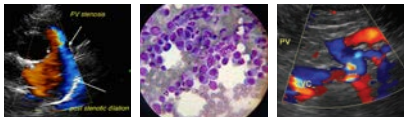
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/21/23

PATIENT

Topenga Kraus

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

2/14/20

WEIGHT

7 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Breidenbaugh

INVOICE

45435

PRESENTING CLINICAL SIGNS

Presented on 2/14/23 as initial presentation for weight loss. Initially seems interested in food but eating much slower, pausing, licking her lips, and shaking her head. On PE gums pale pink, no obvious masses or discrete areas of gingivitis noted, mild to moderate tartar accumulation caudally. OD slight microphthalmia with corneal scaring with mild serous discharge OU. Upper respiratory noise ausculted. MCS decreased (2/3) and 4-5/9 body condition score, apparent generalized muscle wasting.

Current Medications: gabapentin 25-50mg BID since 2/14/23.
Lab Results: CBC: low rbc (6.21), high MCH (17.1), leukocytosis (25.8k), with neutrophilia (18.8k), lymphocytosis (5.93k), monocytosis (0.8k), false thrombocytopenia (61k). CHEM: low BUN (12), elevated total protein (11.2) with hyperglobulinemia (8.9) and low albumin (2.3), low AG ratio (0.3), low ALT (24) and ALP (6), elevated total bili (1.0), unconj (0.5) conj (0.5). UA: urine to follow. T4: 1.8 WNL. Pending infectious disease PCR.
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 (2.79 cm). Overall echogenicity is normal with adequate 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 (3.21 cm). Overall echogenicity is normal with adequate 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 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 is visualized.

Spleen

The spleen is large (1.15 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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 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. Jejunum wall measures 0.27 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. There are numerous large hypoechoic lymph nodes visualized. A lymph node in the cranial abdomen is visualized measuring 2.21 cm x 1.38 cm. A cluster of hypoechoic lymph nodes around the ileocecal junction measure 1.75, 1.96, and 1.32 cm in diameter. The omentum is hyperechoic around these enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Borderline large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate to severe mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

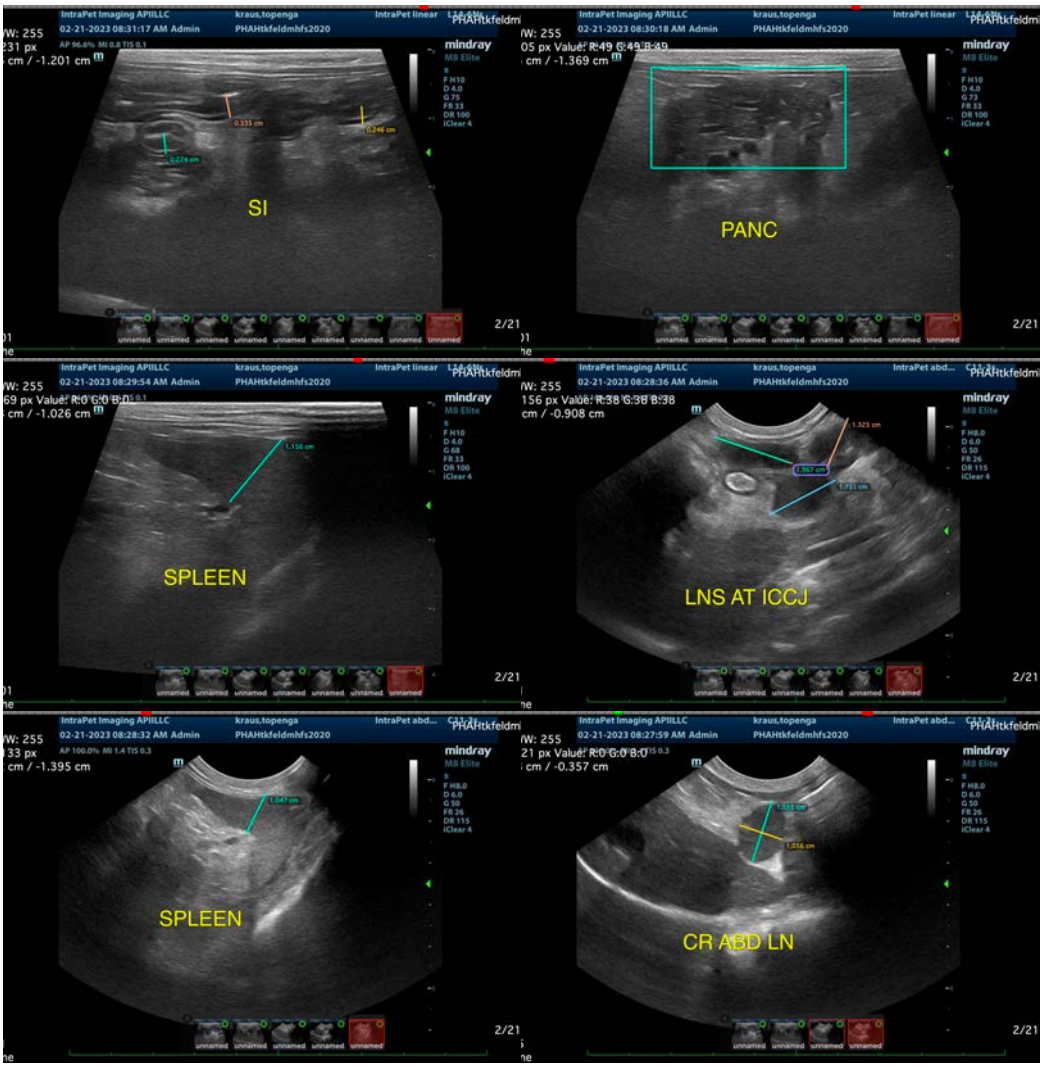
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

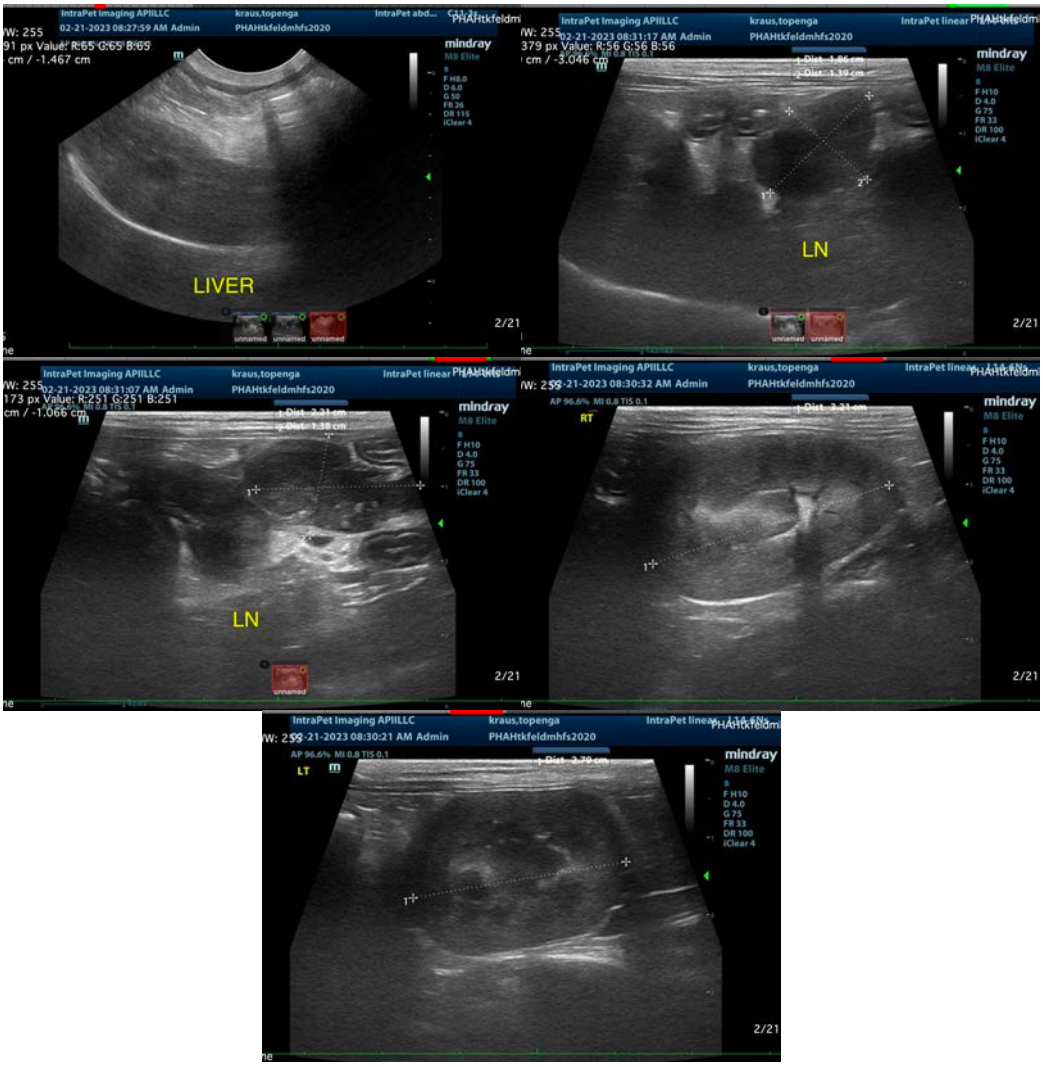
There are large, hypoechoic lymph nodes visualized in the cranial abdomen and around the ileocecal junction. A fine needle aspirate of one of these enlarged lymph nodes with cytologic evaluation is recommended. Additionally, the spleen has a fine mottled/reticulated pattern. This is a non-specific finding but can be associated with round cell neoplasia in some situations. Consider a fine needle aspirate. The changes

observed in the liver and pancreas are non-specific. No focal lesions are visualized.

The most likely differentials include infectious disease or round cell neoplasia. Consider the possibility of FIP, toxoplasmosis, bartonella, etc., particularly if a lymph node aspirate is not consistent with lymphoma. Additionally, a fine needle aspirate of the spleen could be considered, as this can yield both atypical cells and organisms, potentially helping with a diagnosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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