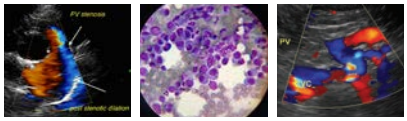
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/26/22

PATIENT

Sasha Bennett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/9/09

WEIGHT

9.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

39826

PRESENTING CLINICAL SIGNS

Patient presented for weight loss 1/2022. and it was noted that drinking and eating were normal. Sneezes off and on but P has Feline herpes. No Diarrhea. Off and on Vomiting-hairballs. No coughing. N activity at home at that point. Had been limping off and on- O not sure which back leg. Bloodwork was normal at that time and exam unremarkable except for significant dental disease with gingivitis and 1/2 ln weight loss. O was supposed to return if weight loss continued. Patient returned 7/21 for recheck stating pet was still losing weight and now lethargic. Vomiting daily sometimes multiple times but still eating normally. Exam similar to 1/2022. Coat unkempt, 1/4 lb weight loss and significant dental disease.

Current Medications: Single injection of Cerenia given 7/21.
Lab Results: Labs 1/2022 unremarkable. Repeat labs pending.
Radiographs: soft tissue density cranial abdomen right quadrant on V/D - r/o stomach vs spleen.
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

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 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. The right kidney measured 3.56 cm. The left kidney measured 3.63 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 left adrenal gland measured 0.43 cm.

Spleen

The **spleen** presented multifocal hyperechoic lipogranulomatous type nodules with slight scalloping contour.

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. Intestinal wall thickness measured up to 0.28 cm. Reactive mesenteric lymph nodes noted up to 0.91 cm. 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.

Pancreas

The **pancreas** presented undulating contour and hypoechoic parenchyma compared to falciform fat.

Heart

Rapid view of the heart revealed no evident pathology.

PRIMARY FINDINGS

- Splenic nodular changes – likely benign lipogranulomatous changes.
- Minor intestinal thickening
- Reactive mesenteric lymph nodes
- Chronic pancreatic changes – low-grade inflammation suspected.

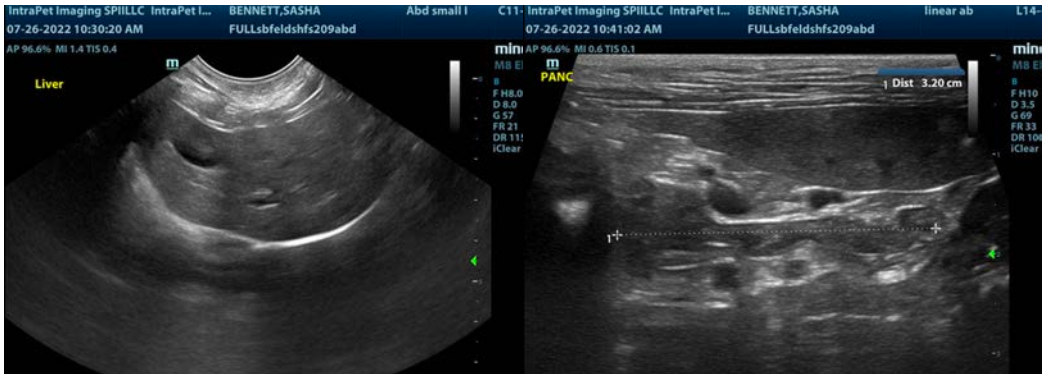
SECONDARY FINDINGS

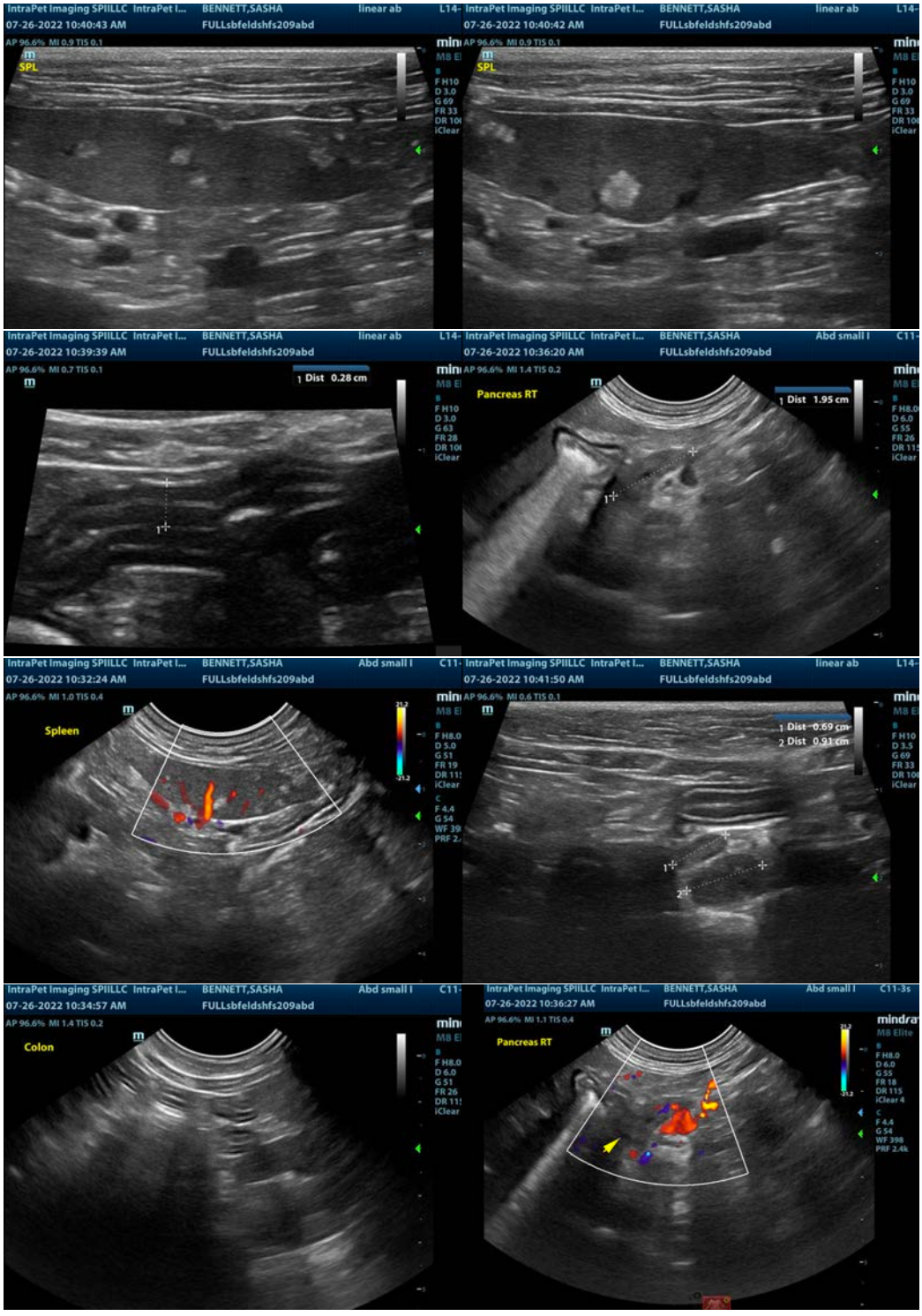
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely triad disease in this patent. Inflammatory bowel with reactive lymph nodes likely. FNA of the spleen warranted to create a baseline to ensure this is not a neoplastic process, though not suspected. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Change to hydrolyzed diet may prove effective in this patient.

Radiographs: Minor excessive ileocecal gas.

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1 Dist 0.28 cm
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Pancreas RT
1 Dist 1.95 cm
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Spleen
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1 Dist 0.69 cm
2 Dist 0.91 cm
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Colon
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Pancreas RT

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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