IMAGING PERFORMED BY

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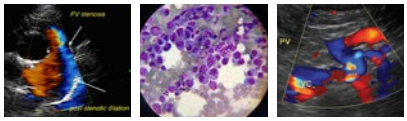

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/20/22

PATIENT

Visas Murr Martinez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/30/06

WEIGHT

7.46 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Michelotti

INVOICE

42233

PRESENTING CLINICAL SIGNS

Hx IBD vs other. Hx weight loss. Vocalizing prior to litterbox use.
Controlled hyperthyroidism. Hx diffuse SI muscularis thickening on previous scan. P has been doing well on prednisolone 1 mg/kg PO q 24 h at home

Current Medications: Prednisolone 1 mg/kg PO q 24 h, Felimazole 7.5 mg/ PO q 24 h.
Lab Results: Unremarkable Cobalamin (elevated), folate, TLI profile through Texas A & M since previous AUS (6/16/22).
Date of Previous IntraPet Ultrasound: 6/9/22. See attached.
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 has a normal shape and size (2.83 cm). Overall echogenicity is normal with adequate 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.64 cm). Overall echogenicity is normal with adequate 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.30 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 0.37 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 (0.54 cm in width at the level of the hilus), 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 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 measures 0.23 cm. Visualized peristalsis appears appropriate. There is a focal area of bowel thickening with loss of layering. In this area, the bowel wall measures at 0.42 cm. This appears very similar to the previously described lesion, and I suspect it is the same one, and the appearance is relatively stable compared to the previous scan on 6/9/22.

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.

ULTRASONOGRAPHIC FINDINGS

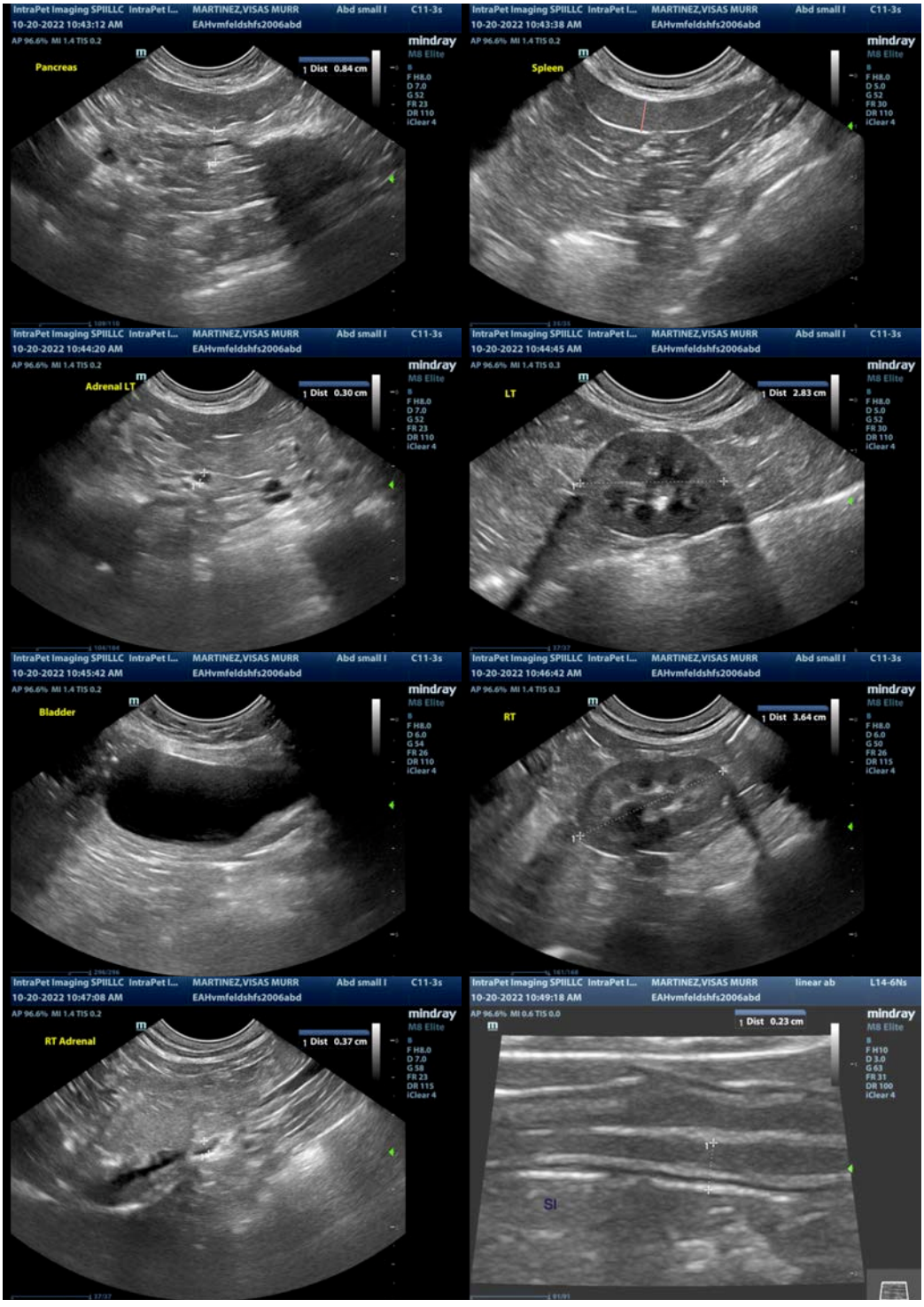
- Focal hypoechoic area of bowel thickening – This lesion is concerning for a persistent bowel lesion. it does not appear to have progressed significantly. This could represent a benign or neoplastic process.

- Prominent, mottled pancreas – This appears stable and likely represents chronic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse prominence of the muscularis layer appears less prominent on today's scan, and the focal bowel lesion is persistent and relatively stable. It is possible that the addition of steroids has reduced some of the general inflammation in the bowel. The question is if this is a neoplastic process that is being suppressed by the use of steroids or if this is a benign lesion. This might be able to be aspirated, but in all images, it appears deep to the bowel, so a true evaluation would likely only be possible with surgical biopsies.

Options moving forward include staying the course, obtaining surgical biopsies, or consultation with a veterinary oncologist to see if they have additional thoughts on the matter. Prior to any significant procedures, I would recommend 3-view thoracic radiographs.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Pancreas
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Spleen
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Adrenal LT
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LT
Dist 2.83 cm
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Bladder
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RT
Dist 3.64 cm
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RT Adrenal
Dist 0.37 cm
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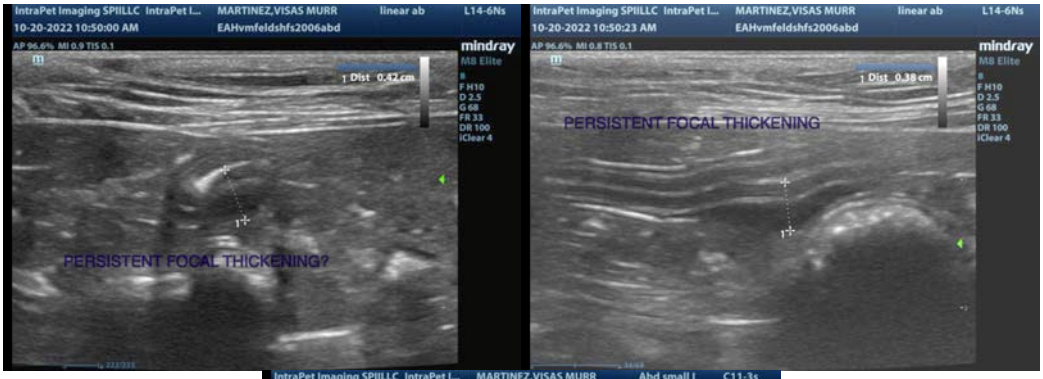
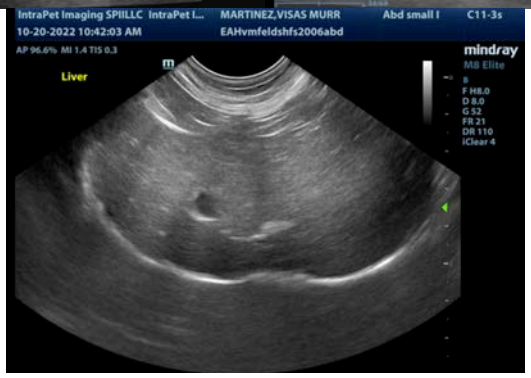
10-20-2022 10:49:18 AM EAHvmfeldshfs2006abd
Dist 0.23 cm
SI
mindray
M8 Elite





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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