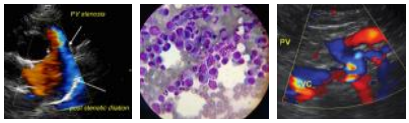
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/21/23

PATIENT

Bella Bilger

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/20/13

WEIGHT

8.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Ruby

INVOICE

23569

PRESENTING CLINICAL SIGNS

History: Bella Started Vomiting Saturday 7/15, She Was Unable To Keep Down Food Or Water So The Following Day 7/16 We Took her To Urgent Care Thrive Pet Er. She Is Fractious So She Had To Be Sedated For Exam. She Had Blood Work Which Was Normal Except For Slightly Elevated Alt =138, K=3.2, Cl=111 They Thought Was From Stress. She Also Had An XRay Which Showed Constipation As Well As Heterogenous Material In The Stomach They Couldn't Identify. They Gave Her Subq Fluids Antiemetics And An Enema. Since She Came Home She Took About 48 Hours For Anesthesia To Wear Off But Since Then She Has Not Improved. She had Bowel Movements And Has Not Vomited But She Has Been Hiding And Not Eating. She Possibly Ate A Small Amount Of Wet Food A Few Nights Ago But It Could Have Been The Other Cat. We Locked The Other Cat Up Since And Bella Has Not Eaten. Since her out patient treatment Bella has not been eating, hiding, some BM's

Current Medications: Protonix, Alfaxalone, Cerenia, Vitamin B.
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. 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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 4.25 cm. A calculus was noted, measuring up to 0.42 cm. The left kidney measured 3.94 cm. A slight cortical infarct was noted at the cranial and caudal poles of the right kidney.

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 left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.46 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.07 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The liver revealed a microcystic nodule in the craniomedial liver, measuring approximately 2.0 cm, consistent with cystadenoma, however, FNA is indicated on the parenchymal portion to ensure benign change and carcinoma is not 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 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. This is a mild change. Intestinal wall thickness measured up to 0.25 cm.

Pancreas

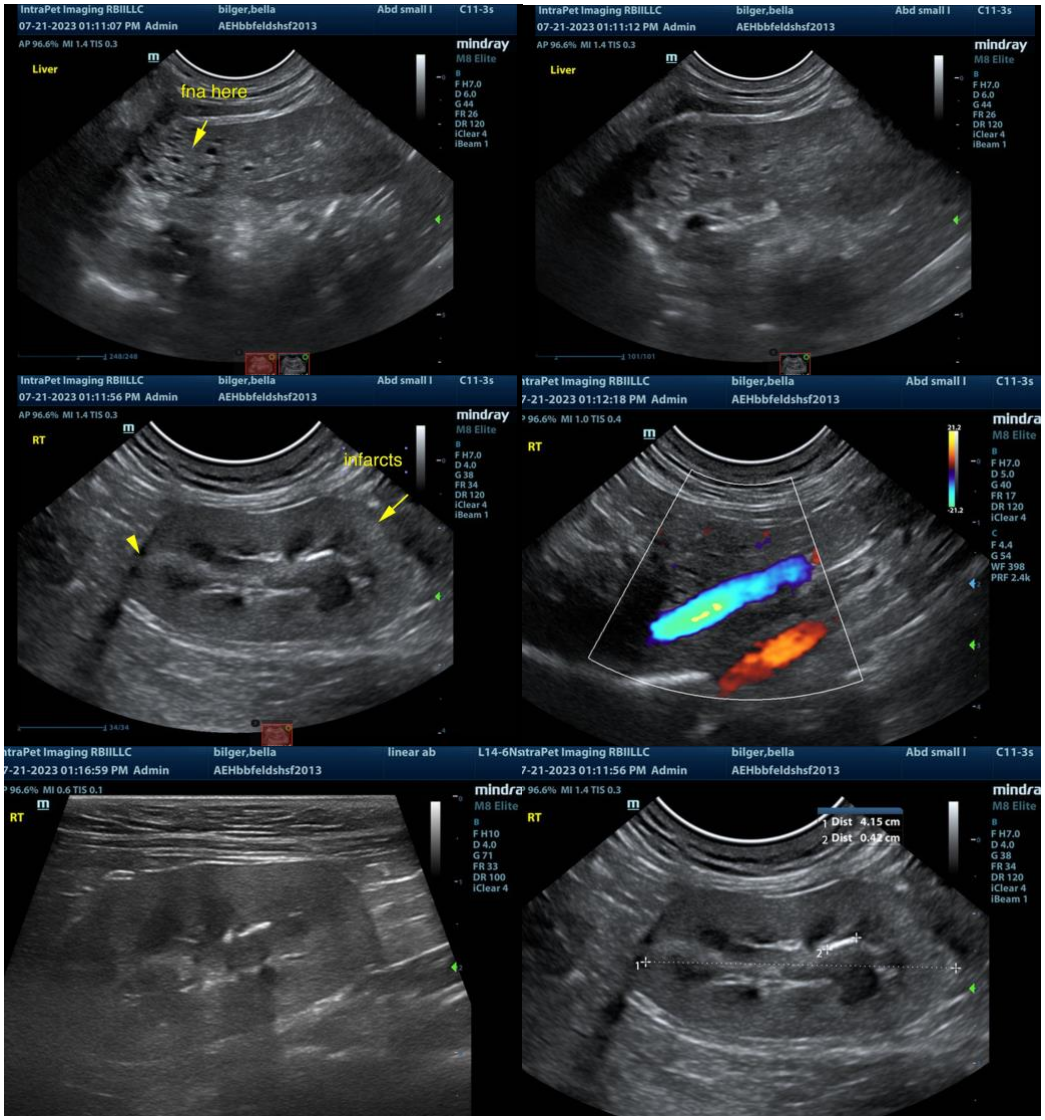
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged spleen
- IBD GI pattern
- Mild degenerative renal changes with slight mineralization and cortical infarct in the right kidney.
- Cystic liver nodule, likely cystadenoma, possibility of carcinoma, heterogenous parenchymal changes were noted elsewhere in the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodule is indicated. If any weight loss is present, then FNA of the spleen and liver is strongly recommended.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96.6% MI 1.4 TIS 0.3
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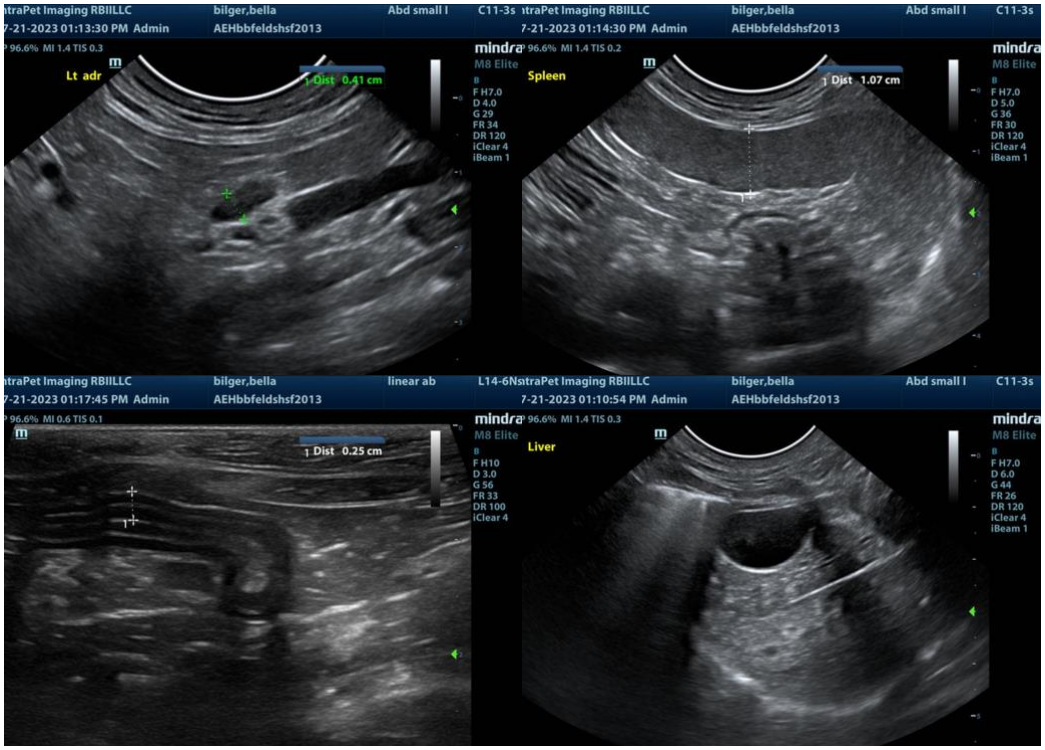
1 Dist 4.15 cm
2 Dist 0.47 cm



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.

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