

**DATE**

1/3/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of ongoing GI concerns - some mild azotemia and elevated FPL.
Lab Results: Attached separately.

PATIENT

Mycah Compomeschi

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Oral Gabapentin 100mg and Dexdomitor/Torbugesic IV.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce, RDCS, RVT

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED

Domestic Shorthair

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical infarcts were noted. The right kidney measured 4.76 cm. The left kidney measured 4.34 cm.

SEX

Neutered male

AGE

5/24/07

WEIGHT

20 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.54 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Perry Hall AH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The liver was diffusely hyperechoic to the falciform fat. A right, caudal cystic liver nodule was noted and measured 2.17 x 1.39 cm. This is consistent with cystadenoma. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was bifid. The cystic nodule is likely cystadenoma not likely to be pathological. However, FNA can be considered for further definition.

REFERRING VET

Dr. Miller

INVOICE

94935

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Intestinal wall thickness measured up to 0.47 cm. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue

biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD.

Pancreas

The **pancreas** revealed undulating contour and generalized enlargement measuring up to 1.0 cm with a dilated and tortuous pancreatic duct. Chronic active pancreatitis is suspected.

Free Abdomen

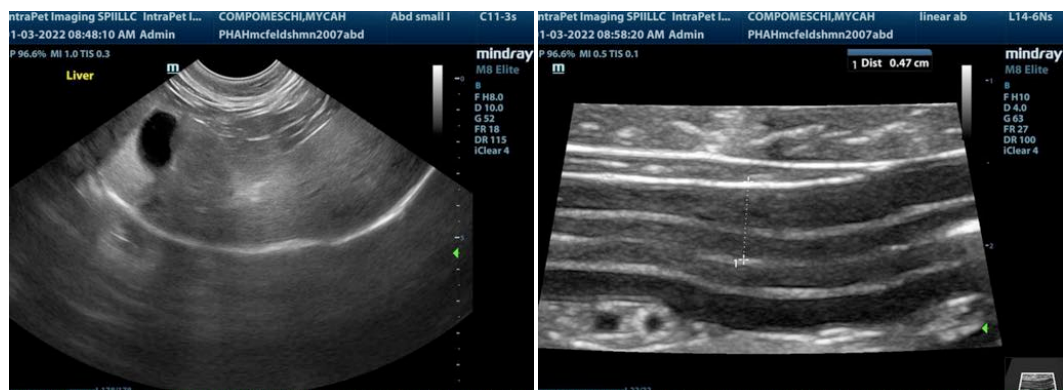
Some reactive mesentery appeared associated with the intestinal thickening and mesenteric lymph nodes. The reactive lymph nodes measured up to 0.5 x 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

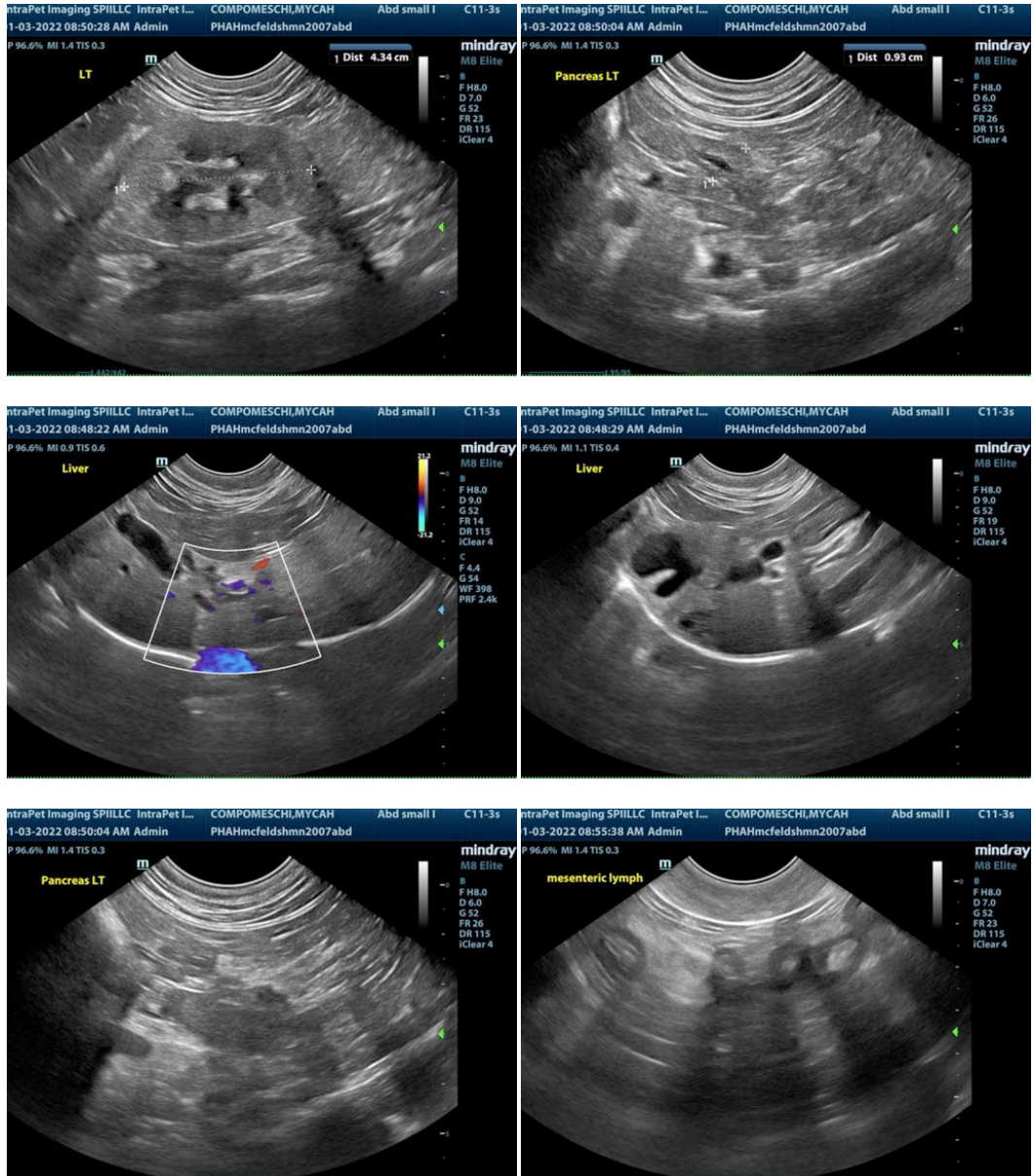
Diffuse intestinal thickening with chronic pancreatic, renal and hepatic changes with hepatic cystadenoma. Reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI and pancreatic biopsies would be ideal in this patient. However, this is likely inflammatory bowel with idiopathic muscularis hypertrophy. The azotemia is likely prerenal as well as renal. The kidneys do not appear end stage. Hydrolyzed diet is warranted. VI fluid support can be considered over the next 48-72 hours to correct azotemia followed by geriatric hydrolyzed diet. Chronic infectious agents such as Toxoplasmosis and Bartonella should be considered. Ideally full thickness GI biopsies would be performed. Subxiphoid palpation is recommended to assess for discomfort associated with the pancreas. There was no overt evidence of neoplasia. However, emerging round cell neoplasia cannot be completely ruled out given the intestinal thickening. There is a minor potential for dry form FIP.







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com