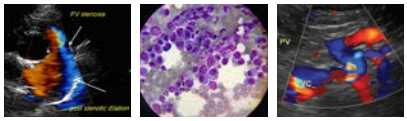
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

4/14/23

PATIENT

Trixie Thompson

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

4/1/20

WEIGHT

7.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46702

PRESENTING CLINICAL SIGNS

Trixie has always had soft stool since owner adopted her as a very young kitten but the stool started getting very loose this February with occasional blood and mucus and a foul smell. She has been tried on a high fiber gastrointestinal diet and probiotics which helped very temporarily but the symptoms returned. A fecal PCR was performed and was negative. She partially responded to Metronidazole but her stool never formed and as soon as it finished the stool became very runny and has had blood and mucus again. Suspect IBD or food allergy. Will probably be pursuing colonoscopy depending upon what the ultrasound shows.

Current Medications: Metronidazole Benzoate 62.5mg BID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.7 cm. The left ureter was mildly dilated at 0.30 cm at the renal pelvis and 0.44 cm at the proximal ureter. The distal left ureter appeared to taper down to 1.0 mm. The right kidney measured 3.69 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. The colonic wall was mildly thickened. A colic lymph node was mildly enlarged and reactive. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. 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 out this possibility. Intestinal wall measured up to 0.32 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

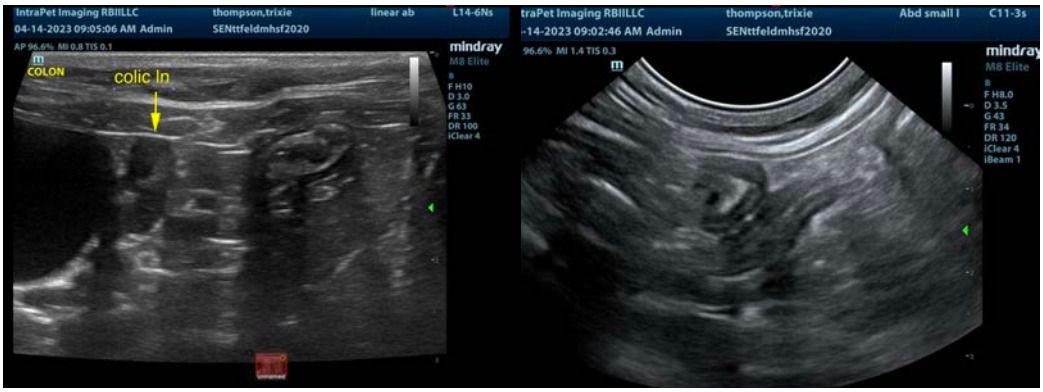
- Strictured left ureter, possible congenital lesion or sequela from prior inflammatory event
- IBD GI pattern

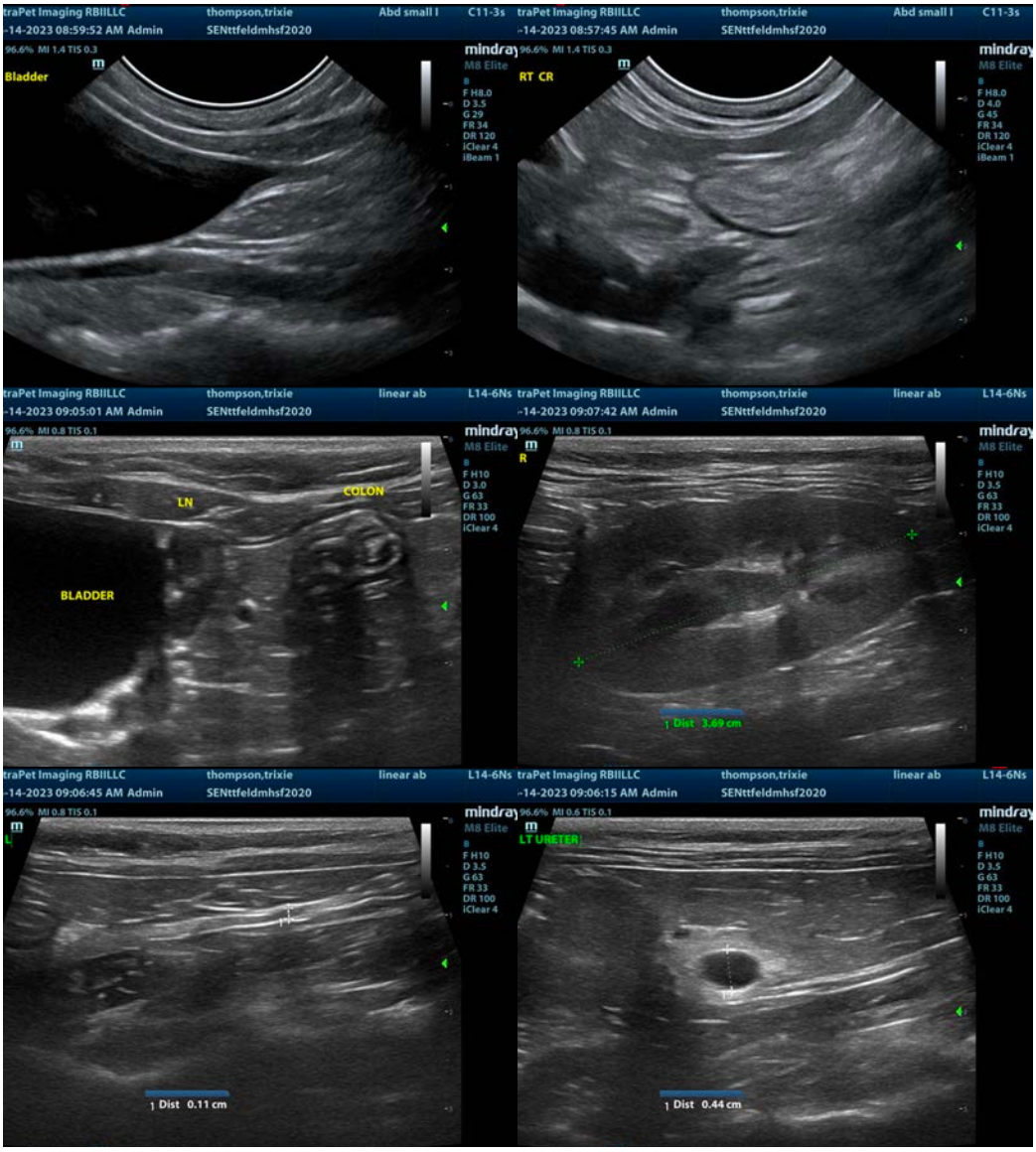
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted. Occult parasitism, food intolerance, dietary indiscretion all possible. Fecal test and broad-spectrum anti-parasitic protocol indicated. FNA of the colic lymph node with cytology and culture would be ideal. No evidence of foreign bodies or neoplasia.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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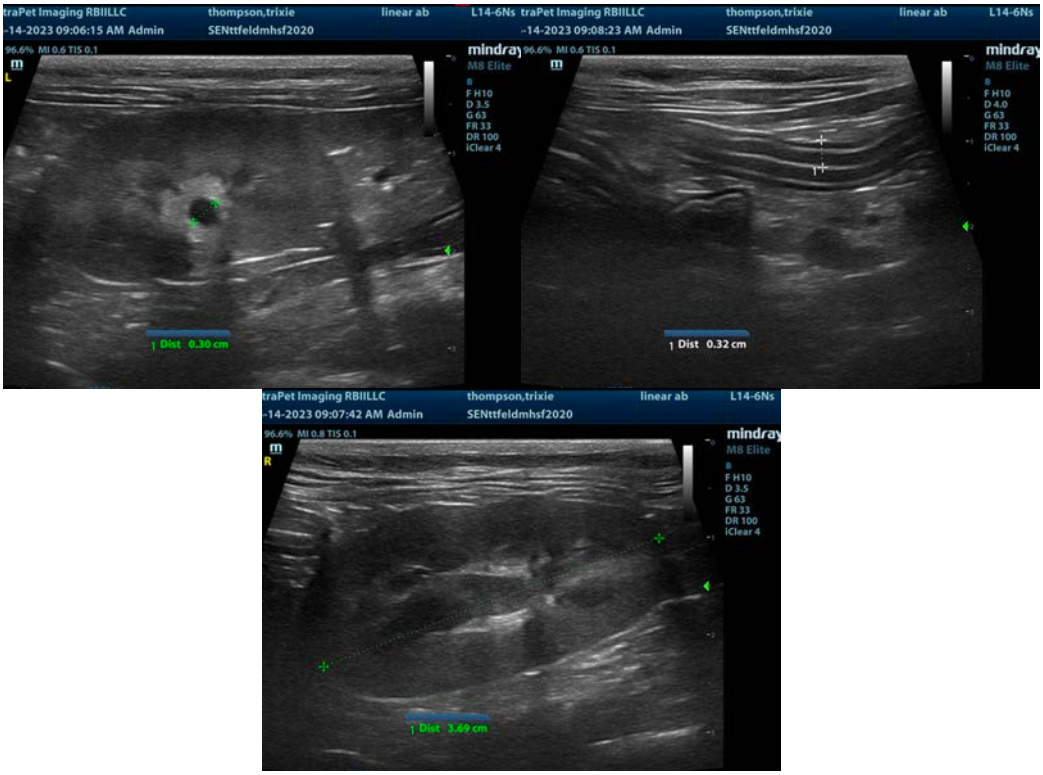

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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