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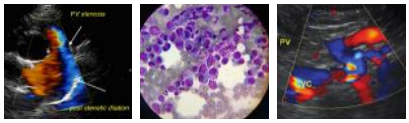

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DATE

8/24/21

PATIENT

Molly DeKozlowski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2006

WEIGHT

5.8 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Lyle

INVOICE

12720

PRESENTING CLINICAL SIGNS

History of IBD, hyperthyroidism. Presented 2 weeks ago with weight loss and vomiting. Vomiting improved on Cerenia, but continued weight loss. 2-3 cm firm intestinal mass on abdominal palpation.

Current Medications: Denamarin 90 mg, Methimazole 5 mg am. 2.5 mg pm, Cerenia 4 mg.
Lab Results: 7/17/2021 CBC- RBC 7.07 M/uL, Chem- ALT 252, AST 96, ALP 265, GGT 8, T4 2.7, U/A SG 1.051, Prot 2+.
Date of Previous IntraPet Ultrasound: 02/27/2018
Sedation: not needed
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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.33 cm). Overall echogenicity is slightly hyperechoic with slightly 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 (3.65 cm). Overall echogenicity is slightly hyperechoic with poor 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. There are rare cortical cysts observed.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

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 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. 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 <0.36 cm 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 0.2, 0.23 cm 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis. The pancreatic duct is 0.21 cm.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegally. 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. Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegally present (Mesenteric lymph nodes are diffusely enlarged/prominent, measuring 0.67 cm, 0.86 cm). There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjectively thickened small intestine with prominent muscularis layer- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma
- Mild mesenteric lymphadenopathy- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely
- Hypoechoic prominent pancreas with dilated pancreatic duct- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis
- Heterogeneous liver- Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy

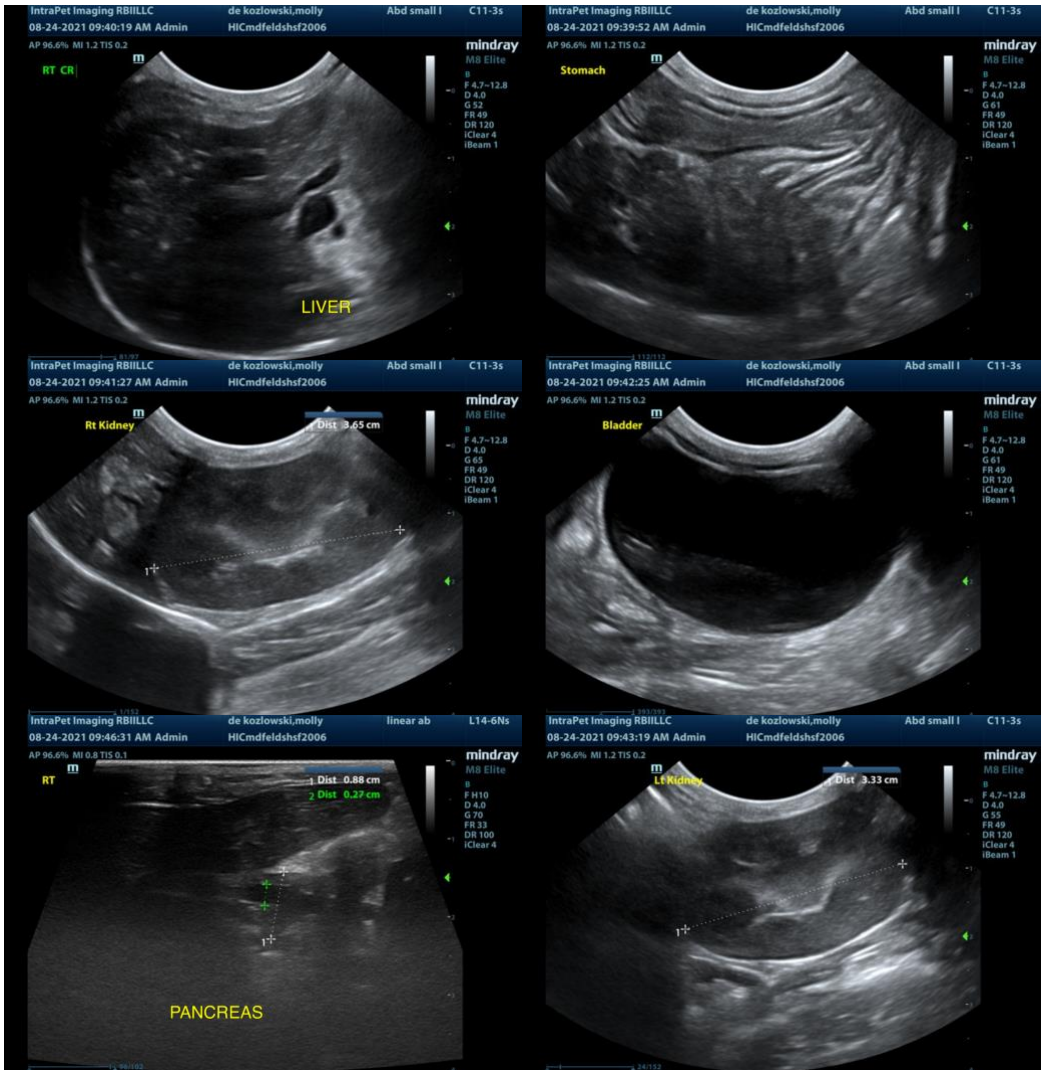
Secondary Findings

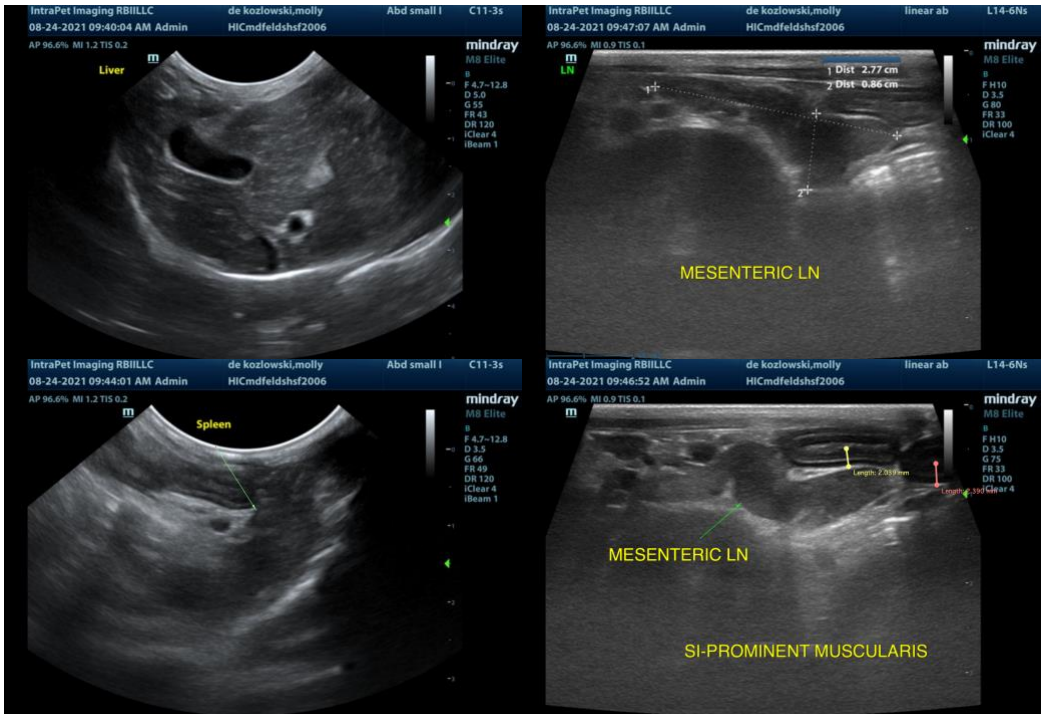
- Decreased corticomedullary distinction in both kidneys- The bilateral renal findings are consistent with age-related change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is heterogeneous and somewhat hypoechoic. These changes are most consistent with an inflammatory process, possibly lymphoma. Consider a fine needle aspirate and liver function test.

Additionally, the bowel is somewhat thickened. This is suspicious for infiltrative disease to the bowel (IBD-less likely neoplasia). These changes combined with the pancreatic changes could be consistent with triaditis, cholangitis. Consider fine needle aspirate of the liver and biopsies of the small intestine, quantitative FPLI level with B-12 levels to look for concurrent small intestinal disease and a fine needle aspirate of a mesenteric lymph node if possible. Consider a novel protein/hydrolyzed protein prescription diet and symptomatic therapy for nausea, decreased appetite, etc.





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.

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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