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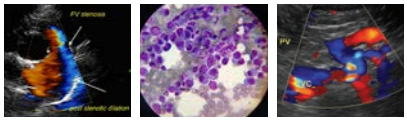

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DATE

10/1/21

PATIENT

Foster Ulrich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/20/04

WEIGHT

7.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Moffa

INVOICE

26025

PRESENTING CLINICAL SIGNS

History: weight loss/ intermittent V/D.

Current Medications: 9/1 doxycycline 75 mg once daily for 14 days
9/13 til present: prednisolone 1.2 (3mg/mL) twice daily.
Lab Results: lymphopenia, borderline anemia, low platelets/ chemistries and T4 WNL. Leuk/ FIV NEG.
Radiographs: narrowed T-L disc spaces.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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/small in size at 3.43 cm. Overall echogenicity is slightly hyperechoic with poor 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 is normal/large in size at 4.37 cm. Overall echogenicity is slightly hyperechoic with poor 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 large in size measuring 0.75 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 large in size measuring 0.73 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.

Liver

The liver is subjectively normal 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 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 an increased thickness of approximately 1.0 cm with some variability due to the presence of rugal folds. The distinction of gastric wall layers in these thickened areas appears reduced, most consistent with an area of somewhat focal gastric wall thickening.

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. Jejunum wall measured 0.17 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 increased echogenicity around the stomach.

ULTRASONOGRAPHIC FINDINGS

- Thickened gastric wall with decreased detail of wall layering and surrounding inflammation – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

- Bilateral adrenomegaly – This could be an incidental finding associated with hyperplasia, stress, illness, etc., secondary to pituitary dependent hyperadrenocorticism, bilateral infiltriative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Bilaterally recuded corticomedullary distinction. The right kidney is significantly larger than the left kidney. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Both kidneys are relatively normal in shape with significantly reduced architecture. This could be a situation where the left kidney is slightly small, and the right is compensating. Alternately, this could be true right-sided renomegaly due to infiltrative disease, etc. (no mass effects visualized). You would need a fine needle aspirate to differentiate.

- Hypoechic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

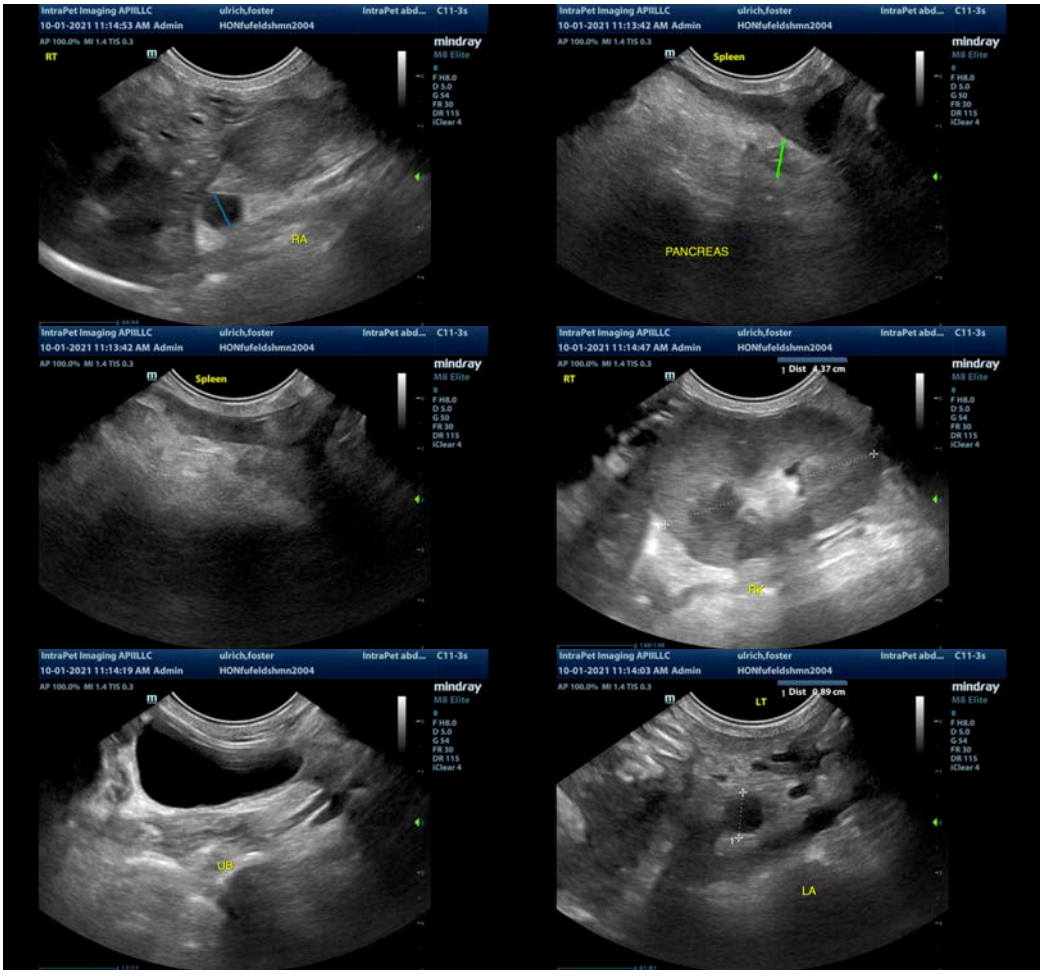
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

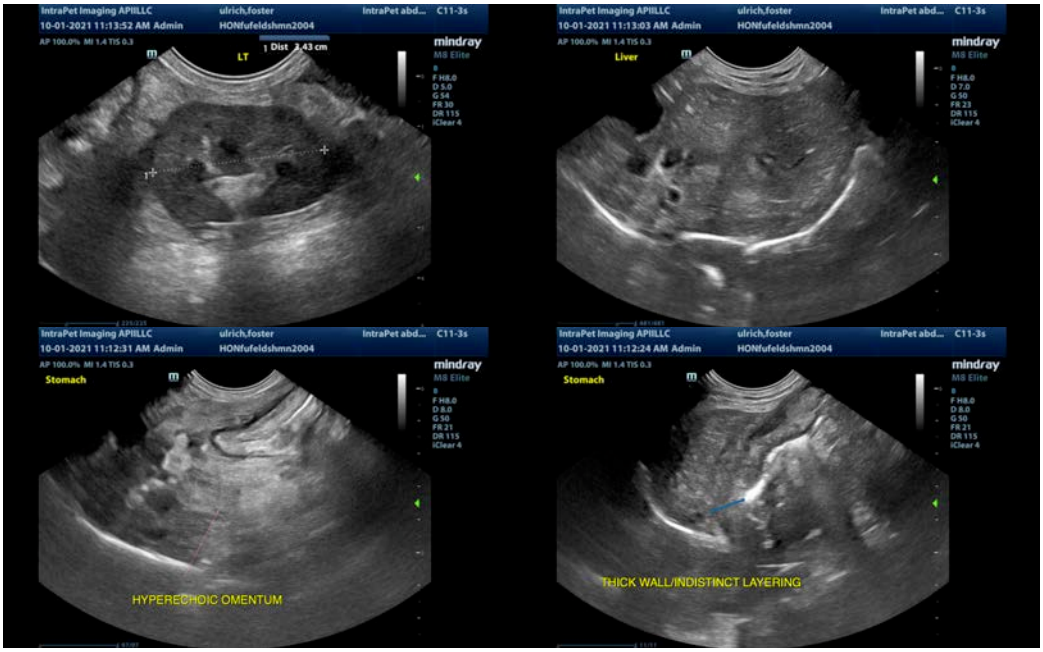
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I feel the thickened gastric wall is the most significant finding on today's scan, and it correlates with symptoms described. This could be gastritis or something more serious like early infiltrative neoplasia. Options moving forward include either biopsy (surgical or endoscopic) or continued symptomatic care and recheck with ultrasound.

Additionally, there are changes that are more difficult to explain. There is bilateral renomegaly present. If there are clinical signs consistent with Cushing's or growth hormone excess, etc., then recommended testing for these issues. Additionally, the right kidney appears somewhat enlarged. This could be compensatory or due to infiltrative disease. Options include a fine needle aspirate or continued monitoring.

The changes in the liver and pancreas are somewhat non-specific. Consider GI panel with a PLI, TLI, cobalamin and folate to further evaluate for small intestinal disease and pancreatic disease. If liver enzymes are normal on bloodwork, the liver changes are less likely to be significant.





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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