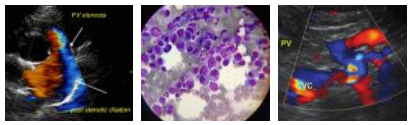
IMAGING PERFORMED BY

IntraPet.com



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DATE
05/26/2022

PATIENT
Ozzy Shipp

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
11 yr

WEIGHT
14.8 lb

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

HOSPITAL NAME
Bayside Medical Center

REFERRING VET
Dr. Buchanan

INVOICE
10680ag

PRESENTING CLINICAL SIGNS

Weight loss of 2lbs in 6 months. PU/PD, BW NSF.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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. 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 left kidney measured 4.32 cm in length.

The right kidney has a normal shape and size. 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 measured 4.34 cm in length.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 0.4 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 borderline “plump” measuring 1.0 cm in width at the level of the hilus. There are occasional hyperechoic foci visualized within the parenchyma. These lesions do not deviate the splenic capsule.

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. The jejunum measured 0.29 mm in diameter. 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 hypoechoic and prominent with prominent pancreatic duct. 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 occasional clusters of prominent mesenteric lymph nodes visualized towards the root of the mesentery, examples measuring 0.53 cm and 0.37 cm. The omentum is slightly hyperechoic around these nodes.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic prominent pancreas with prominent pancreatic duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent muscularis layer in 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.
- Occasional prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Borderline “plump” spleen. The spleen has occasional hyperechoic foci but largely appears normal. If there is concern for underlying round cell neoplasia, consider a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

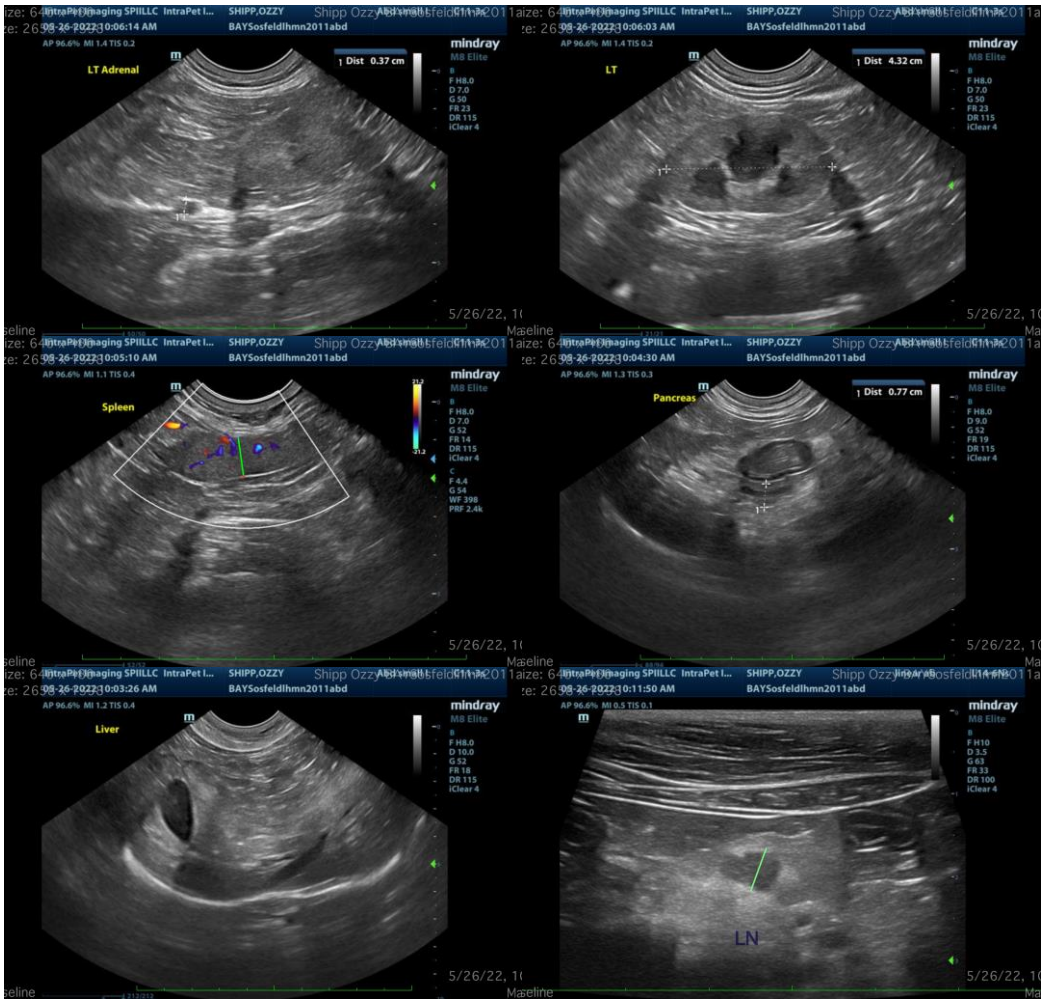
The lesions observed on todays scan are relatively mild. The SI has a prominent muscularis layer, this can be associated with intestinal inflammation but can also be seen in some normal older cats. Additionally, the pancreas is hypoechoic and prominent. Consider a GI panel to Texas A&M for a qualitative fPLI/TLI/Cobalamin/Folate to further evaluate the pancreatic and SI changes observed.

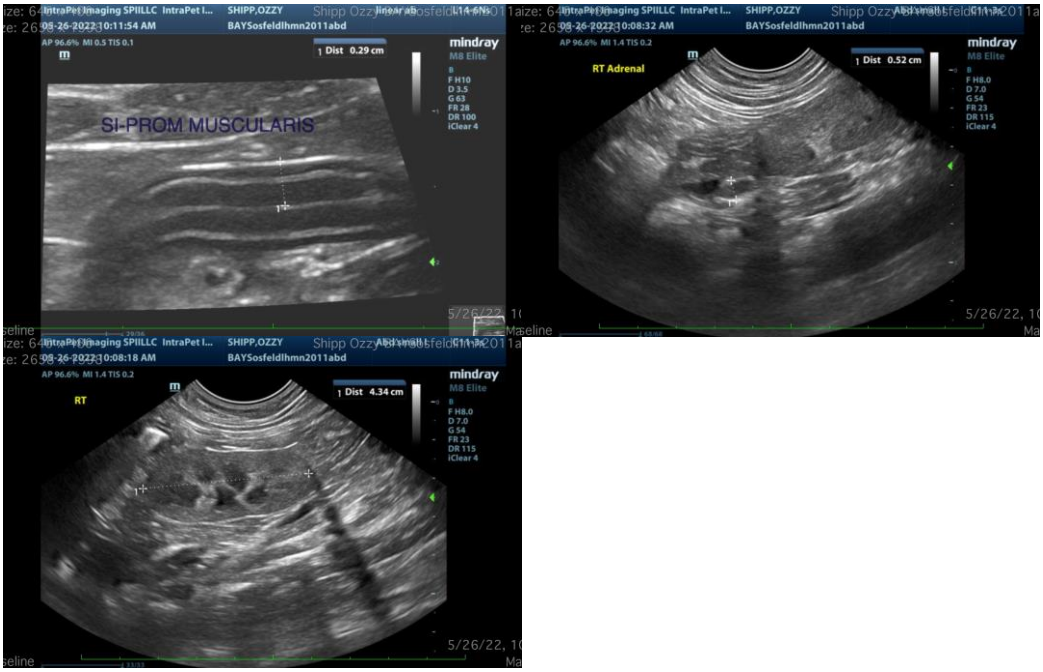
The spleen appears relatively normal with occasional hyperechoic foci. These lesions trend towards the benign but if there is concern for underlying round cell neoplasia then consider a FNA.

There are occasional clusters of prominent mesenteric lymph nodes, this is supportive of the idea of SI inflammation.

- Recommend a novel protein or hydrolyzed protein prescription diet
- Consider the previously mentioned GI panel
- Consider chronic probiotic therapy
- If there is no response to the diet change and supportive therapy, then consider obtaining GI biopsies.

An obvious cause for the PU/PD reported is not visualized. Recommend a full chemistry panel with Ca levels etc. and three view chest radiographs to look for evidence of concurrent thoracic disease.





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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