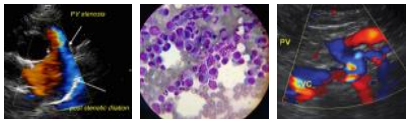
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

5/1/23

PATIENT

Purrfee Schlossman

SPECIES

Feline

BREED

ASH

SEX

Neutered Male

AGE

4/27/17

WEIGHT

12.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Buchanan

INVOICE

22282

PRESENTING CLINICAL SIGNS

History: 1 week hx of vomiting, lethargy, anorexia. BW showed low total protein 5.4 (normal range 6.0-8.0), hypochloremia, hyponatremia, and mild leukopenia 5.2 (n = 5.5-19.5)

Current Medications: Reglan, Mirataz.
Lab Results: Felv/FIV/HW neg x3.
Radiographs: Concern for potential abdominal mass effect.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of suspended debris. The urinary bladder was structurally unremarkable otherwise.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. The right kidney measured 4.6 cm. The left kidney measured 4.18 cm.

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 0.48 cm. The left adrenal gland measured 0.5 cm.

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. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. 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 thickness measured up to 3.0 mm.

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.

Free Abdomen

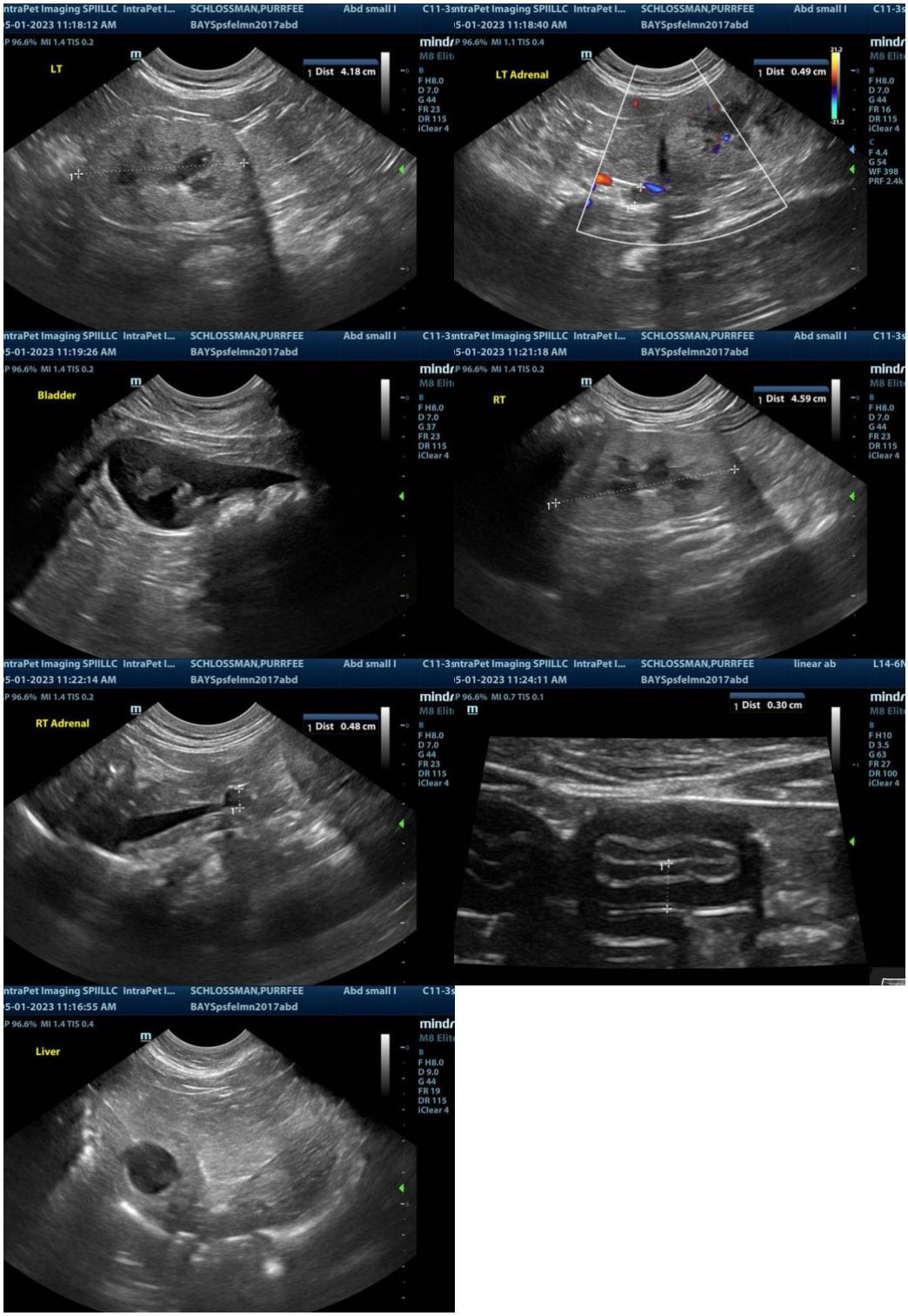
An anechoic extraabdominal **tubular structure** was noted caudal to the urinary bladder. The origin of the structure cannot be completely ascertained. This may represent a reproductive remnant, possible underlying hermaphrodite, however, structurally does not involve any clinical organs and appears to be quiescent. No evidence of inflammation.

ULTRASONOGRAPHIC FINDINGS

- Undefined tubular structure in the left caudal abdomen
- Diffuse intestinal thickening
- Mild degenerative renal changes
- Urinary bladder debris
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies and inspection of the extraabdominal tubular structure, caudal to the bladder are warranted. This may represent a body wall defect, or if in the area of the umbilicus, it may be residual umbilical remnant. This does not appear to be pathological. Full thickness GI biopsies are warranted. Inflammatory bowel with hypertrophied muscularis is likely. Dry form FIP or emerging round cell neoplasia are possible.



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.

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