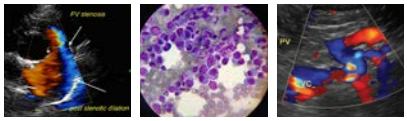
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

2/21/2023

PATIENT

Carmilla Jasion

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/1/2007

WEIGHT

7lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Stephens

INVOICE

10059

PRESENTING CLINICAL SIGNS

History of GI protein loss, anemia, CRF. Presented on 2/20/23 for check eye- left eye has detached retina and glaucoma. Cranial abdominal mass palpated on 2/20/23.

Current Medications: Felimazole 2.5mg BID, Prednisolone5mg EOD.
Just started on 2/20/23: Pred acetate 1 drop OS BID, Dorzolamide 1 drop OS BID.
Lab Results: Normotensive on 2/23- 134/114. 2/16/23: BUN 32, CREA 2.7.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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, masses, or cystic calculi.

The left kidney has a normal shape and size (3.1 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal 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 (3.24 cm) with small mineralizations, one such mineralization measures at 0.52 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal 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 is visualized.

The right adrenal gland is normal in size measuring 0.45 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 mild and 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 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 jejunum measured as normal (0.31 cm.) Visualized peristalsis appears appropriate. The ileum is visualized approaching the ileocecal junction and appears very abnormal in that it is thickened, with complete loss of layering. This abnormal section of ileum extends over 5.0 cm in length and the bowel wall in this region measures at 1.0 cm in thickness.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. (See small intestine for description of the abnormal ileum.)

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.

PRIMARY FINDINGS

- Severely thickened ileum with loss of layering. Findings are most concerning for infiltrative disease affecting the ileum (round cell neoplasia, carcinoma, FIP, etc.)

SECONDARY FINDINGS

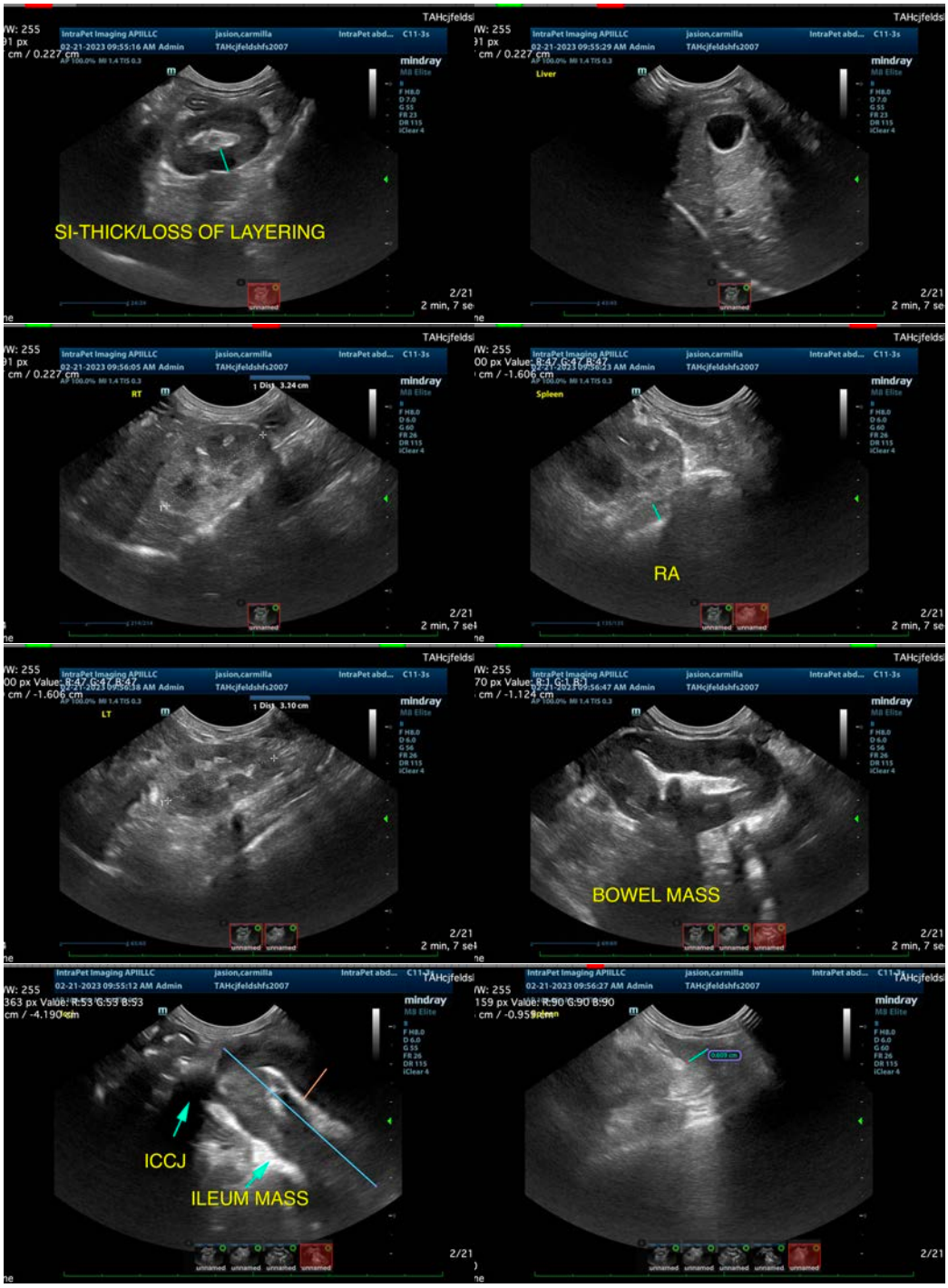
- Decreased corticomedullary distinction in both kidneys with small right sided mineralizations. The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ileum appears severely thickened with a complete loss of layering as it approaches the ileocecal junction creating a mass effect, this is likely what has been palpated on physical exam. These findings are concerning for infiltrative disease, and the ileocecal junction is a predilection site for both lymphoma and FIP. Recommend a fine needle aspirate of the thickened wall of the ileum, for cytologic analysis.

Additionally, recommend three view thoracic radiographs. If a cytologic diagnosis cannot be obtained based

on fine needle aspirate, consider surgical biopsies.



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.

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