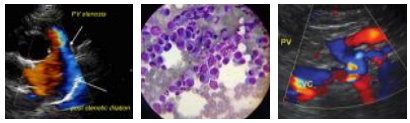
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/10/21

PATIENT

Tuna Twardis

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

3/3/07

WEIGHT

8.64 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

12994

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, weight loss, normal appetite, Radiocat 11/2020, normal bloodwork.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.00 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.31 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. A small cortical cyst, measuring 0.33 cm is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.85 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 0.4 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 gall bladder 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 a normal thickness of <0.36 cm 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 jejunum measured 0.34 cm, 0.27 cm in diameter. 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 liquid 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 free fluid. 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. There are prominent mesenteric lymph nodes visualized near the root of the mesentery, measuring 0.44 cm, 0.54 cm and surrounded by hyperechoic mesentery. The omentum is increased around these mesenteric lymph nodes but is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prominent muscularis layer of 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

- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Prominent 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.

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

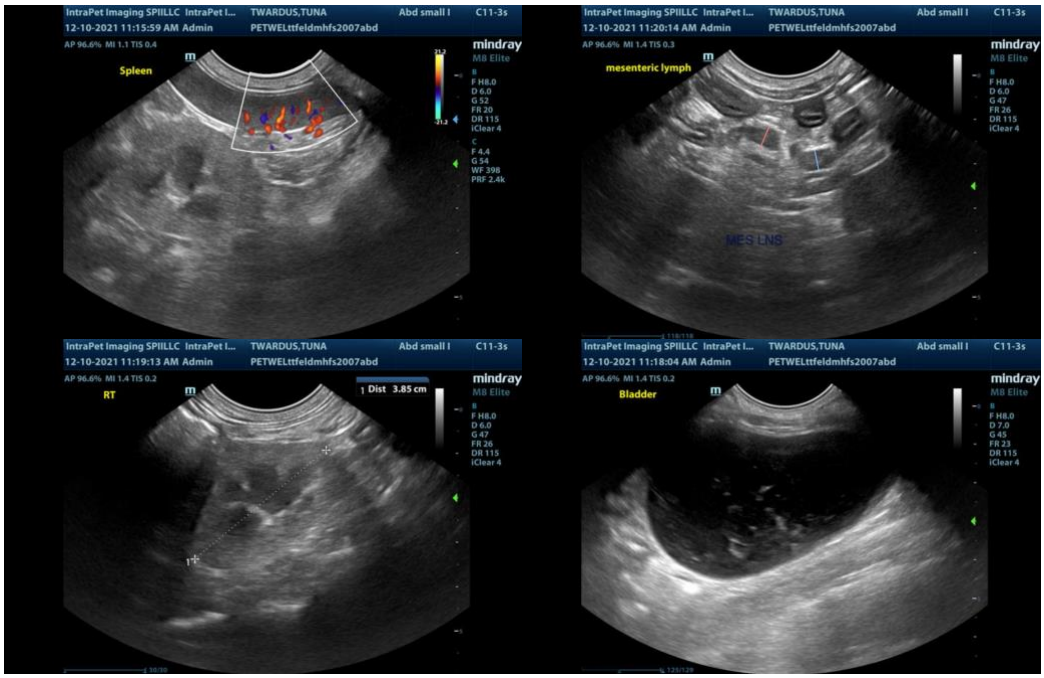
- Small cortical cyst in the left kidney, likely incidental finding

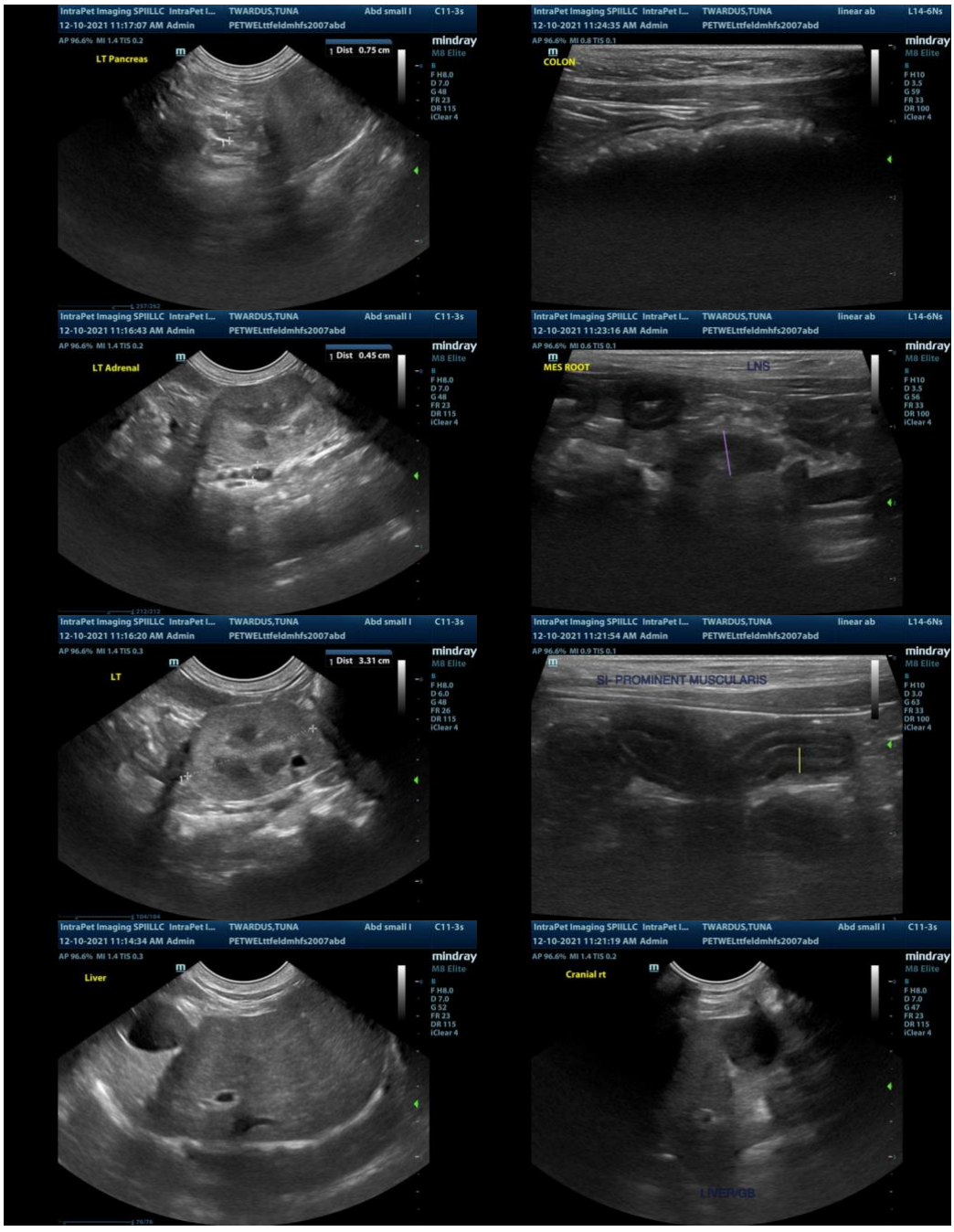
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the bowel appears somewhat thickened with a prominent muscularis layer in some areas. Additionally, there are prominent mesenteric lymph nodes with hyperechoic mesentery around them, most consistent with an inflammatory process. Underlying neoplasia cannot be ruled out but seems less likely.

Consider these options:

- If not already done, consider a hydrolyzed protein or novel protein prescription diet.
- Recommend a probiotic
- Recommend a GI panel, to Texas A & M University, with a qualitative FPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. Additionally, this will screen for exocrine pancreatic insufficiency.
- If not already done, consider screening and treatment for GI parasites.
- If dietary therapy and symptomatic treatment does not result in improvement, then recommend obtaining GI biopsies.
- Recommend urinalysis and culture to investigate the echogenic debris in the urinary bladder.

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LT Pancreas
Dist 0.75 cm
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MES ROOT
LNS
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F H10 D 3.5 G 56 FR 33 DR 100 iClear 4
IntraPet Imaging SPIILLC IntraPet I... TWARDUS,TUNA Abd small I C11-3s
12-10-2021 11:16:20 AM Admin PETWELttfeldmhfs2007abd
AP 96.6% MI 1.4 TIS 0.3
LT
Dist 3.31 cm
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IntraPet Imaging SPIILLC IntraPet I... TWARDUS,TUNA linear ab L14-6Ns
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AP 96.6% MI 0.9 TIS 0.1
SI- PROMINENT MUSCULARIS
mindray M8 Elite
F H10 D 3.0 G 63 FR 33 DR 100 iClear 4
IntraPet Imaging SPIILLC IntraPet I... TWARDUS,TUNA Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.3
Liver
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IntraPet Imaging SPIILLC IntraPet I... TWARDUS,TUNA Abd small I C11-3s
12-10-2021 11:21:19 AM Admin PETWELttfeldmhfs2007abd
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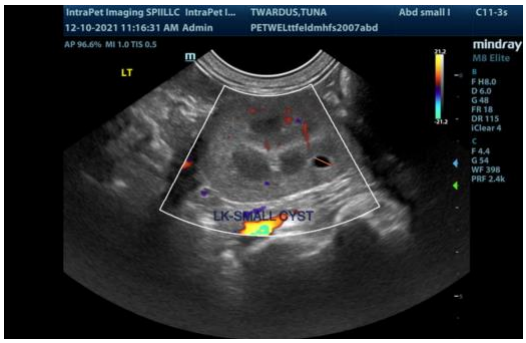
Cranial rt
LIVER/GB
mindray M8 Elite
F H8.0 D 7.0 G 47 FR 23 DR 115 iClear 4



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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