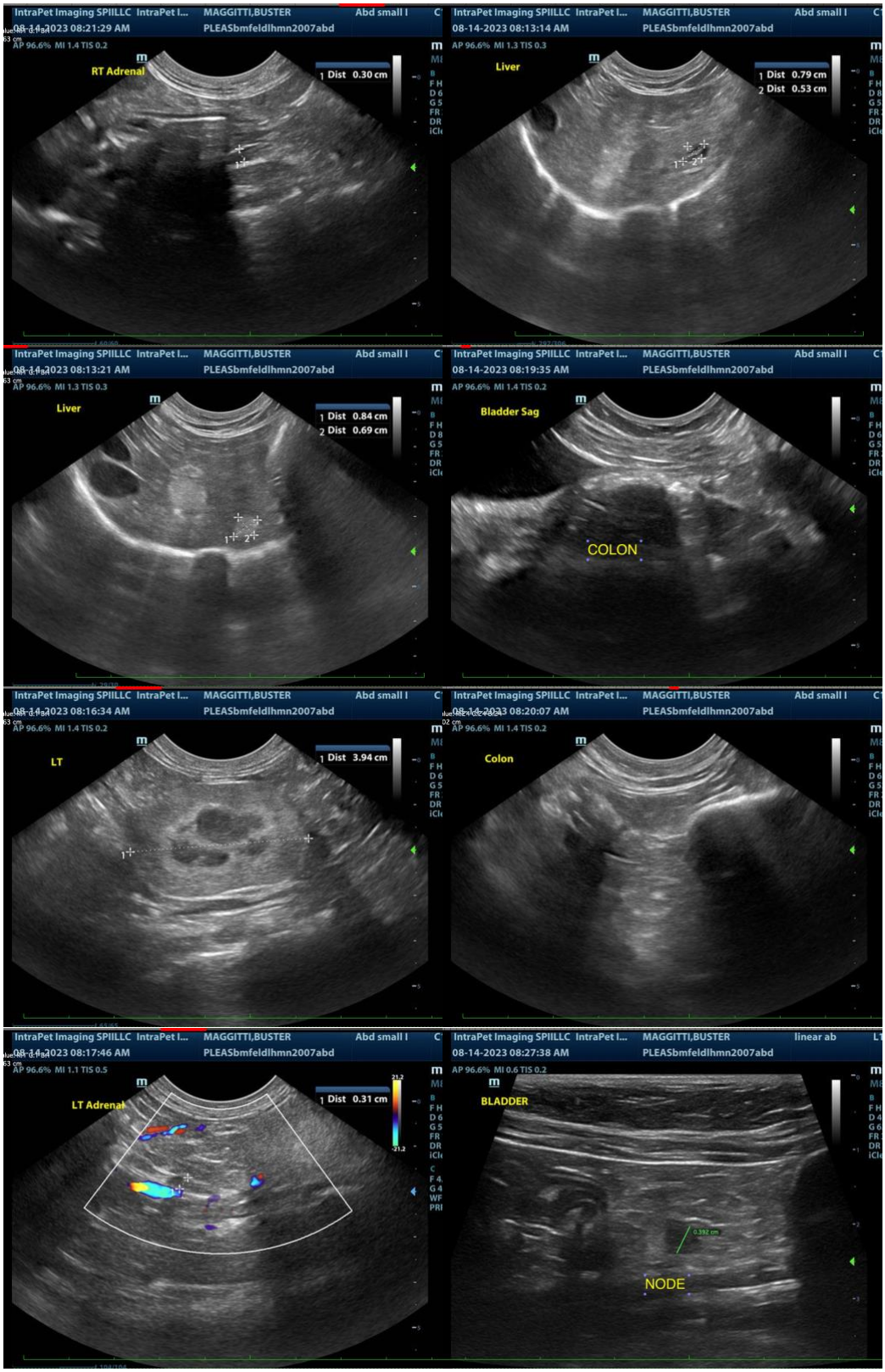
ULTRASONOGRAPHIC FINDINGS

- The appearance of the colon could suggest some degree of constipation/obstipation contributing to patients clinical signs. This finding should be interpreted in combination with radiographic and/or clinical history that supports constipation vs lack thereof.
- Reactive medial iliac lymphadenopathy
- Feline biliary cystadenoma**s** – In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.
- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. In a cat, this finding could be a combination of fat deposition and age-related change. It should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes vs lack thereof.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Supportive/symptomatic medical management for mild or emerging constipation could be considered, especially if this suspicion matches clinical history and/or radiographic changes consistent with constipation, and could include fluid therapy, stool softeners, potentially enemas, and/or even of indicated, sedated/anesthetized deobstipation.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AP 96.6% MI 1.4 TIS 0.2
RT Adrenal
1 Dist 0.30 cm
IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER Abd small I
08-14-2023 08:13:14 AM PLEASbmfeldlhmn2007abd
AP 96.6% MI 1.3 TIS 0.3
Liver
1 Dist 0.79 cm
2 Dist 0.53 cm
IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER Abd small I
08-14-2023 08:13:21 AM PLEASbmfeldlhmn2007abd
AP 96.6% MI 1.3 TIS 0.3
Liver
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2 Dist 0.69 cm
IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER Abd small I
08-14-2023 08:19:35 AM PLEASbmfeldlhmn2007abd
AP 96.6% MI 1.4 TIS 0.2
Bladder Sag
COLON
IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER Abd small I
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AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 3.94 cm
IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER Abd small I
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AP 96.6% MI 1.4 TIS 0.2
Colon
IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER Abd small I
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LT Adrenal
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IntraPet Imaging SPIILLC IntraPet I... MAGGITTI,BUSTER linear ab
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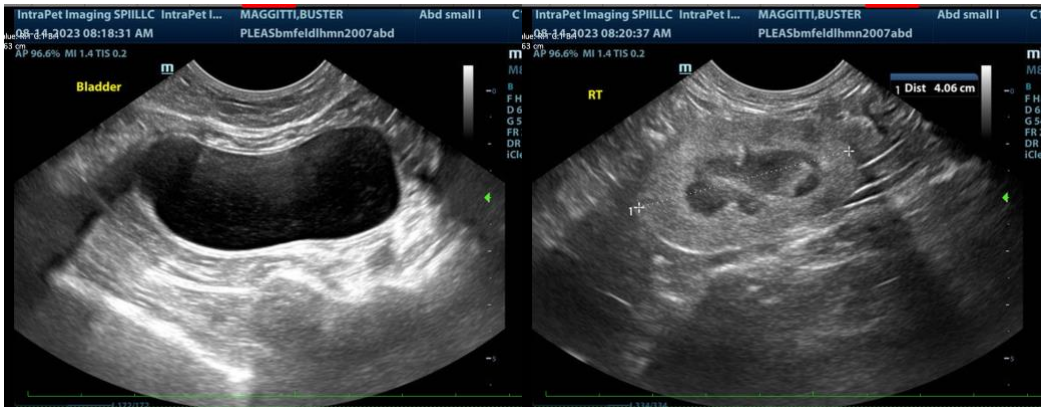
AP 96.6% MI 0.6 TIS 0.2
BLADDER
NODE



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
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