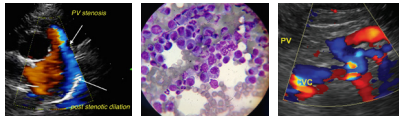


IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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DATE PRESENTING CLINICAL SIGNS

2/18/22 History: ADR, weight loss.

PATIENT Current Medications: responds to B12 injections and subqfluids - p is still eating.

Jessie James Tunanidas

Lab Results: see previous lab results. CPLI - negative. ALT in December was elevated // as of 2 weeks ago normal. Attached separately.

SPECIES

Feline

Radiographs:

Date of Previous IntraPet Ultrasound: 12-03-2021.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

SEX

Neutered Male

AGE

3/25/14

WEIGHT

9.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Moffa

INVOICE

35756

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, or masses. There is a solitary stone visualized in the dependent portion of the urinary bladder measuring 0.56 cm. This stone appears stable from the last ultrasound.

The left kidney has a normal shape and size (4.34 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 (4.15 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 0.39 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 0.40 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 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 <0.36cm 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. Jejunum wall measured 0.22 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. Deep on the left side of the pancreas, there is a hypoechoic nodule visualized measuring 0.97 cm x 0.91 cm. There is relatively minimal surrounding focal inflammation around this lesion, and it could be consistent with either a mass effect, cyst or abscess. Overall, cranial abdominal inflammation appears improved.

Free Abdomen

There is scant anechoic free fluid visualized in the area of the spleen. There is no lymphadenopathy. In general, the hyperechoic mesentery appears somewhat improved. There is no focus visualized. Findings are consistent with mild/moderate inflammation.

ULTRASONOGRAPHIC FINDINGS

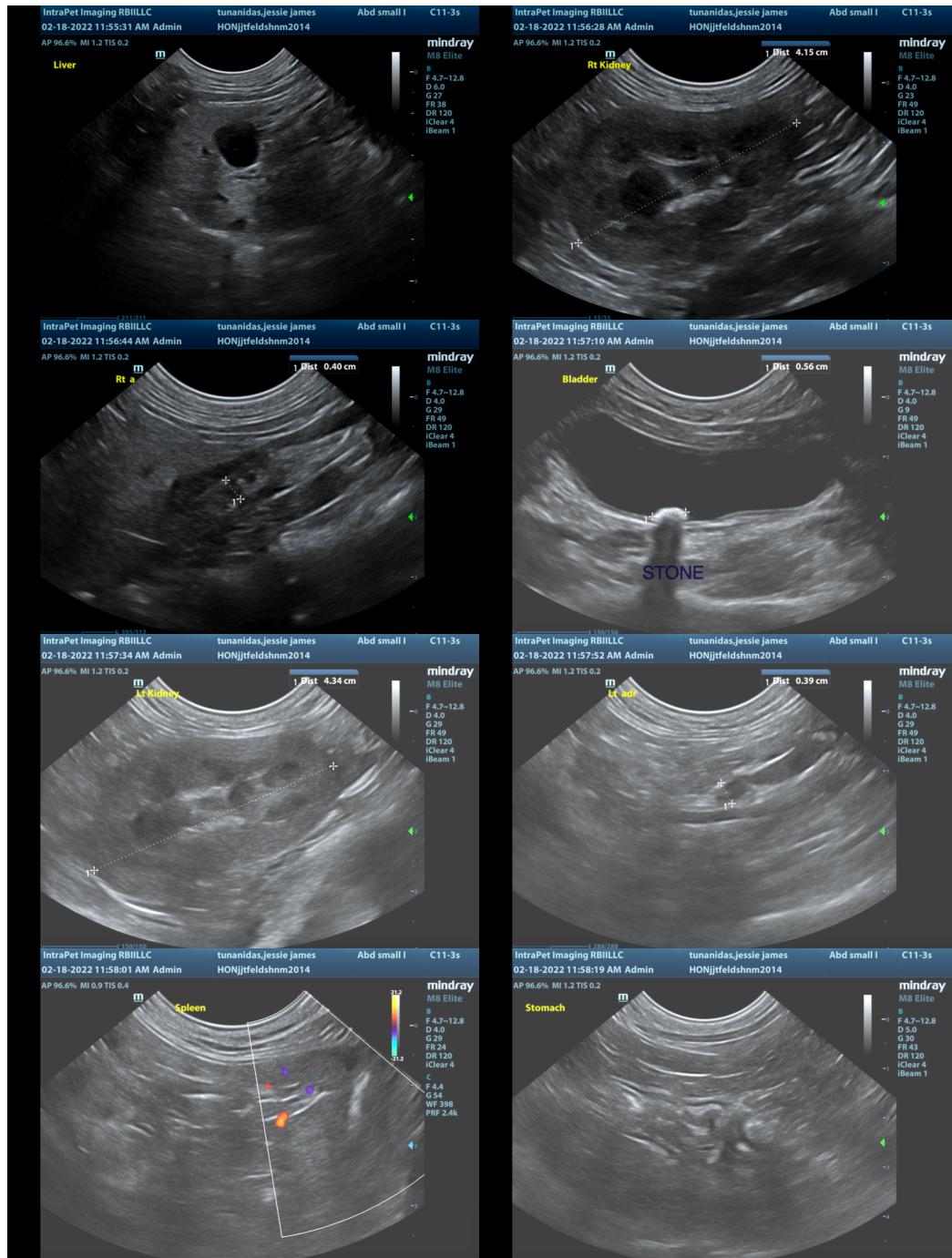
- Hypoechoic, prominent pancreas with focal hypoechoic nodule – Findings are most consistent with mild to moderate pancreatitis and either a mass or cystic lesion (could be abscess).
- Stable bladder stone
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Hyperechoic mesentery with scant free fluid – The degree of inflammation in the abdomen appears to be improving.

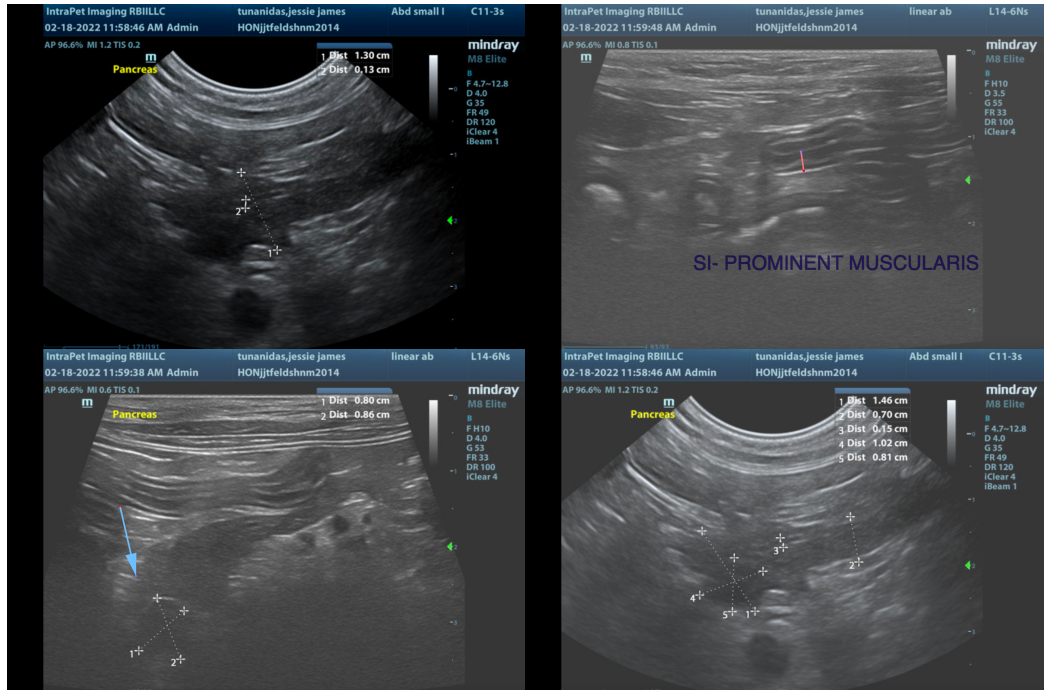
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previous severe cranial abdominal peritonitis appears somewhat improved. I suspect that is why we can visualize the pancreatic lesion on today's scan. If there is some degree of clinical improvement as suggested by the normalization of the ALT and the mild improvement and abdominal inflammation, then I would consider continued medical management and recheck ultrasound in 2-4 weeks, sooner if the patient is not doing well. Often, we would consider sampling the pancreatic lesion, particularly if it could be fluid filled, but I suspect this is deep and would be challenging to reach.

The stone in the urinary bladder appears stable, and the liver changes are stable to slightly improved. There is persistent prominence of the muscularis layer of the small intestine. This is a subjective finding. The reported B12 deficiency (or at least the need for cobalamin supplementation) supports the likelihood of underlying gastrointestinal disease. Overall, I suspect there is mild improvement, but there is still significant

improvement that needs to take place.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)
 kathleen.sennello@sonopath.com