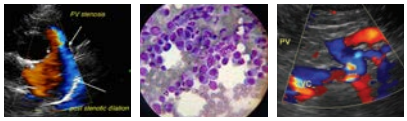
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/21/23

PATIENT

Rose Tyler

SPECIES

Feline

BREED

Siamese X

SEX

Spayed Female

AGE

3/10/08

WEIGHT

6.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

43334

PRESENTING CLINICAL SIGNS

Losing weight over time; mentioned at time of annual exam. On exam, patient had lost weight (BCS = 2/5), had periodontal disease, and was resistant to hip extension bilaterally.

Current Medications: Methimazole 5 mg -- 1/2 tab PO BID (chronic use for years).
Lab Results: CBC: Elevated lymphs 6266 /uL. Chem: Elevated Ca++ 11.7 mg/dL. T4: WNL.
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 (3.13 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 (3.33 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 left adrenal gland is normal in size measuring 0.43 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 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 subjectively normal in size (0.80 cm), 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 gall bladder lumen is moderately distended. The wall of the gall bladder appears mildly hyperechoic, prominent and thickened, measuring approximately 0.25 cm. There is a moderate amount of non-organized echogenic debris. Areas of the bile duct are visualized and appear mildly dilated with thickened wall and some intraluminal debris measuring 0.36 cm in diameter.

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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.20 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 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. There is a diffuse mild mesenteric lymphadenopathy visualized with lymph nodes measuring 0.37 cm at the mesenteric root, 0.26 cm in the region of the ileocecal junction, and 0.33 cm and 0.22 cm. The omentum is generally of normal echogenicity.

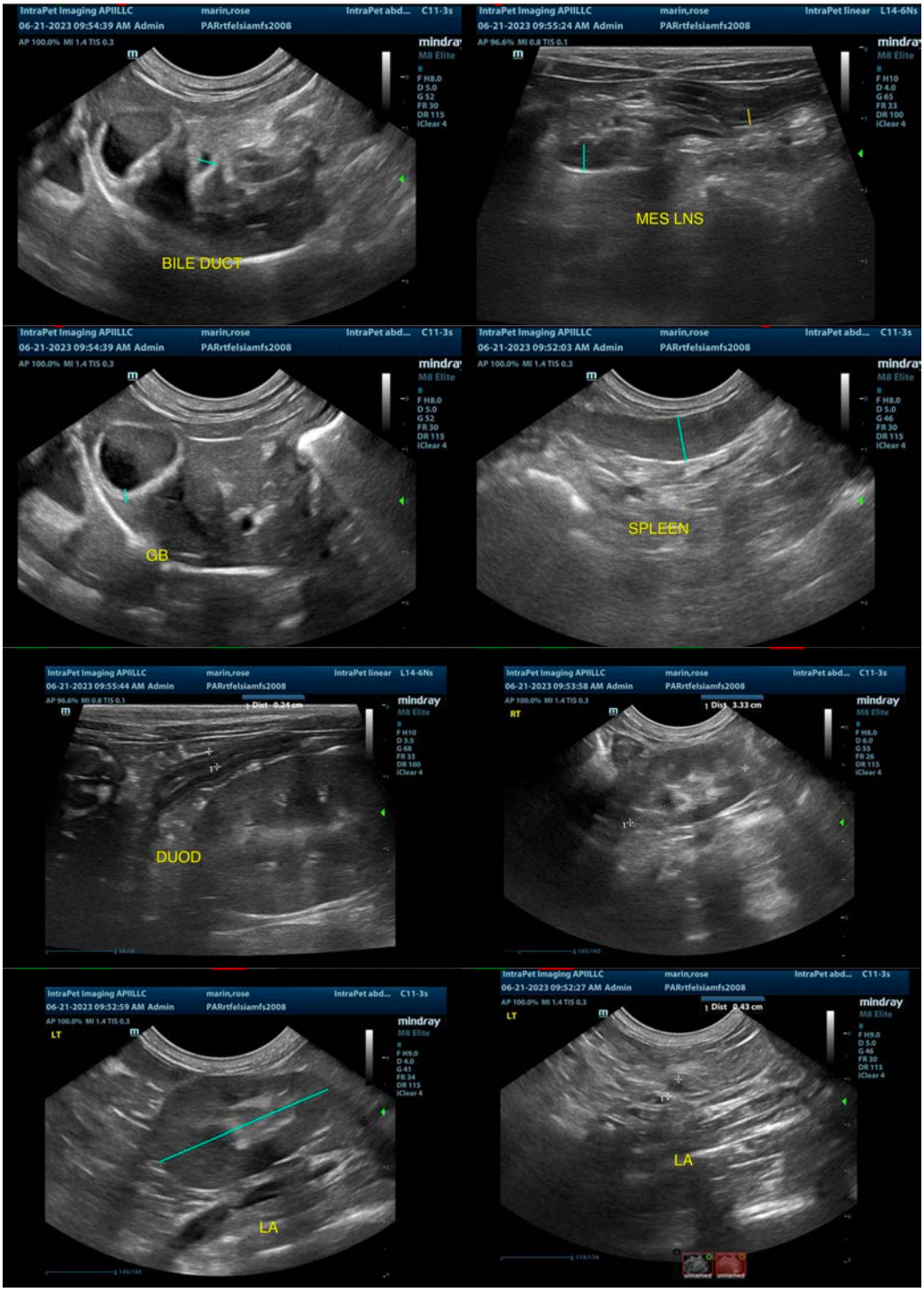
ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Thickened, prominent gallbladder wall with a mildly dilated/thickened bile duct – Findings could be consistent with cholecystitis.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder wall appears mildly prominent and thickened on today's exam, and the bile duct is prominent and mildly dilated with a thickened wall and some intraluminal debris. These findings could be consistent with cholecystitis, although it is unusual to not see any liver enzyme elevations. These changes can sometimes be seen along with Triaditis. No significant evidence of pancreatitis or GI disease is observed, although some of these findings (particularly gastrointestinal disease) can have relatively mild changes. You could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine for evidence supporting possible underlying disease. Additionally, you could consider an Ursodiol trial +/- antibiotics (if antibiotics are used, recommend concurrent use of probiotics spaced at least 2 hours apart), although this is questionable with the lack of liver enzyme elevation.

The calcium is mildly elevated. Hypercalcemia could be correlated with weight loss. Recommend an ionized calcium and PTH level to try and determine how significant this finding is. Additionally recommend 3-view thoracic radiographs and possibly a pathologist review of a blood smear to further evaluate the lymphocytosis. Additionally, you could consider trying a novel protein/hydrolyzed protein prescription diet and probiotic therapy. If symptoms are progressing, consider recheck lab work and reimaging in the future to try and determine if there is evidence of progression of any of these changes.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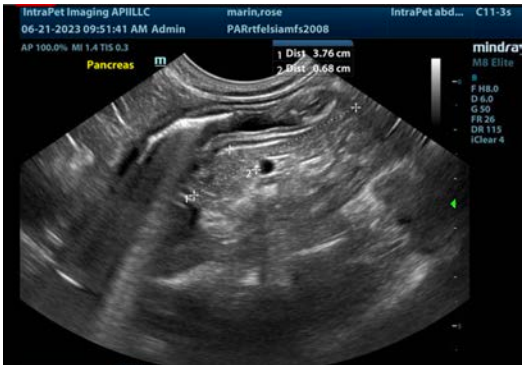

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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