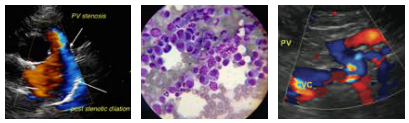
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/11/22

PATIENT
Oliver Hoffman

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
4/12/16

WEIGHT
14.6 lbs

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

HOSPITAL NAME
Tiimonium AH

REFERRING VET
Dr. Kauder

INVOICE
96022

PRESENTING CLINICAL SIGNS

History: Chronic pain (vocalizing) with defecation. Episodes of low frequency defecation (ie twice weekly or less). Also urinating only every few days for a few months.
Current Medications: Current medications: prednisolone 2.5mg eod (did have normal bm's on 5mg eod), Gabapentin 50mg bid. Last month-trials of Cisapride 3mg bid, Onsior 6mg sid, Prazosin 0.5mg bid-did not help with urinary frequency or bm frequency. However, things were near normal with Pred 5mg by Day 11 (days 1-7 pred 5mg bid, then reduced to sid, wean to follow).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

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 (4.29 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 (4.06 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 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. The jejunum measured 0.25 cm. 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. 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, 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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

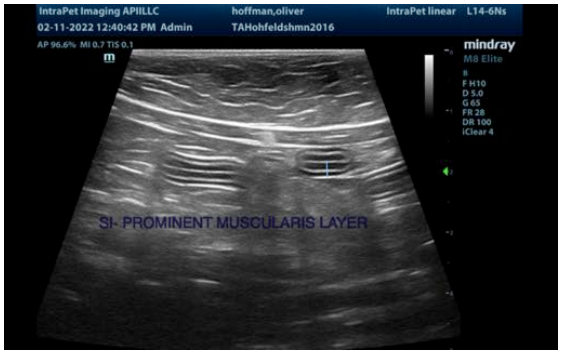
- Mild echogenic debris in the bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture

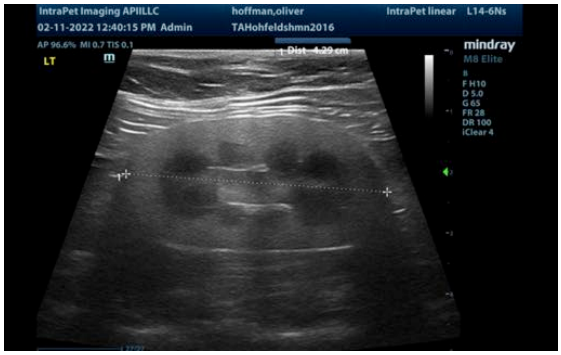
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

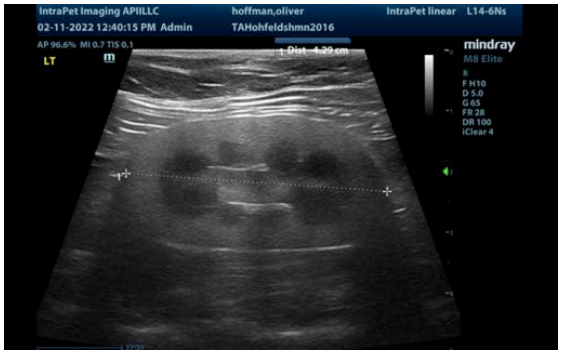
The ultrasonographic lesions visualized today were relatively mild. There were a few small, hyperechoic speckling structures visualized in the urinary bladder. These could be insignificant, but I recommend urinalysis and culture if not already done.

Additionally the muscularis layer is somewhat prominent in the small intestine. This can be an indicator of inflammation although small intestinal disease would typically cause diarrhea, weight loss or vomiting, which is not consistent with the reported clinical signs.

If this patient is having trouble urinating this may be consistent with an upper motor neuron lesion. Are there any neurologic signs, lack of a tail, etc. ? Is the bladder getting very very large between urination episodes? Does the owner observe urination and defecation? These are things I would consider to try to determine if there is discomfort or difficulty with these processes. Additionally abdominal radiographs may help to see if there is a back up of stool or any mineralization in the distal urinary tract. If this is a compliant cat you can consider a rectal exam to palpate the distal urethra and to feel for any intrapelvic narrowing etc. If pain on defecation persists you can consider a colonoscopy.







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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