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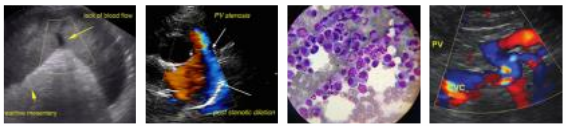


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Alfredo Hancock

SPECIES

Feline

BREED

DSH

SEX

Nautered Male

AGE

10 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

INVOICE NUMBER

15842

DATE

6/1/22

PRESENTING CLINICAL SIGNS

History: - Intermittent diarrhea for the past year. Some improvement on Metronidazole and Fortiflora, but diarrhea eventually returns. - Gradual decrease in appetite. Eats an OTC maintenance diet. No vomiting observed. - Long history of inappropriate urination- started Fluoxetine for this but owners were concerned this was causing diarrhea and eventually discontinued. - Physical exam: thin BCS (3.5/9), muscle atrophy, moderate dental disease Abnormal PE/Chem/CBC/UA Results: Mild hypocalcemia (7.8, n=8.2-10.8), mild neutrophilia (14,190, n=2500-8500) Normal T4 and fecal

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. There is a small rounded thin-walled circular structure towards the apex of the urinary bladder, which is most consistent with a urachal remnant.

The left kidney has a normal shape and size (4.44 cm). Overall echogenicity is slightly hyperechoic with decreased 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 (3.8 cm). Overall echogenicity is slightly hyperechoic with decreased 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 0.36 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.

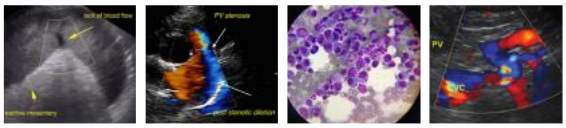
The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed



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The gall bladder 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 to mucosa layer ratio. The duodenum measured 0.38 cm in diameter and the jejunum measured 0.27 mm in diameter. Visualized peristalsis appears appropriate. There is a section of bowel in the mid abdomen, which has a severely thickened wall, measuring 0.71 cm. The definition between the muscularis and the mucosal layer is intact, but severely thickened. Findings are most consistent with a bowel mass (inflammatory, benign, atypical neoplastic lesion).

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

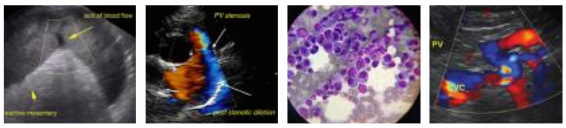
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid present. No lymphadenopathy is noted, and the omentum is of increased echogenicity generally.

ULTRASONOGRAPHIC FINDINGS

- Irregular structure at the apex of the urinary bladder. Findings are most consistent with a urachal remnant. This is likely incidental, unless recurrent urinary tract infections are occurring.
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large heterogeneous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.



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- Diffusely thickened small intestine with prominent muscularis layer in addition to a focal severely thickened abnormal bowel loop. Findings are most consistent with a primary bowel mass (differentials include benign lesion such as linear FB, inflammatory lesion, atypical neoplastic lesion etc..)

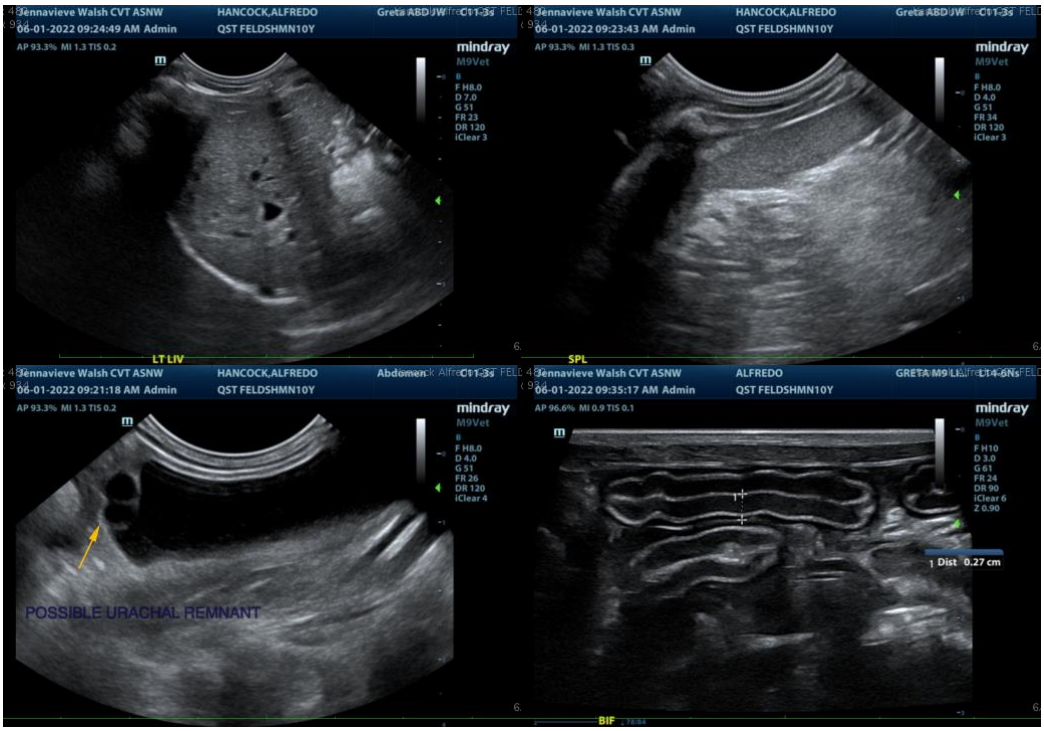
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a section of bowel visualized, which is very abnormal. It is severely thickened with a prominent hypoechoic wall and hyperechoic thickened mucosa, creating a mass effect within the bowel. This is concerning for a possible neoplastic process, but intact wall layering would indicate that possible benign etiologies are also a possibility. I recommend surgical evaluation (and likely resection) of this area of bowel, alternately a fine needle aspirate of the wall of the bowel mass could be considered but I suspect removal of this area will be necessary regardless and there is a small concern for intraluminal foreign material (linear). I recommend biopsies of unaffected small intestine as well.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

The pancreas is prominent and hypoechoic, and the liver is heterogeneous and large. These changes could be consistent with infiltrative disease or inflammation. Consider a GI panel (to Texas A & M) for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the small intestine and pancreatic changes observed. Additionally, consider a fine needle aspirate of the liver, if coagulation parameters are normal.

I recommend an ionized calcium PTH to further evaluate the hypocalcemia reported and determine its significance.



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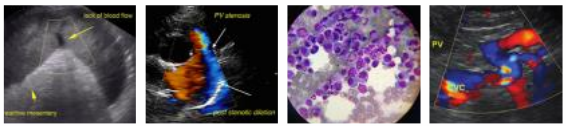

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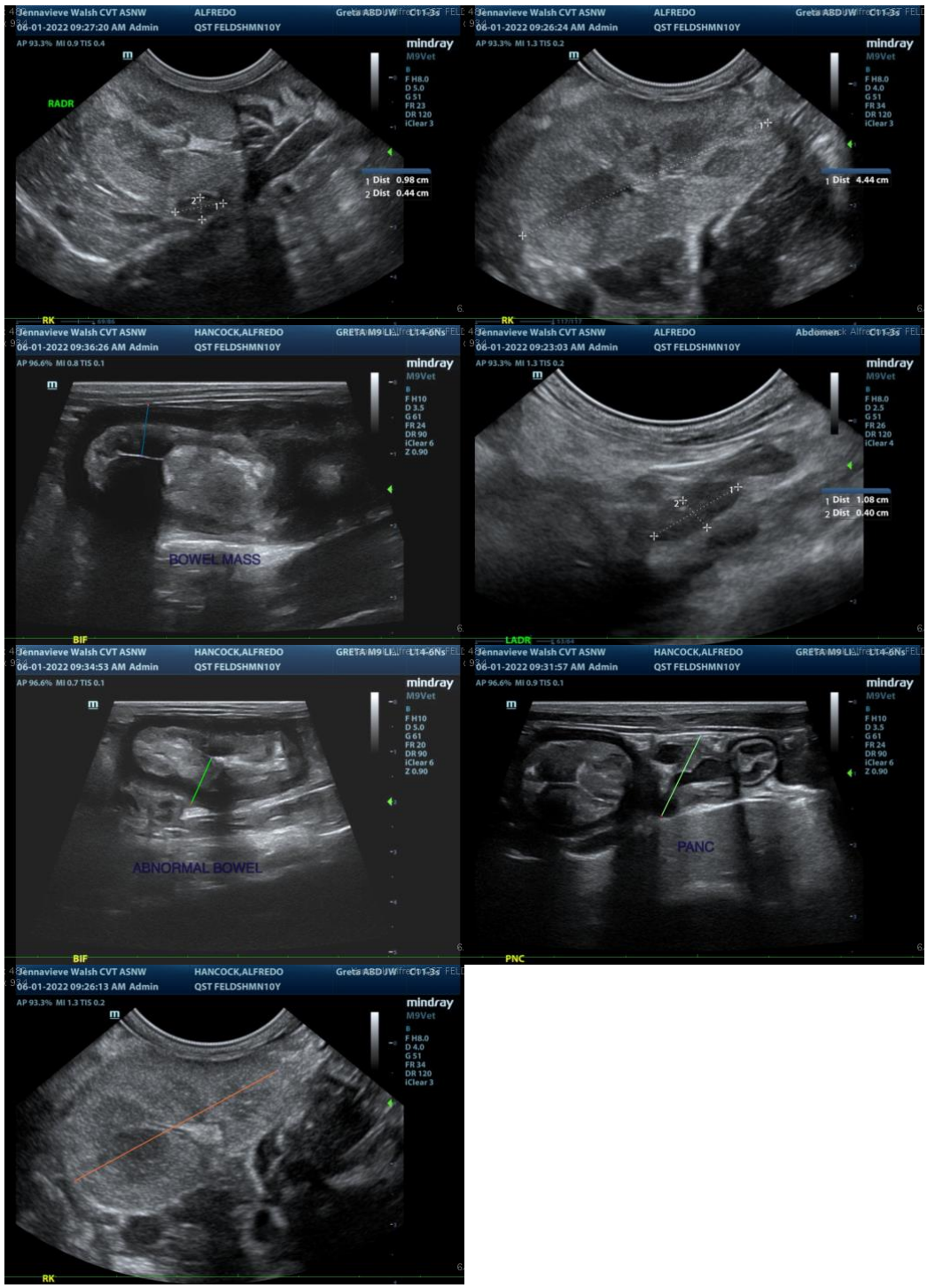

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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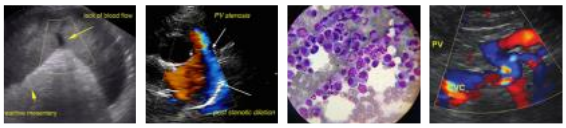

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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