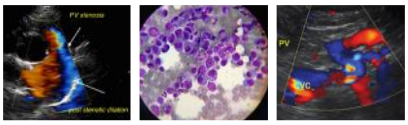
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
01/24/2023

PATIENT
Figgi Figgi Moore

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
2013

WEIGHT
6.64lb

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME
Swan Creek Veterinary Clinic

REFERRING VET
Dr. Holloway

INVOICE
12776ag

PRESENTING CLINICAL SIGNS

Adopted 4/2021 and only cat in home, indoor only; FeLV/FIV neg/neg

Weight loss (July 2021 8.26lb, July 2022 7.36lb, Jan 10 2023 6.64lb). New heart murmur 1/10/23 Grade II/VI. Initially treated with fluoxetine and pred for overgrooming, had improved but abdomen now ropey/thickened and sl distended. Labs May 2022 unremarkable

Due to financial constraints, elected AUS before repeating labs in case obvious cause identified

Current Medications: prednisolone 15mg/ml 0.2 ml po q 24 hours (was on a taper since symptoms prev improving), fluoxetine 10mg/ml 0.2 ml po q 24 hours (tapering as noted above)

Lab Results: 5/22 SDMA 16 ug/ml, probnp normal, t4 normal, 4/22 fecal NPS and indoor only

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 is moderately distended with echogenic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (2.94 cm). Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.01 cm). Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measured 0.78 cm in width at the level of the hilus.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured as normal (0.24 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other
A brief view of the heart was submitted. No pericardial effusion was seen.

There is no evidence of pleural effusion or large mass lesions observed.

ULTRASONOGRAPHIC FINDINGS

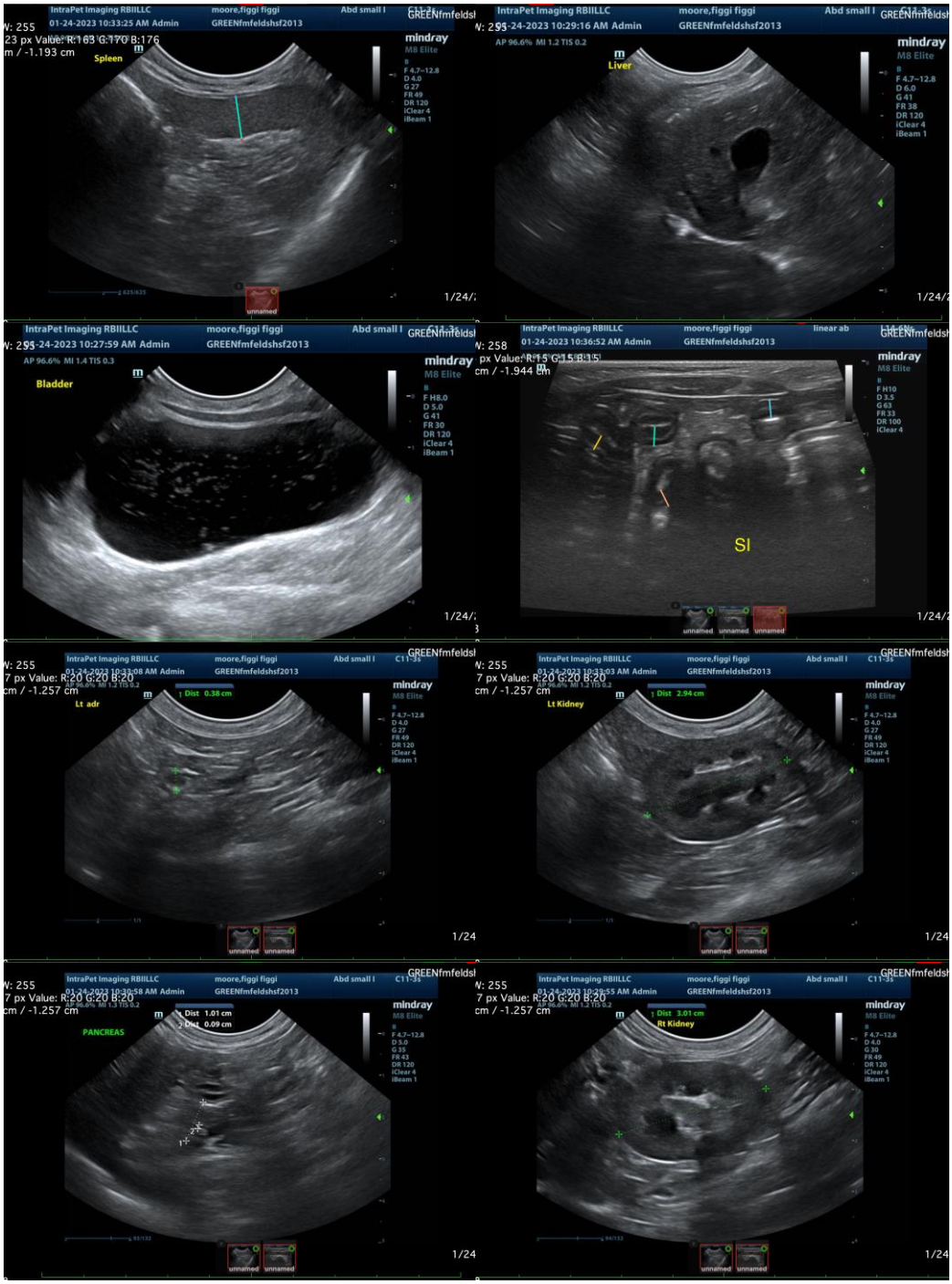
- Echogenic urinary bladder debris-the echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Mildly reduced corticomedullary distinction both kidneys-the bilateral renal findings are consistent with age-related change
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild and may be age related. No focal mass lesions are observed and the small bowel does not appear significantly thickened although this does not rule out the possibility of underlying GI disease.

If lab work (including thyroid evaluation) is normal and metabolic disease is thought unlikely, then primary GI disease could be a possibility. Consider a GI panel to Texas A&M for a qualitative PLI/TLI/Cobalamin/Folate to further evaluate the pancreas and small intestine.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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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