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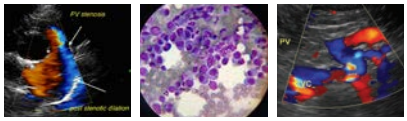

SonoPath
Clinical Sonography & Telecytology
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DATE

12/21/21

PATIENT

Patchy Kiebler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/25/06

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

33617

PRESENTING CLINICAL SIGNS

History: Weight loss, abnormal bnp.
Lab Results: abnormal BNP.
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 minimally distended with urine. No abnormalities are visualized, but evaluation of the urinary bladder is severely impaired due to lack of urine distention.

The left kidney has a normal shape and size (2.92 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 (2.94 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 0.43 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 0.43 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 mildly to 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 visualized and appear dilated and somewhat tortuous, measuring 0.45 cm in diameter. No luminal obstruction is visualized.

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. Duodenum wall measured 0.27 cm. Jejunum wall measured 0.22, 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 normal uniform echogenicity.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Dilated tortuous common bile duct – Correlate these findings with lab work findings. If liver enzymes are normal, this could be an incidental finding, as bile duct dilation can be a normal finding in older cats.

SECONDARY FINDINGS

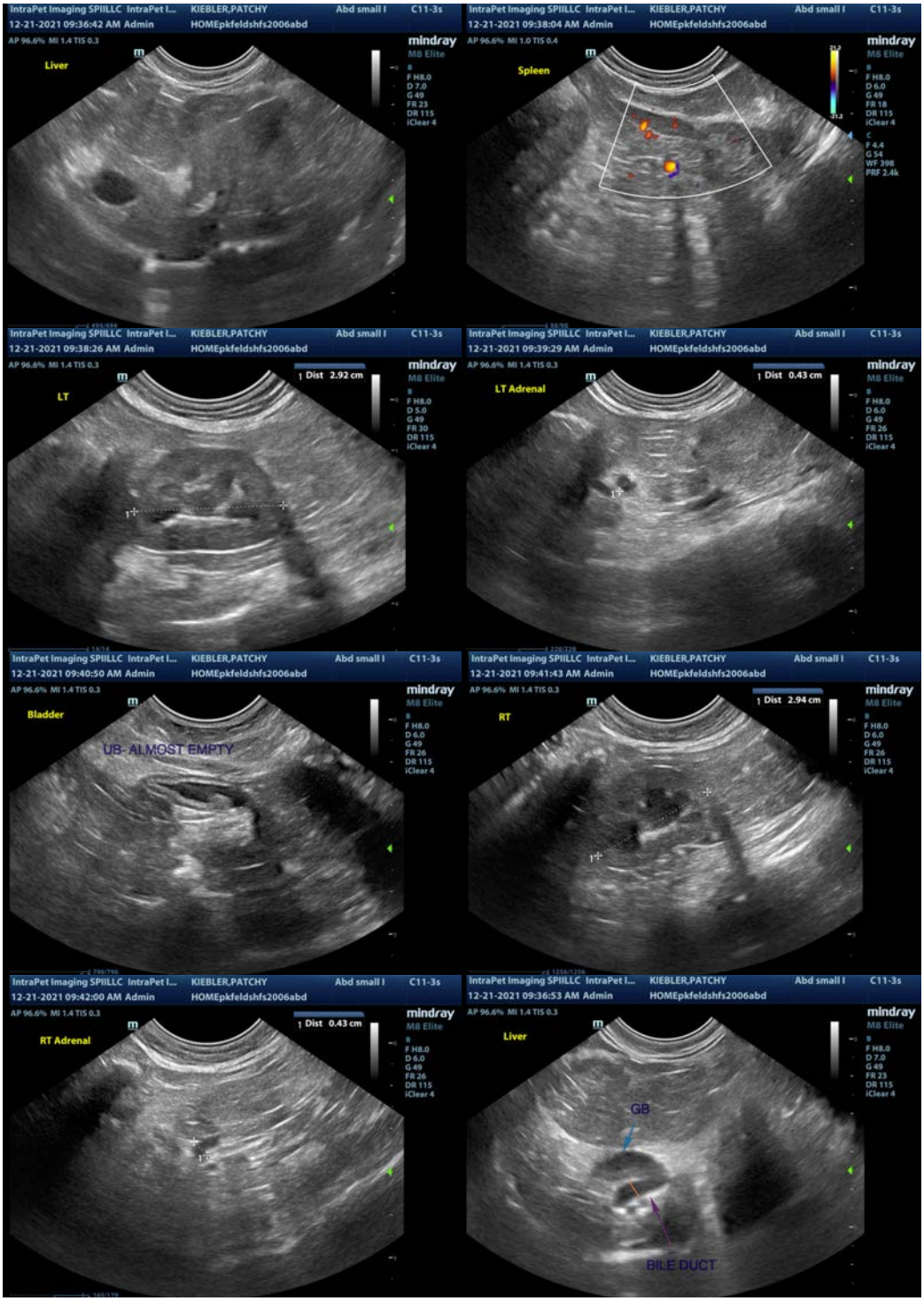
- Lack of urine distention precludes full evaluation of the urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions visualized on today's scan are of questionable significance, as they can sometimes be seen in older normal cats. Correlate ultrasound findings with current bloodwork including thyroid evaluation, blood pressure, and urinalysis. If liver values are elevated, the bile duct distention could be a more significant finding. However, with lack of surrounding inflammation and a normal gallbladder, etc., this could very well be an incidental finding.

The pancreas was mildly prominent and the small intestine appears normal. Nonetheless, underlying small intestinal disease can be a source of weight loss. If clinically appropriate, consider GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Recommend 3-view thoracic radiographs to evaluate for concurrent intrathoracic disease and reevaluation of the urinary bladder when it is more distended with urine.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mindray M8 Elite
Liver
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Spleen
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Bladder
UB- ALMOST EMPTY
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mindray M8 Elite
Liver
GB
BILE DUCT

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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