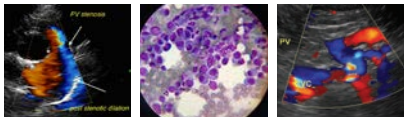
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

1/26/23

PATIENT

Jade Taylor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/16/08

WEIGHT

8.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. DeLozier

INVOICE

44535

PRESENTING CLINICAL SIGNS

Presented for hematuria but significant weight loss noted (13.5lbs to 8.5lbs in less than 2 years), BUN & monocytes elevated on bw; so far hematuria cleared with Convenia (given 1/16/23)_

Current Medications: None listed.
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: Stephanie Warga RDCS, RVT.

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 (3.26 cm) with mild pyelectasia at 0.15 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.8 cm) with pyelectasia at 0.28 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, or infarcts. Renal vasculature is normal. Additionally, there is proximal dilation of the right ureter measuring 0.36 cm and extending for approximately 2.0 cm with no obvious stone or mass effect visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.43 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 (0.77 cm), 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.

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 mild and 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. Jejunum wall measures 0.23 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 mottled compared to the surrounding isoechoic mesentery. There is a hypoechoic, slightly irregular mass effect visualized medial to the spleen in the region of the left limb. This lesion is concerning for a pancreatic mass/nodule or possibly a regional lymph node. This measures at approximately 0.90 cm x 1.3 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes, examples measure 0.23 and 0.27 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia and right-sided mild ureteral dilation – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Hypoechoic mass effect in the region of the left limb of the pancreas – This could represent a pancreatic nodule or less likely a lymph node in the region. Consider a fine needle aspirate.

- Prominent muscularis layer of the 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.

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are most consistent with chronic age related renal disease, although the pyelectasia and right-sided ureteral dilation could be consistent with previous obstructions, a right-sided stricture, or pyelonephritis. Recommend a urinalysis and culture (when off antibiotics). Consider abdominal radiographs, looking for any distal stones, and continued monitoring of renal values, urinalysis, etc. It is possible that there was a stone present that has passed.

There is an area of abnormal tissue medial to the spleen that appears to be associated with the pancreas. In some views, this has a fairly ovoid appearance, which could be consistent with a regional lymph node, but in

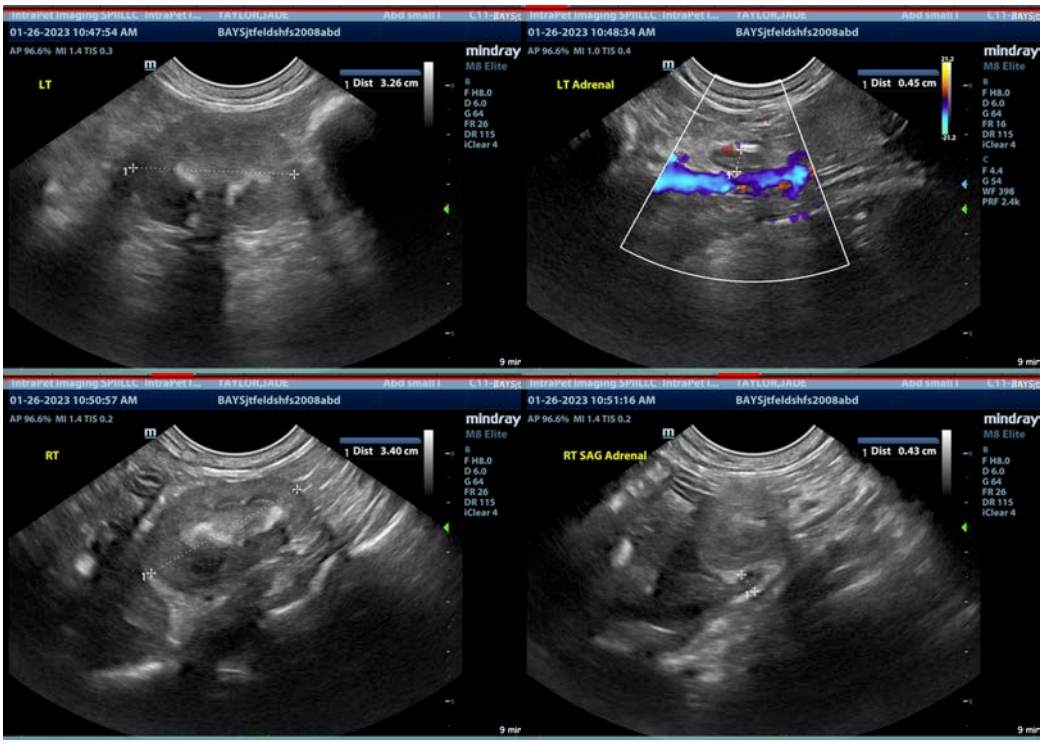
other views this appears contiguous with the pancreas, and there is concern for a pancreatic mass or nodule. Consider a fine needle aspirate of this lesion in correlation with a quantitative fPLI. If a fine needle aspirate cannot be considered, recommend continued monitoring with ultrasound, as a surgical biopsy may be necessary.

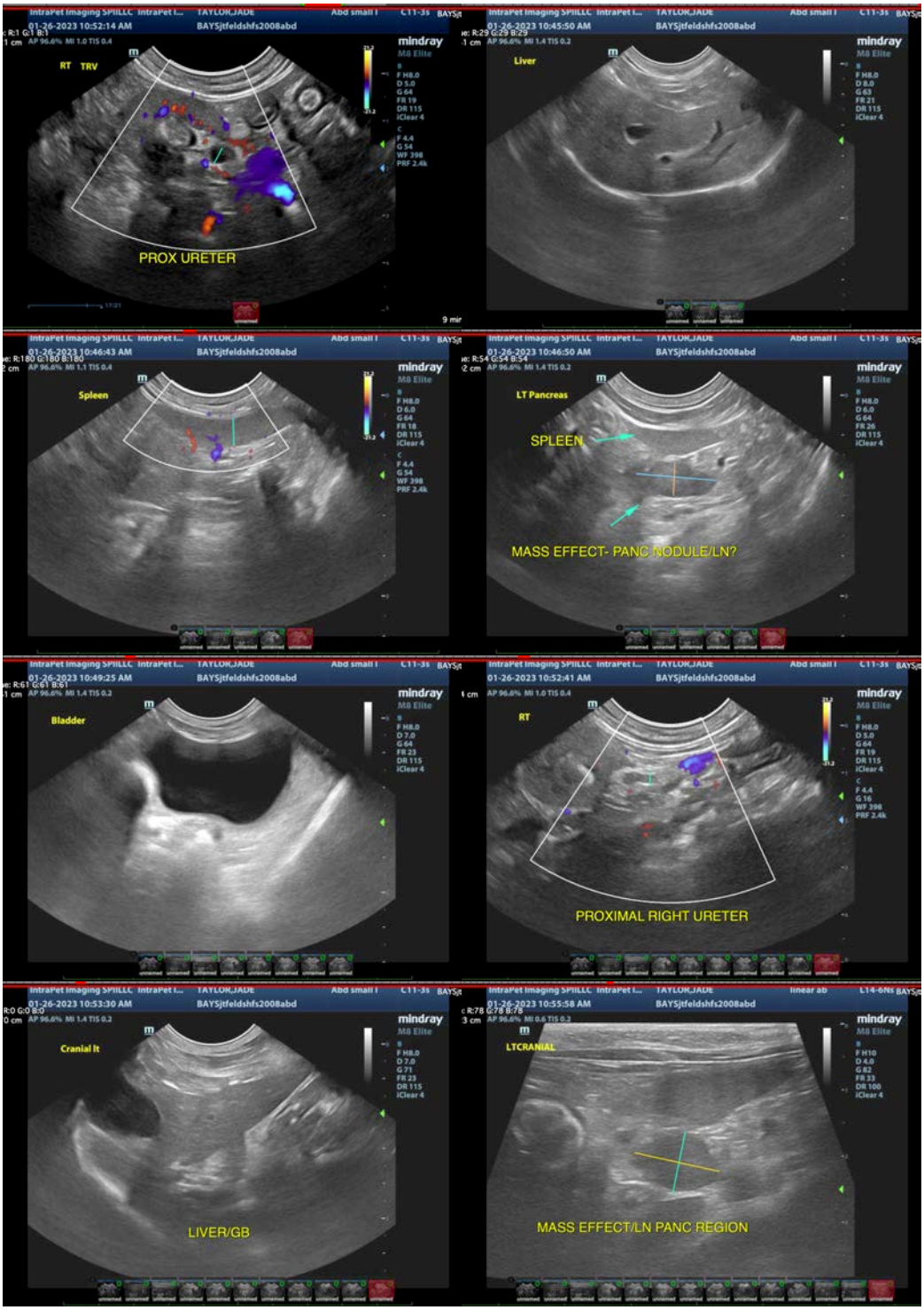
The small intestine appears somewhat "ropey" with a prominent muscularis layer. Additionally, there are some regional prominent mesenteric lymph nodes. A prominent muscularis layer can be associate with inflammatory type disease of the small intestine, but also can be a normal finding in some older cats. Correlate this with clinical signs. Given the weight loss, I am concerned that this could be significant.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If the weight loss persists, you could consider obtaining GI biopsies and biopsying the pancreatic lesion.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.




RT TRV
PROX URETER
Liver
Spleen
LT Pancreas
SPLEEN
MASS EFFECT- PANC NODULE/LN?
Bladder
RT
PROXIMAL RIGHT URETER
Cranial lt
LIVER/GB
LTCRANIAL
MASS EFFECT/LN PANC REGION

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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