IMAGING PERFORMED BY

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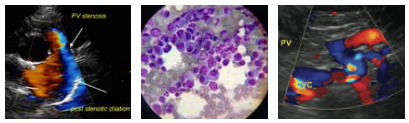

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DATE
10/8/21

PATIENT
Magic Maranto

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
2008

WEIGHT
16 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
92279

PRESENTING CLINICAL SIGNS

PC: Not Urinating, & Not Defecating.
History: Date: 10-07-2021 Notes: possible blockage, urinated once Wednesday, once Tuesday, no bowel movement since Tuesday. ATO-
Tuesday defecated and urinated once. Wednesday urinated only. Nothing since. Eating and drinking but less. No bowel movement since. No urination since. No straining in litterbox. Indoor only except when patient is on deck with owner when it's nice out. Has all shots, Thinks* felv/fiv tested in the back, no history of weight loss- steady 16 lbs. No history of heart or kidney disease. In February deemed healthy ate treats today in July hurt hip-had radiograph every once in a while will vomit hairball.
Lab Results: Attached
Radiographs: Mild constipation repeat after had enema- removed some stool additional firm stool in colon.
Date of Previous IntraPet Ultrasound: No previous
Sedation: utilized for AUS
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 (4.93 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 mild pyelectasia measuring 0.17 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.62 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 mild pyelectasia measuring 0.16 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 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 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 is bilobed and the 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 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. The duodenum measured 0.3 cm and the jejunum measured 0.28 cm and 0.25 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. The pancreatic duct measured 0.2 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of anechoic free fluid surrounding the kidneys and in the abdomen. There is no significant mesenteric lymphadenopathy. The omentum is hyperechoic most prominently around the kidneys.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Pancreas moderate. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Decreased corticomedullary distinction in both kidneys with mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of both kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- 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.

- Generally hyperechoic mesentery with a small amount of free abdominal fluid. Omental changes are consistent with generalized inflammation.

SECONDARY FINDINGS:

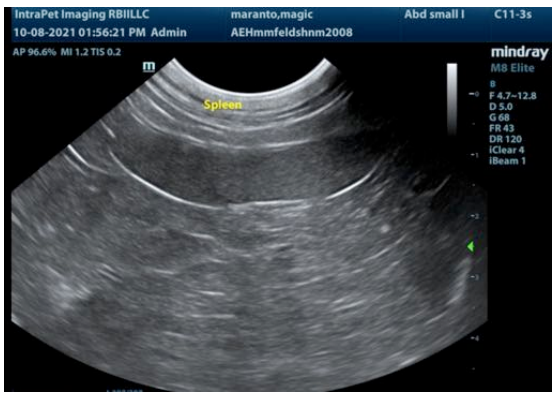
- Bilobed gallbladder. This is likely an incidental finding.

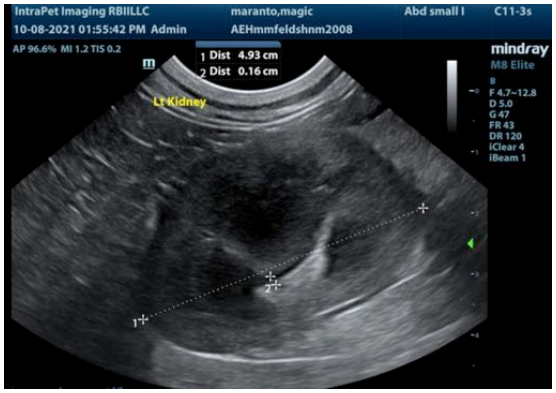
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and biliary tract appear relatively normal despite the liver enzyme elevations reported in the history. Significant biliary disease seems unlikely. Unfortunately you can still have significant liver dysfunction with a relatively normal appearing liver.

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc..
- Recommend thyroid evaluation (if not already done)
- If not already done consider pre and post prandial bile acids to evaluate liver function
- Consider fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If cytology is not helpful and there is no response to therapy, consider liver biopsy with samples obtained for histopathology and culture.
- If triaditis is suspected consider therapy for cholangiohepatitis (fluids, antibiotics , +/- Ursodiol,+/- steroids), testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)
- Consider a feeding tube if patient is not eating for a prolonged period of time

The omentum is markedly hyperechoic particularly around the kidneys. Urinalysis and culture is recommended as sepsis can be a differential for an elevated bilirubin in cats. I recommend three view thoracic radiographs and continue close monitoring. I recommend starting general treatment for cholangiohepatitis while awaiting for additional test results.

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1 Dist 4.93 cm
2 Dist 0.16 cm
Lt Kidney
mindray
M8 Elite


IntraPet Imaging RBIILLC
maranto,magic
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Stomach
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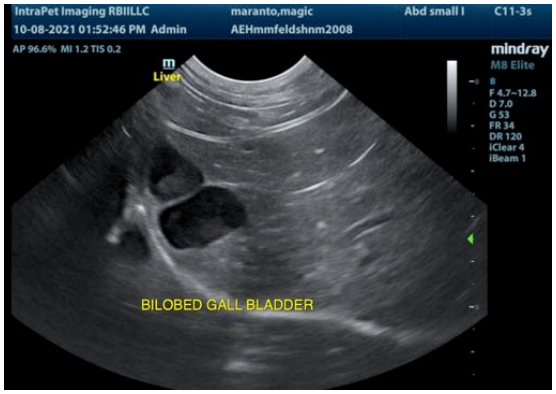
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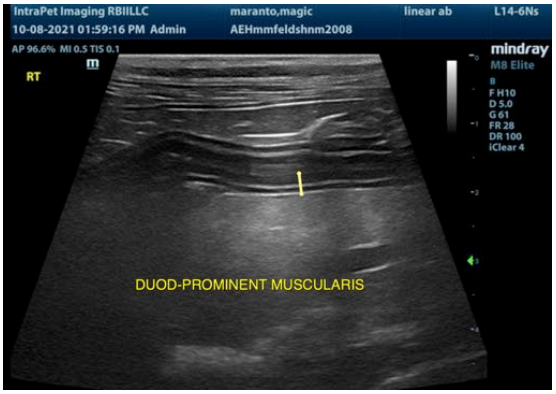
Liver
BILOBED GALL BLADDER
mindray
M8 Elite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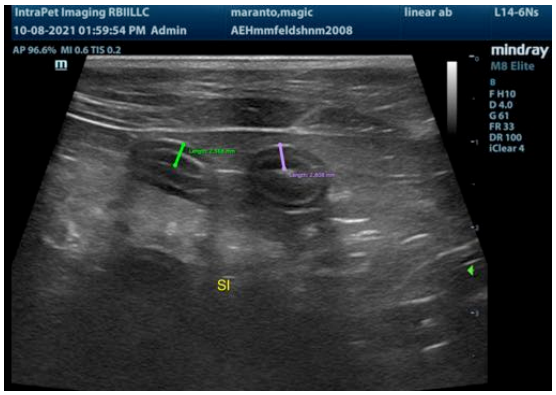
RT
DUOD-PROMINENT MUSCULARIS
mindray
M8 Elite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AP 96.6% MI 0.6 TIS 0.2
SI
mindray
M8 Elite


IntraPet Imaging RBIILLC
maranto,magic
linear ab
L14-6Ns
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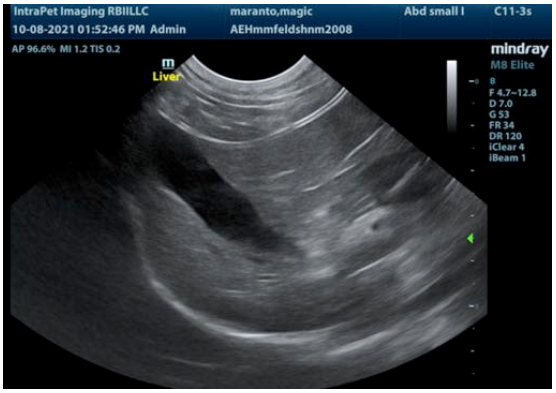
HYPERECHOIC OMENTUM
mindray
M8 Elite



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)
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