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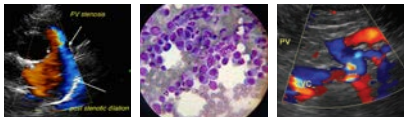

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/15/22

PATIENT

Cinnabar Nelson

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

11/22/05

WEIGHT

5.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Reidy

INVOICE

41390

PRESENTING CLINICAL SIGNS

Decreased appetite, lethargy, ADR. Hx of CKD, hypertension, hyperthyroid disease, cardiomyopathy.

Current Medications: Methimazole 2.5mg BID transdermal, Amlodipine 0.62mg SID.
Lab Results: See attached.
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

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in both kidneys. The left kidney measures 2.76 cm. The right kidney measures 2.51 cm.

Adrenal Glands

The areas of the adrenal glands is examined without evident pathology.

Spleen

Spleen is normal in size but has a mildly 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. An approximately 1.0 cm in diameter hypoechoic nodule is noted in the area adjacent to the gallbladder. 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 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

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.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Chronic active pancreatitis** – Acute on chronic or smoldering or resolving pancreatitis cannot be definitively ruled out and should be interpreted based on clinical signs, cranial abdomimal pain, etc.

- **Liver nodule –** Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

- **Mildly undulating spleen –** This 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, which is considered less likely in this case.

- **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.

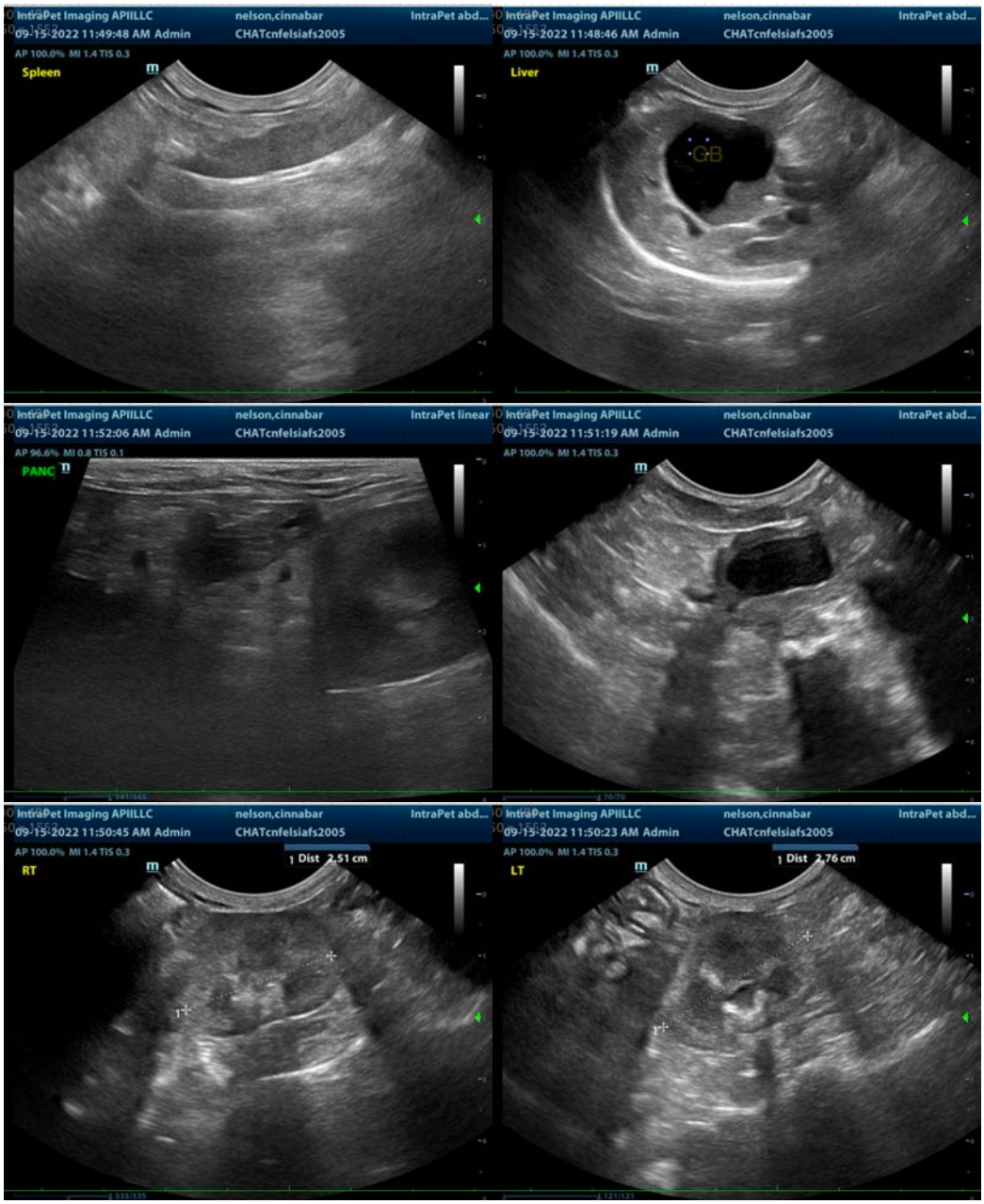
- **Chronic Kidney Disease –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic considerations could include a fine needle aspirate of the liver nodule and spleen if patient's coagulation status is appropriate to rule out infiltrative round cell neoplasia more definitively.

Therapeutic recommendations include supportive/symptomatic medical management of possible smoldering pancreatitis with antiemetics, gastroprotectants, appetite simulants, or even a feeding tube, if necessary, pain management (if indicated based on physical exam), fluid therapy if indicated, etc.

Recommendations also include mildly decreasing the Methimazole dose to see if that improves this patient's kidney values as well as potentially improves appetite, as long as it doesn't negatively affect cardiac disease and/or blood pressure.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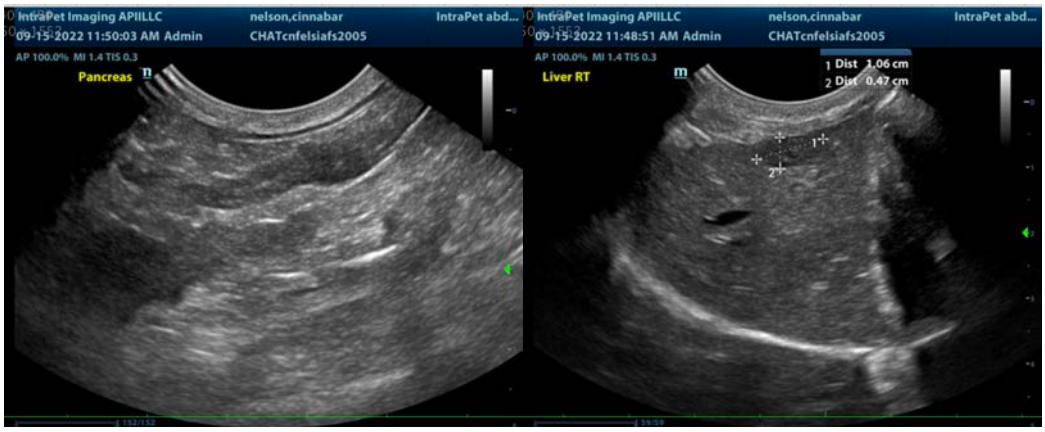
LT
1 Dist 2.76 cm



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
Beth.Johnson@sonopath.com