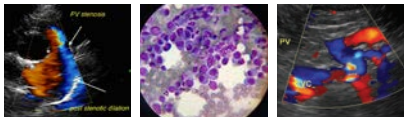
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/31/22

PATIENT

Kitty Nami

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/1/15

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Mt. Airy AH

REFERRING VET

Dr. Atchley

INVOICE

40924

PRESENTING CLINICAL SIGNS

Occasional bloody stool. Having stool accidents. PE WNL.

Current Medications: Owner unable to give Metronidazole and probiotics.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (3.54 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 (3.51 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 (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

Spleen

The 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

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. 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 visible colon is diffusely thick, measuring approximately 0.5 cm thick with a diffusely hypoechoic wall and loss of mural detail/loss of layering.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The 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

- **Diffusely thick colon with loss of layering** – This finding can be seen with both benign inflammatory disease secondary to infectious including fungal or parasitic disease, as well as with infiltrative neoplasia.

- **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.

- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- Chronic active pancreatitis

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

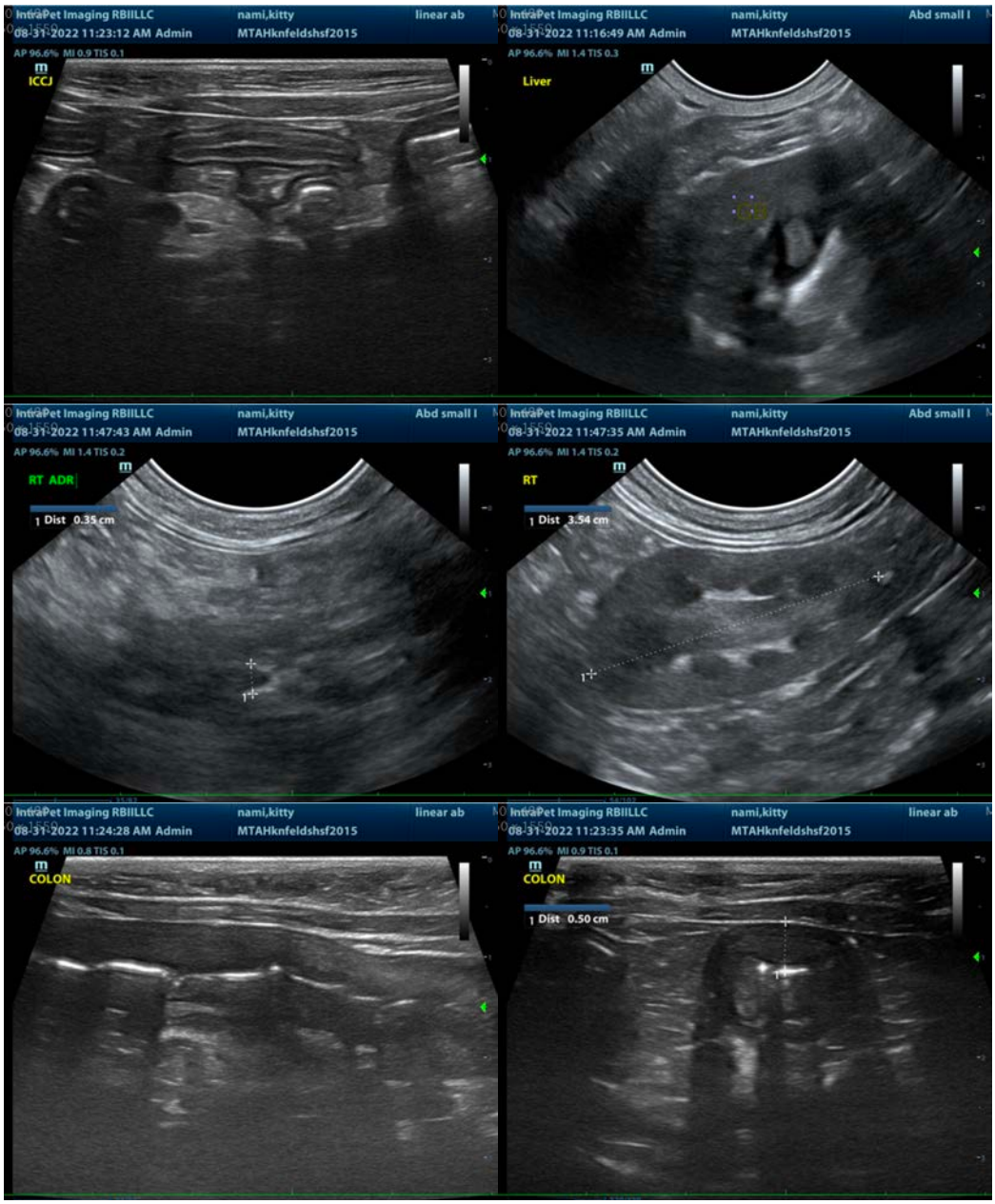
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

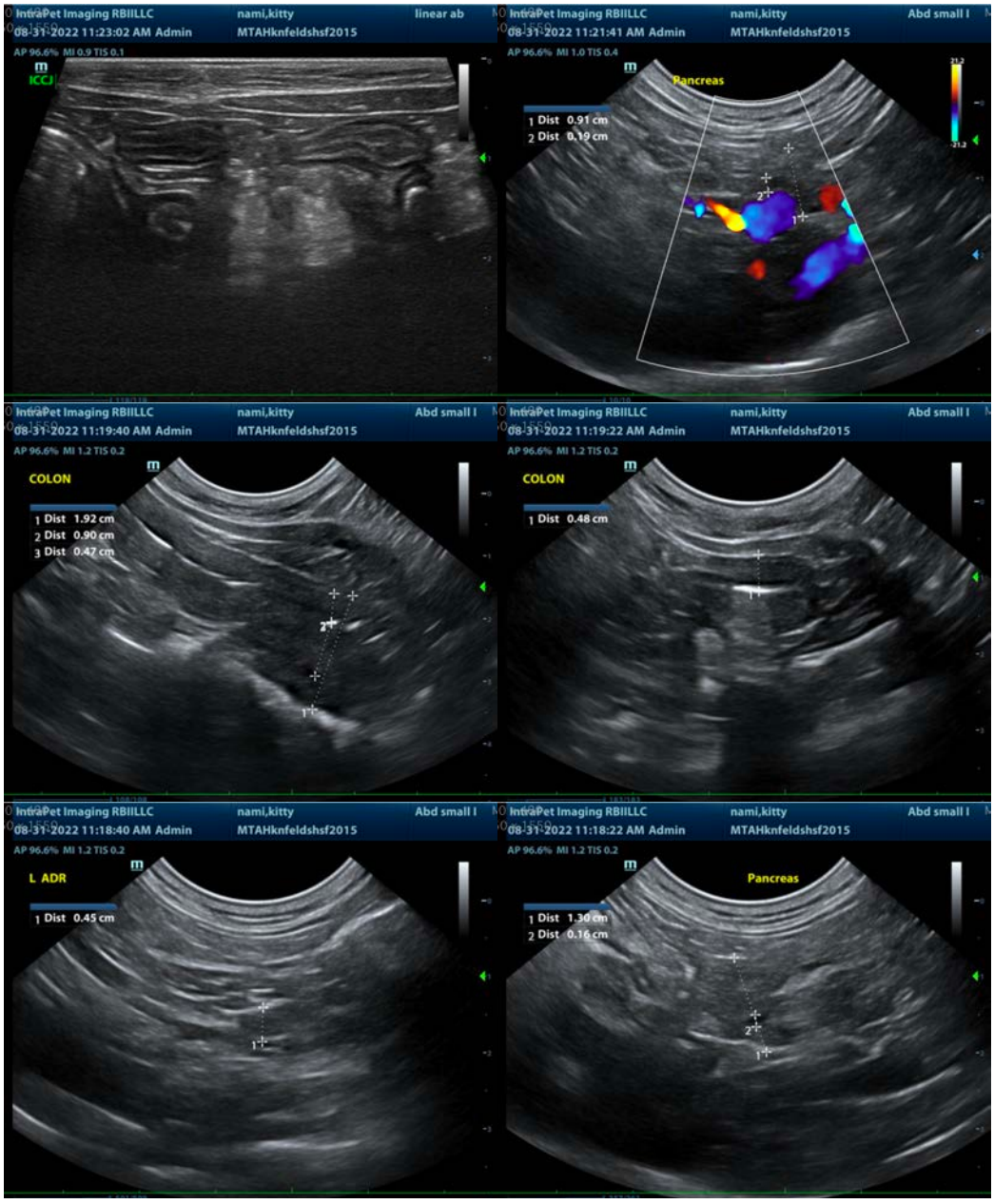
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

If geographically appropriate, a urine histoplasma antigen test to MiraVista Lab could be considered. Alternatively, a rectal colonic mucosal scraping could be performed for cytology.

Ultimately, however, if a diagnosis is not obtained, a colonoscopy for biopsy retrieval as well as an upper GI endoscopy for biopsies of the small bowel may be necessary to definitively diagnose and therefore manage this patient's infiltrative disease.

In the meantime, transition to a colitis or high fiber diet on a trial-and-error basis, or if that doesn't help, a novel or hydrolyzed protein diet, given the concurrent small bowel changes, as well as empirical deworming with a 5-day course of Panacur, a probiotic, and potentially Tylosin (given the reported lack of tolerance to Metronidazole) could all be considered in the meantime.

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nami,kitty
linear ab
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AP 96.6% MI 0.9 TIS 0.1
ICCJ
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nami,kitty
Abd small I
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AP 96.6% MI 1.0 TIS 0.4
Pancreas
1 Dist 0.91 cm
2 Dist 0.19 cm
IntraPet Imaging RBIILLC
nami,kitty
Abd small I
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AP 96.6% MI 1.2 TIS 0.2
COLON
1 Dist 1.92 cm
2 Dist 0.90 cm
3 Dist 0.47 cm
IntraPet Imaging RBIILLC
nami,kitty
Abd small I
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AP 96.6% MI 1.2 TIS 0.2
COLON
1 Dist 0.48 cm
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Abd small I
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AP 96.6% MI 1.2 TIS 0.2
L ADR
1 Dist 0.45 cm
IntraPet Imaging RBIILLC
nami,kitty
Abd small I
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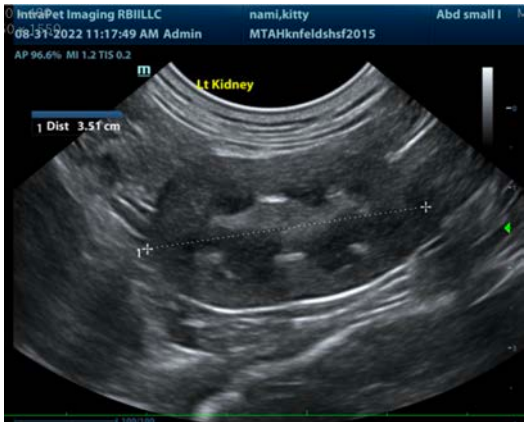
AP 96.6% MI 1.2 TIS 0.2
Pancreas
1 Dist 1.30 cm
2 Dist 0.16 cm



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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