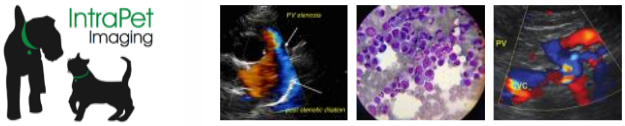
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
01/24/2023

PATIENT
Hobo Wyatt

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2008

WEIGHT
16.6lb

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

HOSPITAL NAME
Greenbrier Veterinary Clinic

REFERRING VET
Dr. Whitfield

INVOICE
12777ag

PRESENTING CLINICAL SIGNS

Blood in stool intermittent since November. Now developing soft stool and lethargy. Mild weight loss (~2 lbs) since this began. No other signs at home per O. On exam P is overweight, otherwise nsf.

Current Medications: Metronidazole 10 mg/kg, Proviable capsules, Gabapentin 10mg/kg prn for pain started on 1/16/23.

Lab Results: SDMA 19, Creat 2.3, BUN 34. CK 1113 - mildly elevated. T4 2.9.

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 anechoic 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 (3.49 cm). Overall echogenicity is normal with mildly reduced 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 (4.6 cm). Overall echogenicity is normal with reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A small non-obstructive nephrolith was present measuring 0.45 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 right adrenal gland is normal in size measuring 0.45 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with 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 0.93 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.23 mm in diameter. 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 mottled 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 subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is diffusely irregular and hyperechoic. There is a small to moderate amount of echogenic free fluid.

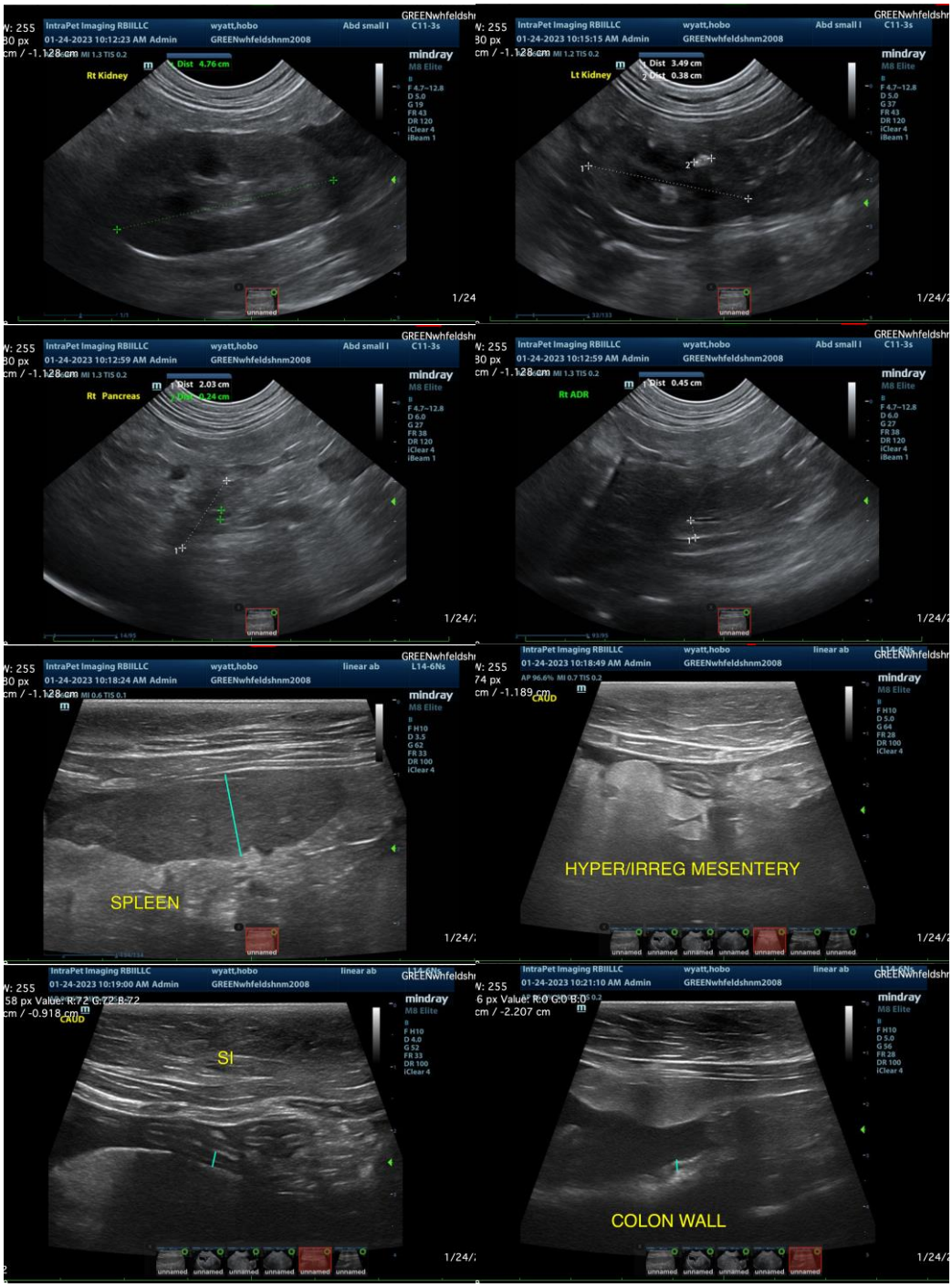
ULTRASONOGRAPHIC FINDINGS

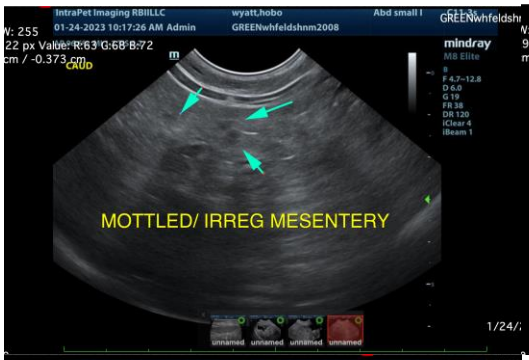
- Decreased corticomedullary distinction bilaterally with left sided non-obstructive nephrolith-the bilateral renal findings are consistent with age-related change.
- Prominent mottled pancreas-the pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis
- Mildly prominent muscularis layer small intestine-the small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Small to moderate amount of mildly echogenic free fluid with hyperechoic irregular (almost nodular) omentum. Recommend fluid analysis and cytology findings could be consistent with chronic inflammation, carcinomatosis or other

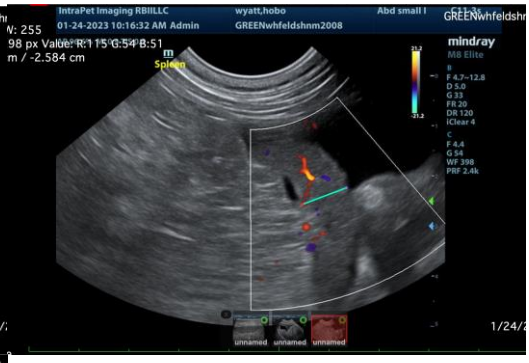
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal mass effects are observed, and no obvious abnormalities associated with the colon are visualized. There are age related changes observed with both kidneys and the pancreas appears somewhat mottled. There is some mildly echogenic free fluid evident, and the omentum appears diffusely hyperechoic and irregular, almost nodular in appearance. These types of changes could be consistent with chronic inflammatory changes or even carcinomatosis. Recommend a fluid analysis and cytology and three view thoracic radiographs. If an answer cannot be obtained based on this information, surgical biopsies of the

omentum may be necessary as well as a colonoscopy.







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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