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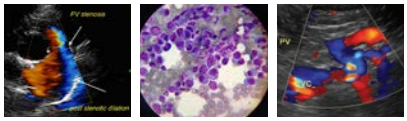

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DATE

6/23/22

PATIENT

Gandalf The Grey Clark

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/4/09

WEIGHT

7.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Notarangelo

INVOICE

39023

PRESENTING CLINICAL SIGNS

Geriatric cat, ongoing weight loss. Labs showed mild ALT elevation.

Current Medications: None.
Lab Results: Alt 303.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (3.67 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.

The right kidney has a normal shape and size (4.18 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.

Adrenal Glands

The left adrenal gland is normal in size measuring XX 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 0.36 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 large and “meaty” appearing, and is mildly mottled, measuring 0.94 cm at the hilus. The blood flow through the hilus and splenic parenchyma appears normal. While there are no focal lesions in the spleen, there is some irregularity to the tail of the spleen, as if the parenchyma were pinched or has a scalloped appearance.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined hyperechoic region in the liver measuring 0.69 cm in diameter.

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 mild 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 0.26 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, 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

- Irregular area at the tail of the spleen – The significance of this lesion is unclear, as it has the appearance of possibly a previous area of trauma, a congenital anomaly, etc. Something more pathologic cannot be ruled out. In general, the spleen looks somewhat mottled and prominent. Consider a fine needle aspirate, given the weight loss.

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- 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. This can be a normal finding in older cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen appears prominent and somewhat “meaty” in appearance. Additionally, it has a small irregular area at the tail of the spleen, which is of unknown significance, but I suspect a relatively benign etiology. Recommend continued monitoring and fine needle aspirate of the spleen.

The pancreas is hypoechoic and prominent. These changes are most consistent with mild current pancreatitis or a previous episode of pancreatitis. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. Additionally, institute therapy for mild pancreatitis.

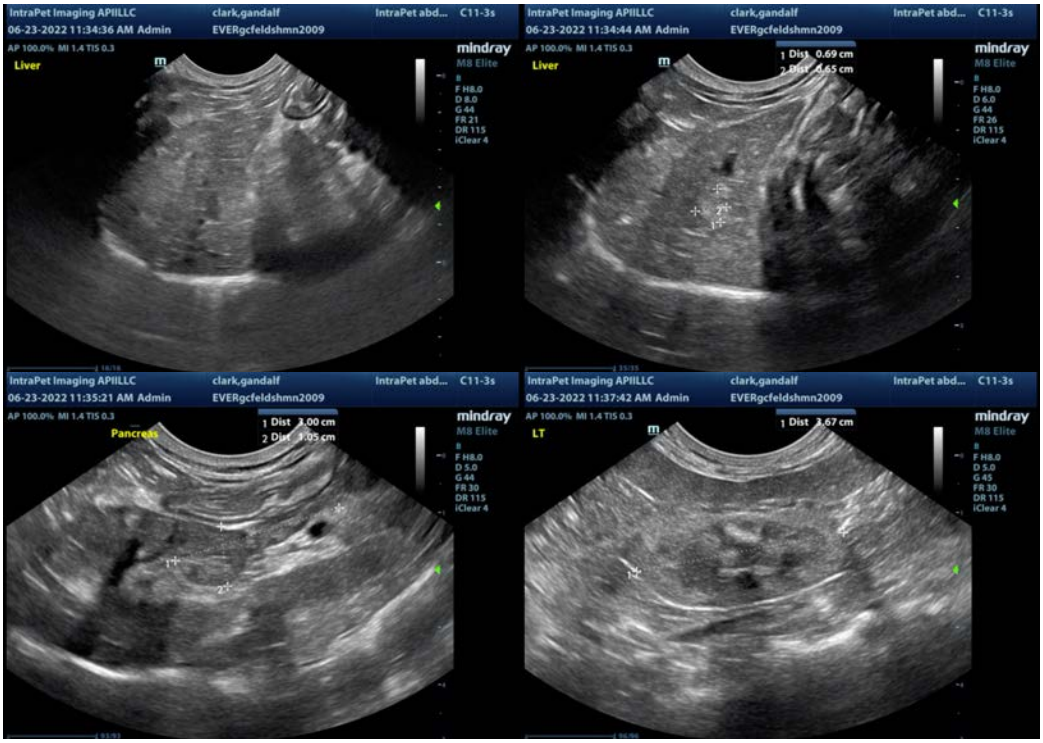
The liver is mildly heterogeneous, but no focal lesions are observed. This ALT elevation could be secondary to pancreatitis or could be due to a primary hepatopathy.

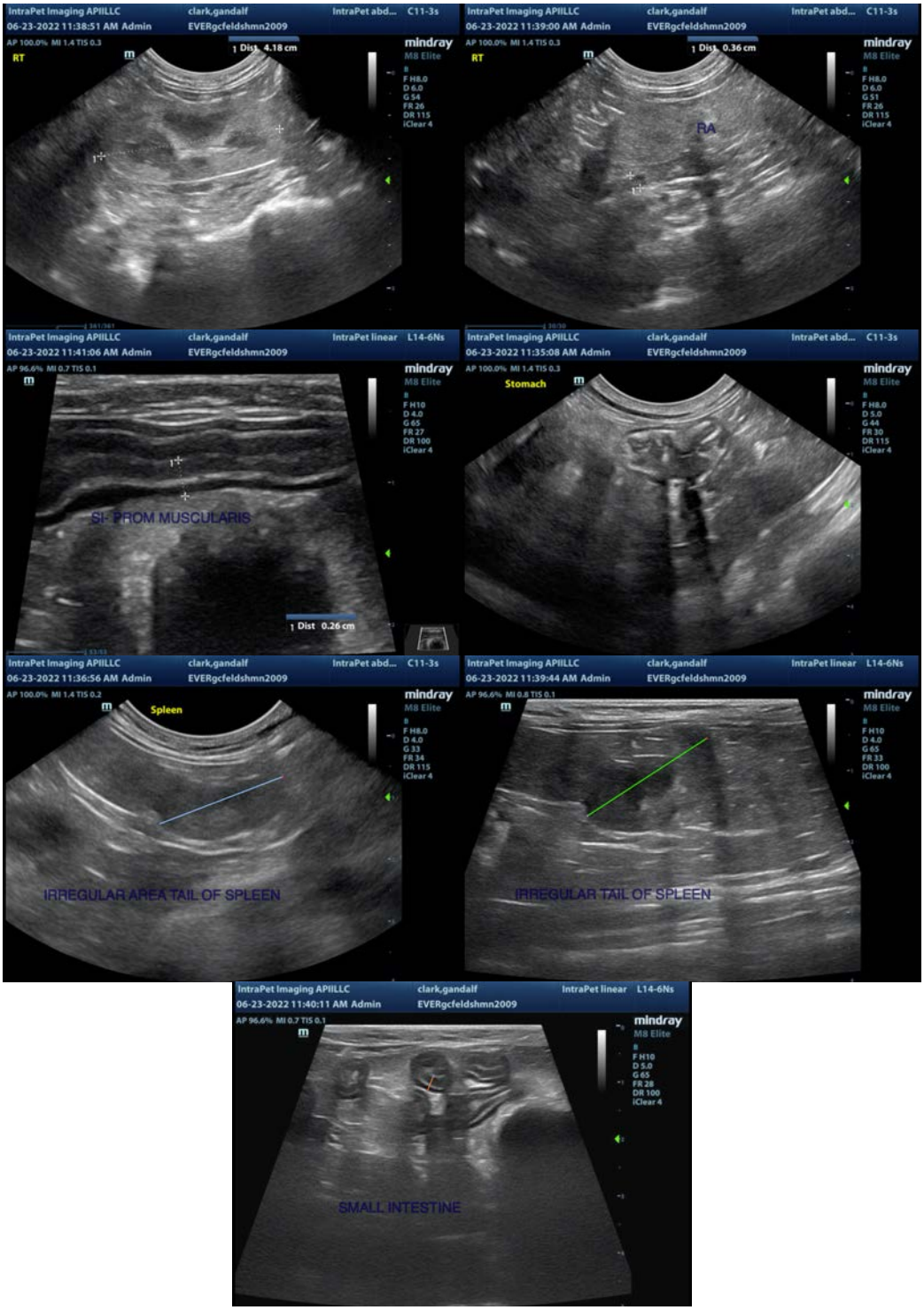
- Consider pre- and post-prandial bile acids to evaluate liver function.
- If the ALT elevation persists, consider obtaining a fine needle aspirate.

The muscularis layer is somewhat prominent in this patient. this can be a normal finding in older cats, but if weight loss persists, consider the possibility of underlying gastrointestinal disease.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider the aforementioned GI panel.
- Consider chronic probiotic therapy.
- If symptoms persist, you could consider obtaining biopsies of the GI tract and liver.

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

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Spleen
IRREGULAR AREA TAIL OF SPLEEN
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IntraPet linear L14-6Ns
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IRREGULAR TAIL OF SPLEEN
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clark,gandalf
IntraPet linear L14-6Ns
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SMALL INTESTINE
mindray
M8 Elite

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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