

IMAGING PERFORMED BY

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DATE PRESENTING CLINICAL SIGNS

6/22/22 1-2 month history of progressive inappetence.

PATIENT

Duncan Mullineaux

Current Medications: Transdermal compounded methimazole (2.5 mg/click - 1 click on ear BID) since 6/1/22 - had been receiving oral methimazole at same dose from 5/20/22 until that time, but did not tolerate it well, Cerenia 16 mg (1/2 tab, PO, SID) since 6/13/22, Buprenorphine (0.6 mg/mL) - 0.1 mL OTM, BID since 6/18/22

SPECIES

Feline

Lab Results: Recently diagnosed as hyperthyroid on blood work done on 5/19/22. Elevated TT4: (6.9 ug/dL on 5/19/22 and 5.3 ug/dL on 6/18/22); Elevated amylase: (5972 IU/L on 5/19/22 and 5048 IU/L on 6/18/22). Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SEX

Neutered Male

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.

AGE

4/2/08

The left kidney has a normal shape and size (3.85 cm). 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.

WEIGHT

11.56 Pounds

The right kidney has a normal shape and size (4.33 cm). 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

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.

HOSPITAL NAME

Stevenson Village VH

Spleen

The spleen is normal/borderline large in size (1.2 cm in width at the level of the hilus), echotexture is homogenous. It is somewhat irregular in shape with a "bulge" at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Rathbun

Liver

The liver is subjectively normal 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.

INVOICE

38975

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. Jejunum wall measured 0.21 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 mottled 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Borderline large, irregularly shaped spleen – The parenchyma appears relatively normal. This is likely an anatomic irregularity, but infiltrative disease cannot be ruled out as a possibility. Consider a fine needle aspirate.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Mildly prominent muscularis layer to 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

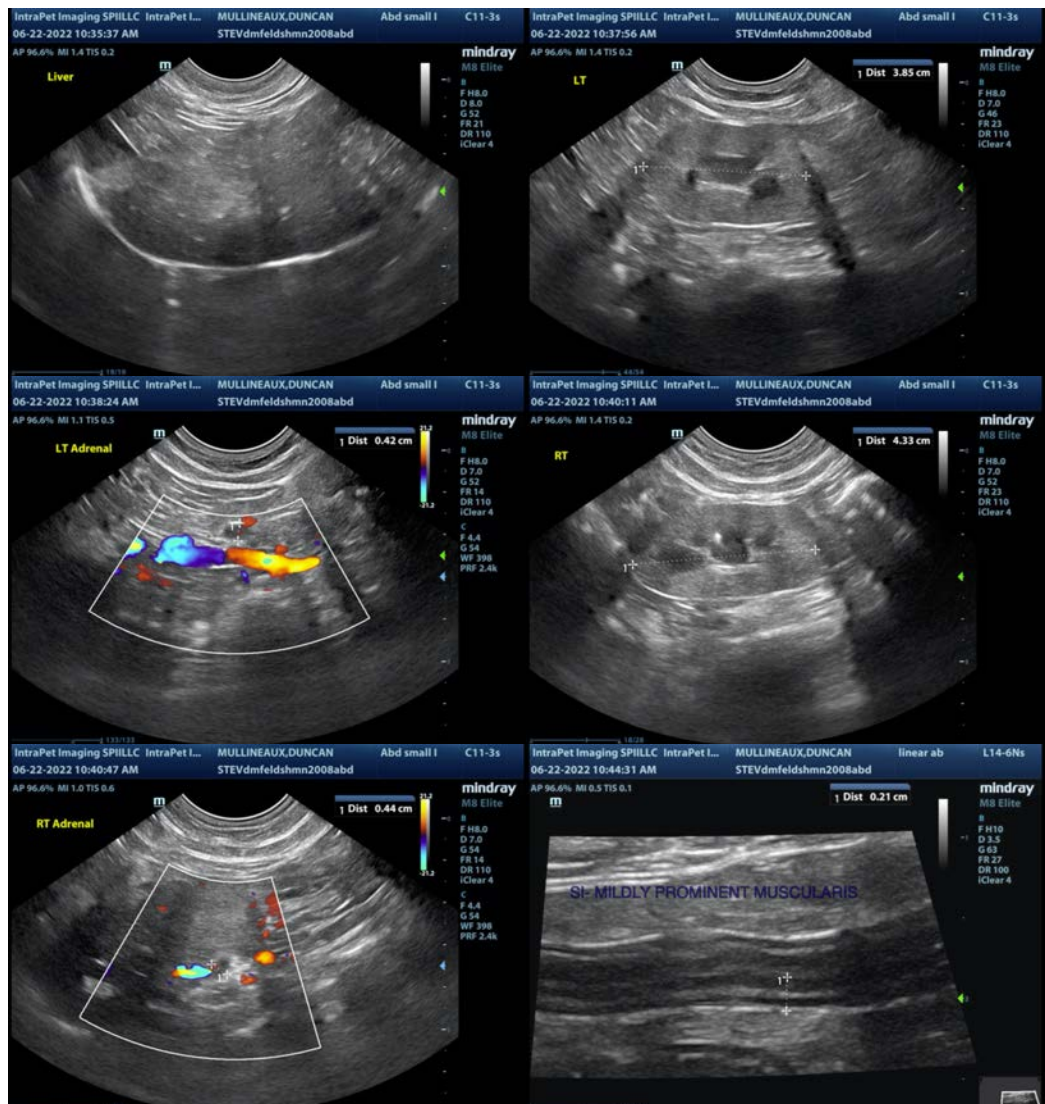
Today's scan is relatively normal. There are some subtle changes that are of unknown significance. The spleen is somewhat prominent and has a slight irregularity in the splenic capsule. This may represent anatomic

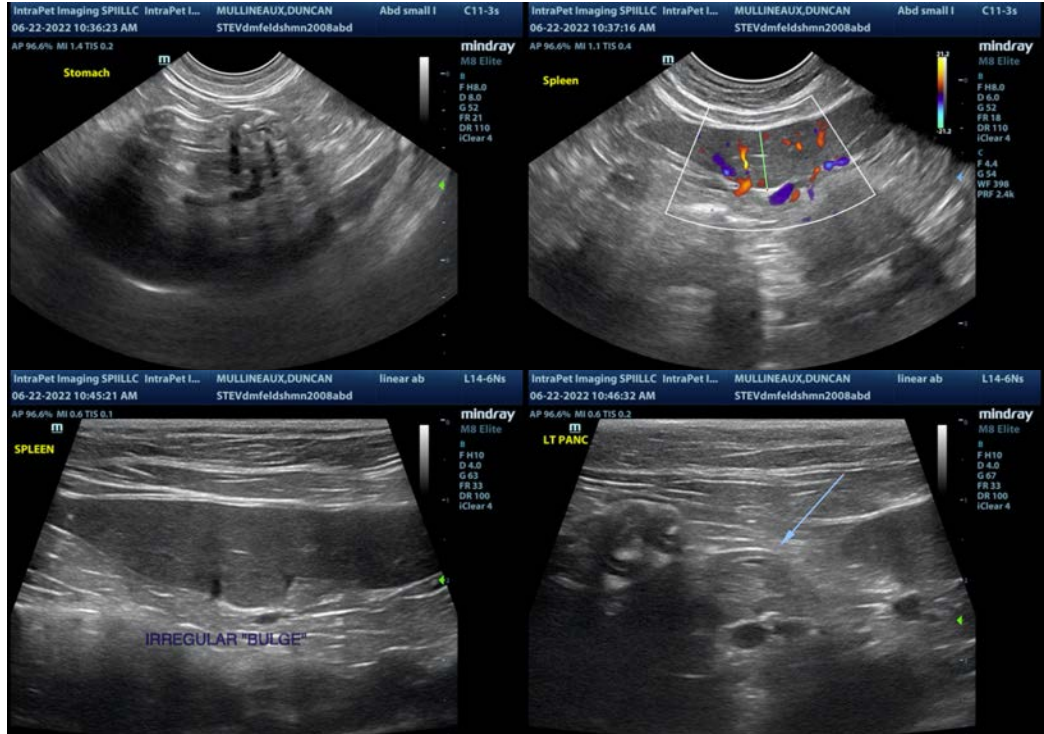
variation, but a fine needle aspirate of the spleen could be considered to rule out infiltrative disease. Additionally, the pancreas is slightly prominent. This is most consistent with age related remodeling/previous episodes of pancreatic inflammation, but if a quantitative PLI is positive, this could represent chronic pancreatic inflammation. Additionally, there is a small amount of debris in the gallbladder, and the liver is slightly heterogeneous. In the absence of significant liver enzyme elevations, the significance of this is unclear.

In some views, there is a subtle prominence of the muscularis layer of the small intestine. This could be an indicator of underlying small intestinal disease.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreatic and small intestinal disease.

Consider three view thoracic radiographs to rule out 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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