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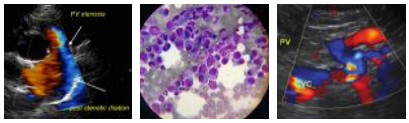

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DATE

12/28/21

PATIENT

Jalepeno Holloway

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/7/10

WEIGHT

8.6 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Creswell VH

REFERRING VET

Dr. Cullum

INVOICE

13204

PRESENTING CLINICAL SIGNS

History: Hx of weight loss. P presented to Animal Emergency Hospital (record attached) on 12/25 for v/d, lethargy, not eating. Radiographs showed severely air dilated intestines, possible mass in abdomen.

Current Medications: Metronidazole Oral Susp 100mg/mL- 0.5 mls PO BID. Oral Buprenorphine 0.3mg/ml - 0.25 mls TRANSMUCOSALLY BID.
Omeprazole 10 mg (per ml) 0.4 mls PO BID, RenaKare Gel 5oz 2.5 mls PO BID. Maropitant Citrate (Cerenia) Tablets 24mg 1/4 TABLET PO SID.
Lab Results: Hypokalemia and renal failure.
Radiographs: Possible mass in abdomen.
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 2cm) 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 (4.3cm). Overall echogenicity is slightly hyperechoic with mild decreased 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 (3.61cm). Overall echogenicity is slightly hyperechoic with mild decreased 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, infarcts or hydroureter. Renal vasculature is normal. Hyperechoic shadowing is visualized in the cortex consistent with a non obstructive nephrolith measuring 0.24cm.

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 right adrenal gland is normal in size measuring 0.49 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 large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder is minimally distended with a slightly thickened wall at 0.2 cm. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible. Wall thickening could be due to lack of gallbladder distention.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with moderate ingesta and gas. 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 layering 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 (between 0.13-0.38 cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis. The pancreatic duct is prominent at 0.23 cm.

Free Abdomen

No free fluid present. There is a mild/moderate mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.81 cm, 0.8 cm, 0.89 cm in diameter. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic irregular pancreas surrounded by hyperechoic mesentery. The pancreatic changes are most consistent with mild to moderate pancreatitis or a recent episode of pancreatic inflammation.
- Large heterogeneous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mild/moderate mesenteric lymphadenopathy. Possible differentials include inflammation, infection or underlying neoplasia.

Secondary Findings

- 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.

- Mildly decreased corticomedullary distinction in both kidneys with a stone visualized in the right kidney. The bilateral renal findings are consistent with age-related change. Additionally, the left kidney is significantly larger than the right kidney, but no distinct lesions are visualized. I recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

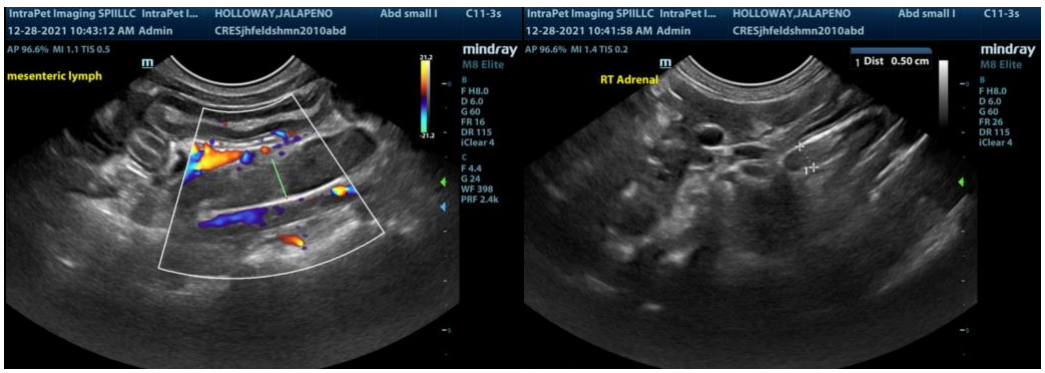
The pancreas is prominent and appears to be surrounded by hyperechoic mesentery. This could be consistent with a current episode of inflammation or a resolving inflammation.

- Recommend a GI panel (to Texas A & M) with a qualitative FPLI, TLI, cobalamin and folate.
- Recommend symptomatic treatment for pancreatitis, including nausea meds, pain meds, etc.
- If the patient is not improving, consider recheck of the pancreas in 1-2 weeks.

Additionally, the liver is heterogenous and there are enlarged mesenteric lymph nodes in the abdomen. No focal mass effect is seen. Consider a fine needle aspirate of the liver, pancreas and mesenteric lymph nodes to look for the possibility of underlying neoplastic change.

The changes observed in the kidneys are nonspecific and could be consistent with chronic disease or acute on chronic change. The large left kidney could represent neoplastic infiltration, but it is relatively normal in shape.

- Recommend blood pressure evaluation
- Recommend urinalysis and culture to look for evidence of pyelonephritis
- Recommend continued monitoring of the kidneys with ultrasound and bloodwork.

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RT
1 Dist 3.61 cm
2 Dist 0.24 cm
RK-STONE
mindray M8 Elite
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LT Adrenal
1 Dist 0.47 cm
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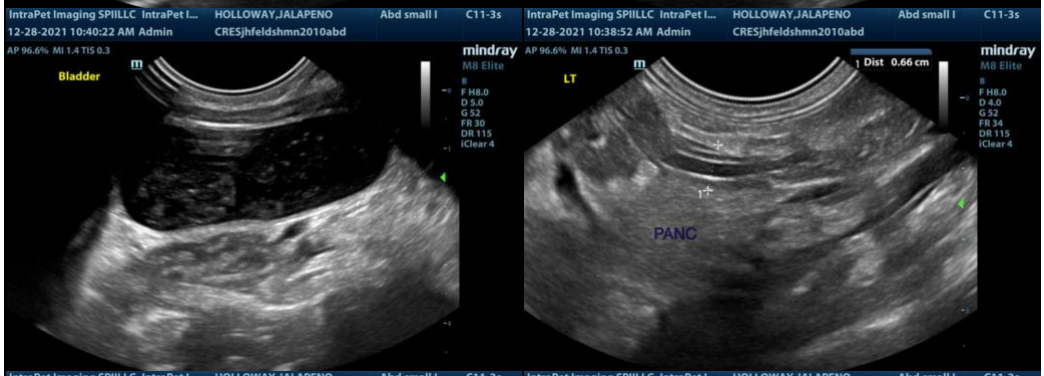
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Bladder
mindray M8 Elite
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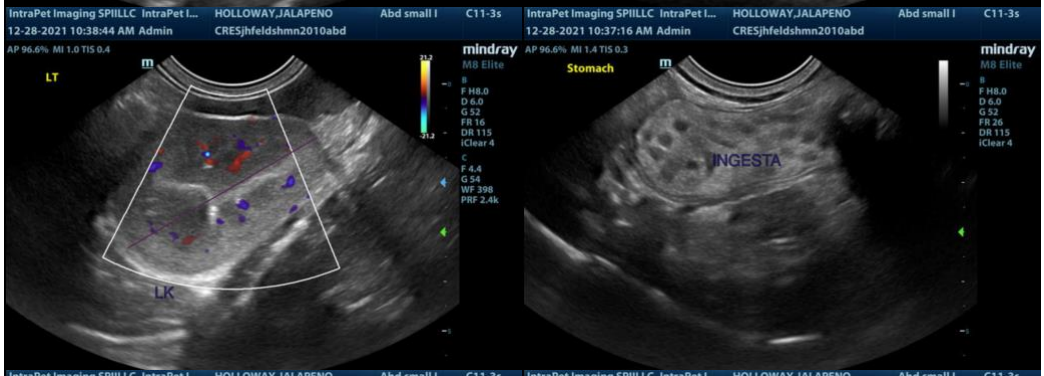
LT
1 Dist 0.66 cm
PANC
mindray M8 Elite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AP 96.6% MI 1.0 TIS 0.4
LT
LK
mindray M8 Elite
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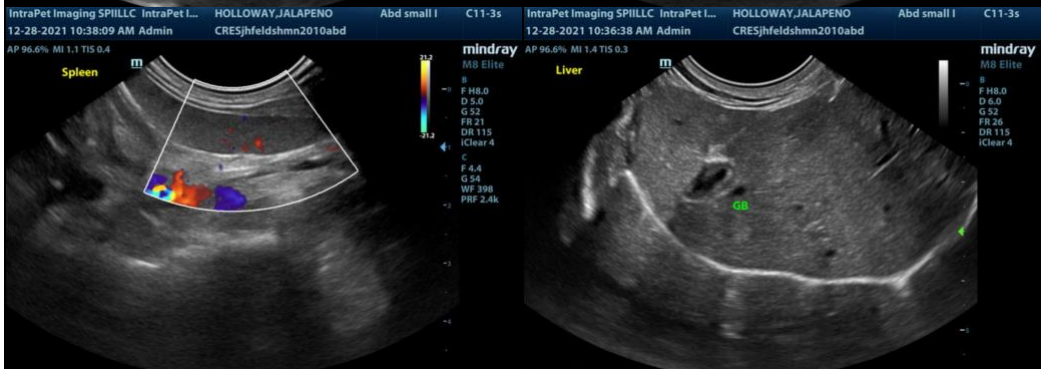
AP 96.6% MI 1.4 TIS 0.3
Stomach
INGESTA
mindray M8 Elite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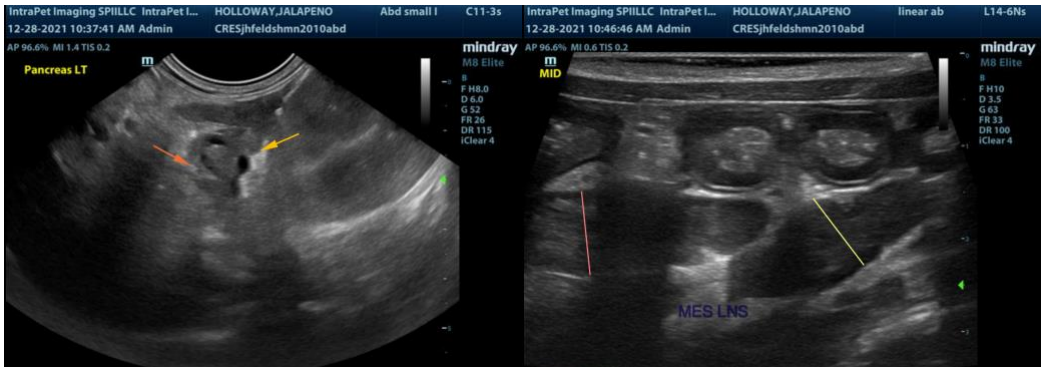
12-28-2021 10:38:09 AM Admin CRESjhfeldshmn2010abd
AP 96.6% MI 1.1 TIS 0.4
Spleen
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... HOLLOWAY,JALAPENO Abd small I C11-3s
12-28-2021 10:36:38 AM Admin CRESjhfeldshmn2010abd
AP 96.6% MI 1.4 TIS 0.3
Liver
GB
mindray M8 Elite



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.

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