IMAGING PERFORMED BY

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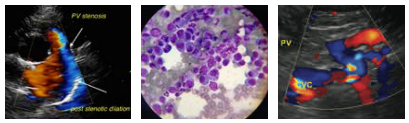

SonoPath
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DATE
10/26/21

PATIENT
Iris Sharma

SPECIES
Feline

BREED
Bengal

SEX
Spayed Female

AGE
11/18/20

WEIGHT
4.22 kg

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

HOSPITAL NAME
Banfield Pet Hospital of Towson

REFERRING VET
Dr. Washington

INVOICE
92657

PRESENTING CLINICAL SIGNS

History: Unresolved colitis.
Current Medications: Not provided by the veterinarian.
Lab Results: Not provided by the veterinarian.
Radiographs: Not provided by the veterinarian.
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 has a normal shape and size (3.53 cm). Overall echogenicity is normal with adequate 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 (3.63 cm). Overall echogenicity is normal with adequate 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 normal in size measuring 0.26 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 0.42 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 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 gallbladder 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 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. The duodenum measured as normal and the jejunum measured as normal (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 normal and isoechoic to surrounding 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. There is prominent mesenteric lymph nodes visualized and measured 0.27 cm, 0.34 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is likely a normal finding in this young of a cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. Unfortunately it is possible to have significant clinical signs associated with underlying gastrointestinal disease with relatively minor ultrasonographic changes. If metabolic testing is normal (ACTH stimulation, liver function test, etc.) then consider primary gastrointestinal disease such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

- Recommend a diet trial with a novel protein/hydrolyzed prescription diet. Additionally, fiber can sometimes be of benefit, but occasionally it can make things worse as well so the results can be variable.
- Recommend a probiotic.
- Recommend a GI panel to Texas A&M University to look for evidence of exocrine pancreatic insufficiency, bacterial dysbiosis, underlying pancreatitis, etc.
- Recommend empirical therapy for GI parasitism. Consider protozoa diseases such as Giardia and Tritrichomonas.

In most cases of young cats with chronic diarrhea the most likely differentials are dietary intolerance, GI parasitism or bacterial dysbiosis if the patient has been on systemic antibiotics in the past. If symptoms persist or worsen you can consider obtaining GI biopsies.


IntraPet Imaging APIILLC
sharma,iris
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C11-3s
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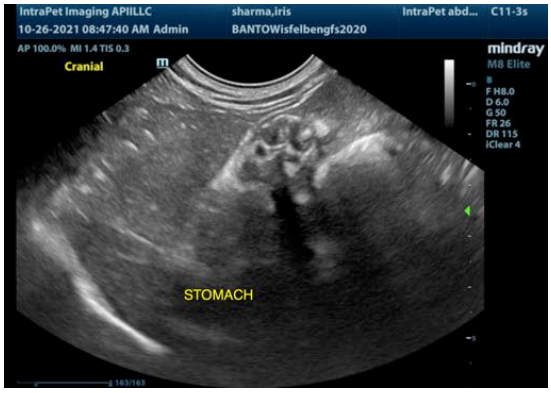
Liver
mindray
M8 Elite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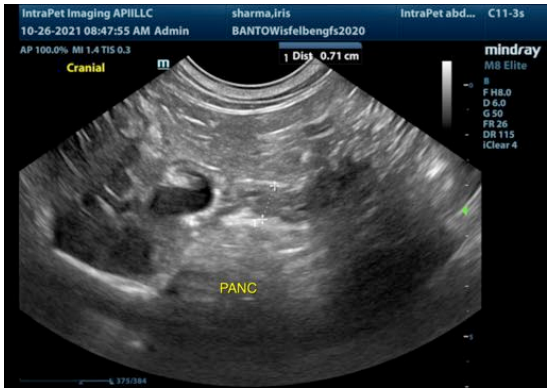
STOMACH
mindray
M8 Elite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Cranial
Dist 0.71 cm
PANC
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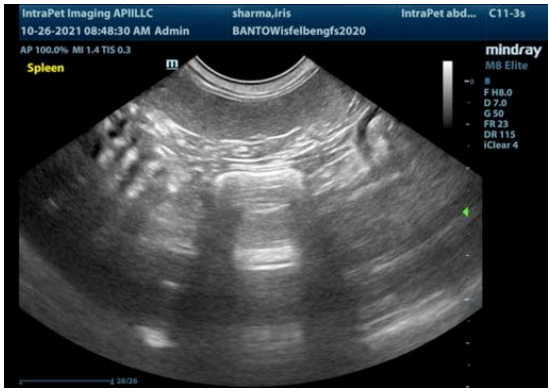
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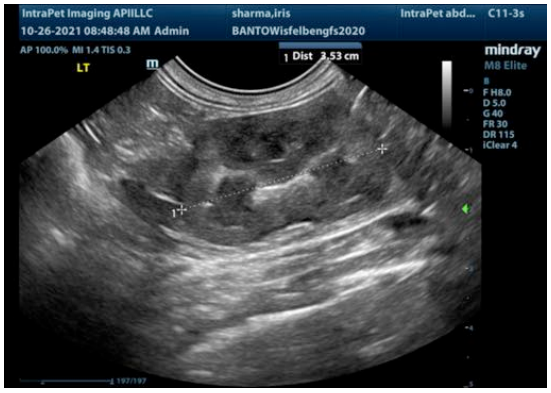
Spleen
mindray
M8 Elite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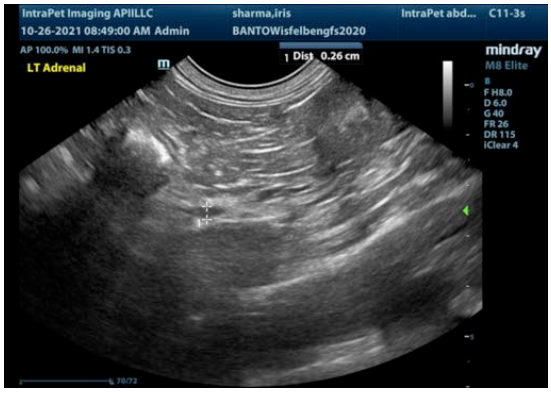
LT
Dist 3.53 cm
mindray
M8 Elite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10-26-2021 08:49:00 AM Admin
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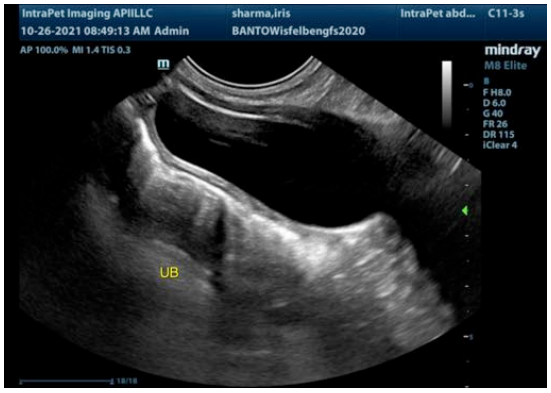
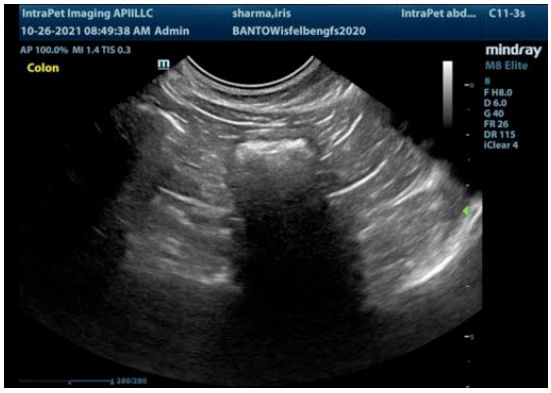
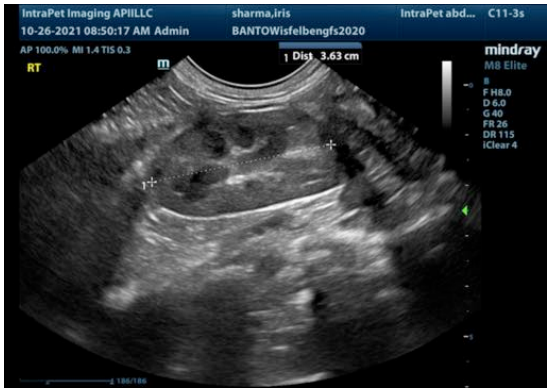
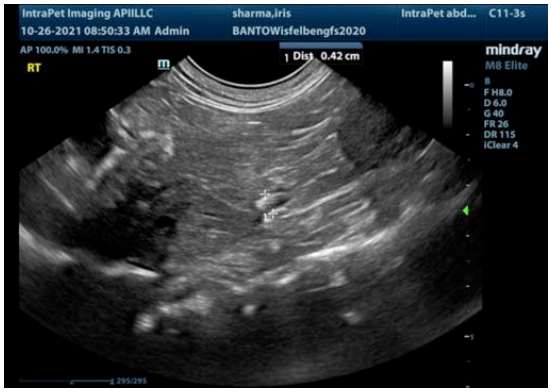
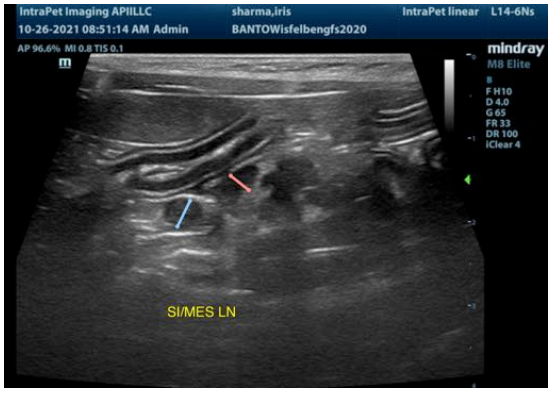
AP 100.0% MI 1.4 TIS 0.3
LT Adrenal
Dist 0.26 cm
mindray
M8 Elite











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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com