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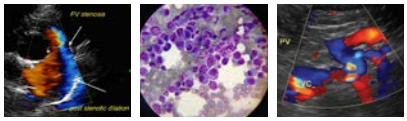

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DATE

1/5/22

PATIENT

Bella Vicari

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/13/07

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. King

INVOICE

33994

PRESENTING CLINICAL SIGNS

History: Not wanting to eat dry food. 1 1/2# wt. loss in 2 years (did not see her between March 2019 and Aug. 2021, 1# wt. loss in that time). Decreased ability to jump. PE-lots of stool present but concern for possible mass.

Current Medications: Dasuquin adv. SID PO.
Lab Results: Chem 25/CBC/UA/T4 in Aug. wnl.
Radiographs: (Dec. 30) showed lots of stool in large intestine but other area in mid-cd. abdomen looks abnormal.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 is normal/borderline large in size at 4.12 cm with mild pyelectasia at 0.18 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,nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal/borderline small in size at 2.57 cm with a 0.31 cm non-obstructive nephrolith. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

Liver

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

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 measured 0.21 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 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

Occasional ring down artifact is visualized at the level of the diaphragm. Recommend thoracic radiographs.

PRIMARY FINDINGS

- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Moderate gallbladder sludge – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

- Decreased corticomedullary distinction in both kidneys with a smaller right kidney and mild pyelectasia in the left kidney – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. I suspect the enlarged left kidney is compensatory for the small right kidney.

- Mildly prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

SECONDARY FINDINGS

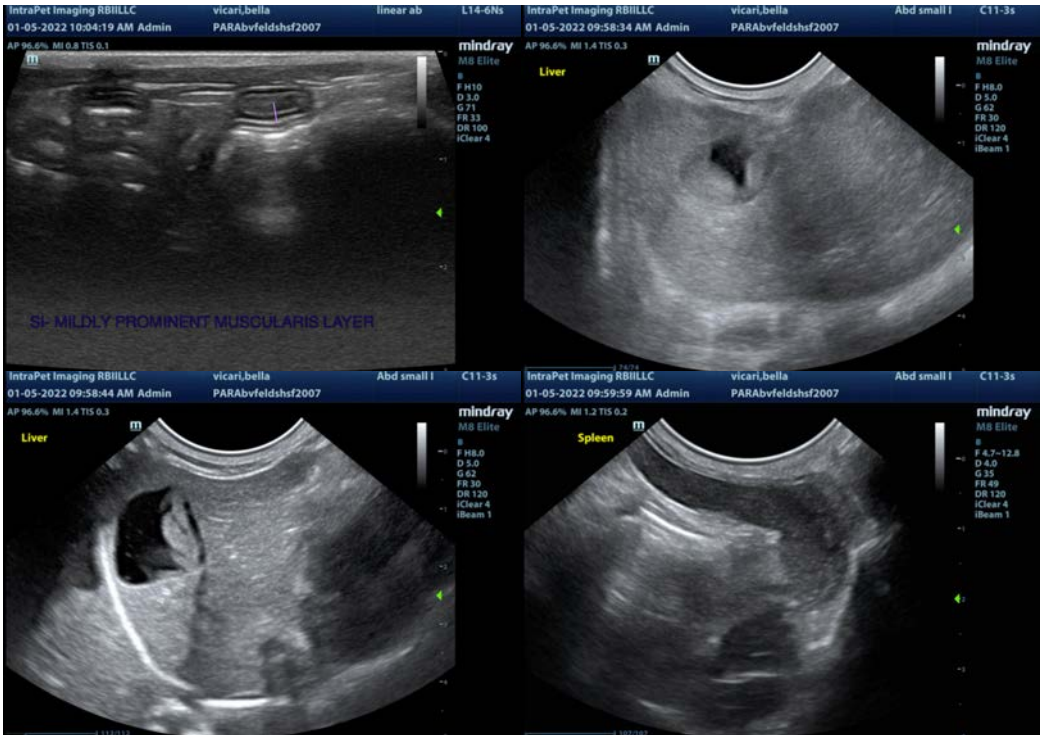
- Mildly prominent and mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

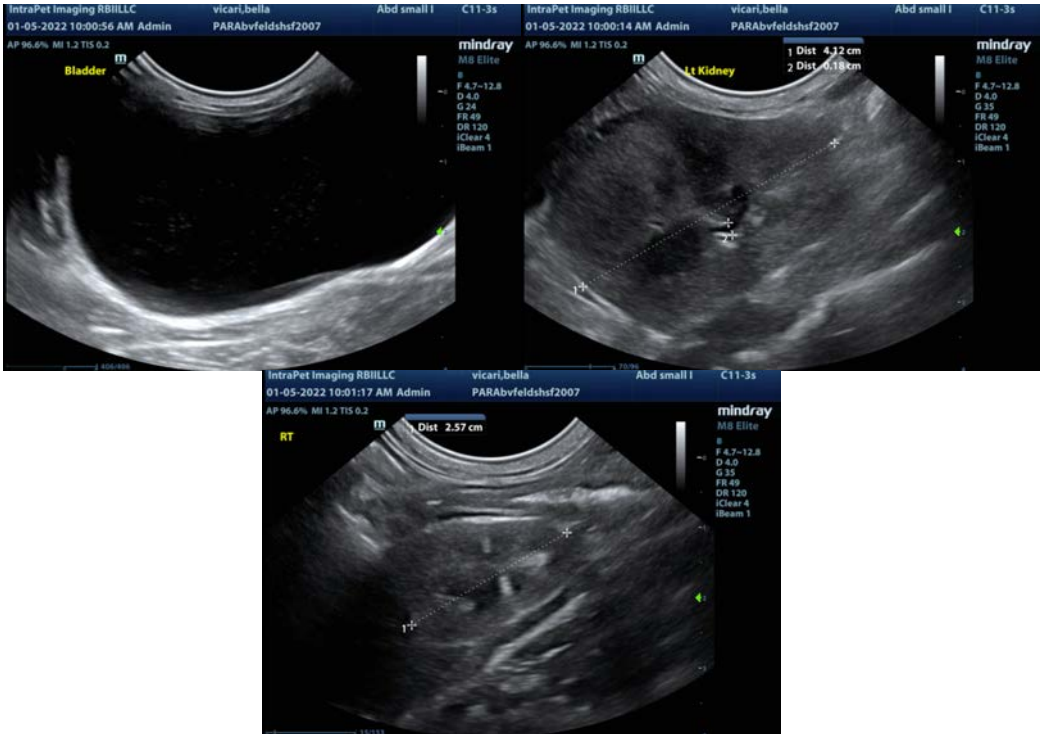
- Ring down artifact visualized at the level of the diaphragm – This can be an indicator of pulmonary parenchymal disease. Correlate with thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A single focal lesion was not observed to explain the decrease in appetite and weight loss reported. Many of the changes observed on today's scan could be normal in an older cat, but often time liver and GI disease can cause subtle ultrasonographic findings even if there is a significant functional problem.

- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreatic and small bowel changes observed.
- Recommend current bloodwork including thyroid evaluation. If liver enzymes are elevated, I would be more concerned about the gallbladder and liver changes observed, and would consider fine needle aspirate and starting Ursodiol.
- If there is azotemia present or lack of urine concentrating ability, I would recommend a blood pressure evaluation.
- Recommend supportive care (anti-nausea, appetite stimulants, etc.) for possible enteritis, and consider changing to a hydrolyzed protein or novel protein diet.
- If bloodwork is normal and a GI panel is indicative of small intestinal disease, you may need to consider obtaining GI biopsies.
- Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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