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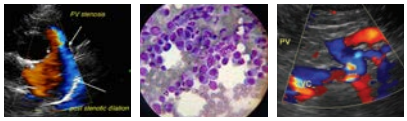

SonoPath

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DATE

8/24/22

PATIENT

Bella Robbins

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/8/09

WEIGHT

8.66 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Repsher

INVOICE

40700

PRESENTING CLINICAL SIGNS

June, intermittent inappetence, vomiting not associated with hairballs, occasional loose stool and pooping outside of the litterbox. Weight loss- 9.42 lbs in Nov 2021, down to 8.96 lbs in june, and has lost more. P has had gradual weight loss over the last 3 years; previously overweight - as 15 lbs in 2018 (Os adjusted diet) 2019 was 13lb, 2021 down to 10 lbs. BW showed mild elevation of t4 (4.9) slightly lower proteins (albumin 2.5 and globulin 2.8) started methimazole 2.5 mg bid and short course of pred and cerenia for GI upset / inflammation (suspected IBD). O brought P back in when noting P was acting lethargic, shivering and decreased appetite - recheck BW showed t4 was too low (<0.4) stopped methimazole. Radiographs 7/27 showed mild constipation but was able to pass stool once meds stopped. recheck rads 8/05 show stool has moved through bowels look subjectively thickened some gas in LI / colon. no obvious mass effect. Os had tried to change food eliminating dry food feeding only wet and eliminating chicken, Clavamox and proviable for bacterial imbalance in GIT, no response. Ps energy and appetite have improved since methimazole was stopped but still straining to poop multiple times / day with liquid stool coming out in drops

Current Medications: Rx in June Methimazole 5mg - 1/2 tab BID – Discontinued. Rx in June Prednislolone 5 mg - 1/2 tab sid for 1 week then EOD – done. Rx in August Clavamox 62.5 mg 1 tab BID for 2 weeks - finished
Lab Results: BW 6/01 elevation in t4 - 4.9, low albumin 2.5, and low glubulin 2.8. BW 7/27: T4 went below 0.4 due to meds. Mild anemia (hct 26) due to iatrogenic hypothyroidism - resolved with stopping of methimazole recheck cbc 8/05 (hct 35%).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Gabapentin PO.
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 left kidney has a normal shape and size (3.24 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 (3.6 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 0.48 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 0.49 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 (0.56 cm in width at the level of the hilus), 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 gallbladder lumen is minimally distended. The wall of the gall bladder appears somewhat thickened, but smooth, measuring 0.23 cm. Luminal contents are primarily anechoic. The cystic and common bile ducts appeared mildly prominent and dilated at 0.35 cm.

Gastrointestinal
The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 measures 0.23 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. There is a section of distal colon that appears to have severe irregularity to the colon wall with thickening and complete loss of layering. In this region, wall thickness reaches 0.93 cm. Diameter of the colon is 1.98 cm. This irregularity extends over 4.0 cm of the distal colon. There is surrounding inflammation.

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
There is no significant free fluid. There are occasional mild prominent mesenteric lymph nodes. The omentum around the colonic mass is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Focal, severe irregularity and thickening of the colon wall – Findings are most consistent with a colonic mass. Differentials include benign disease (granuloma, adenoma, etc.), or neoplasia (carcinoma, other).

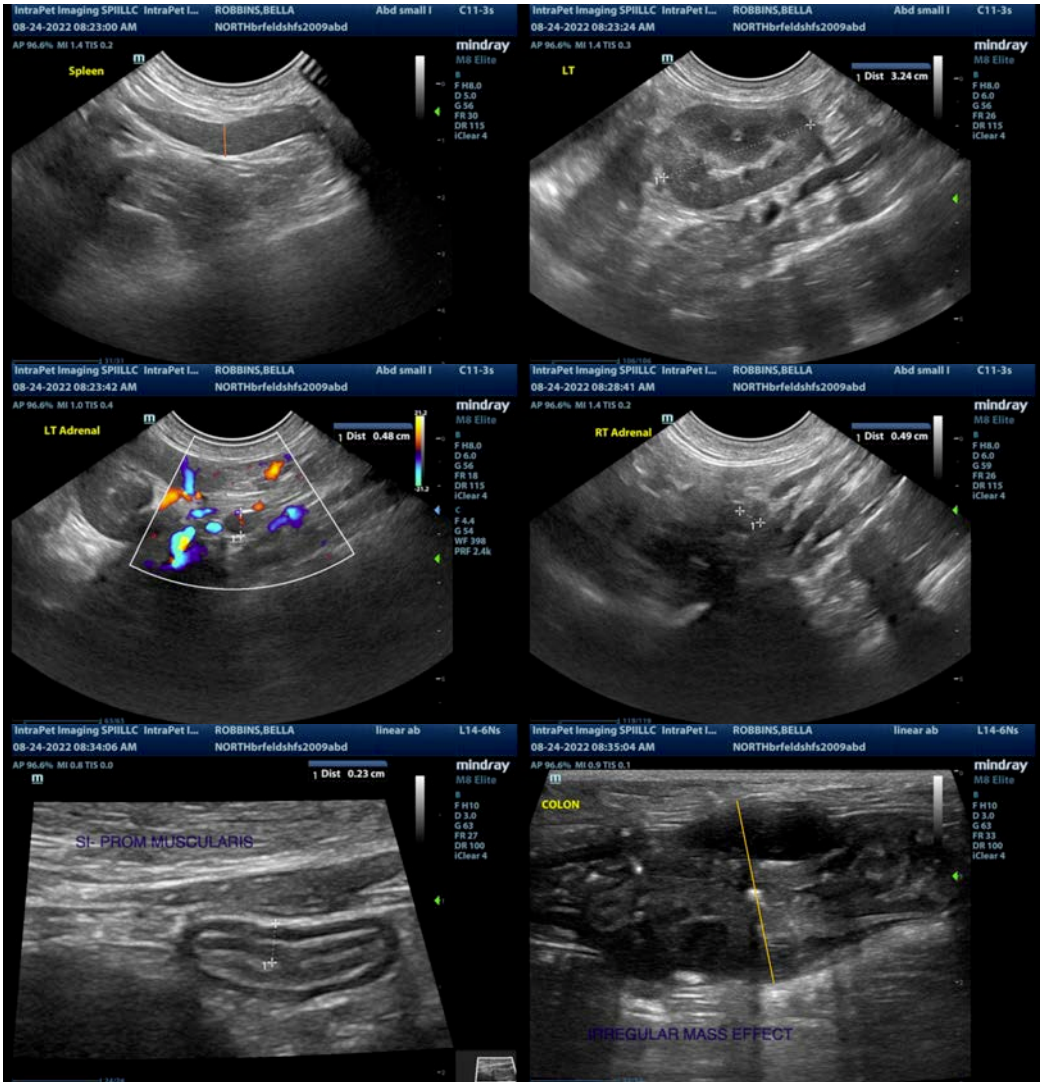
- Prominent mesenteric layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

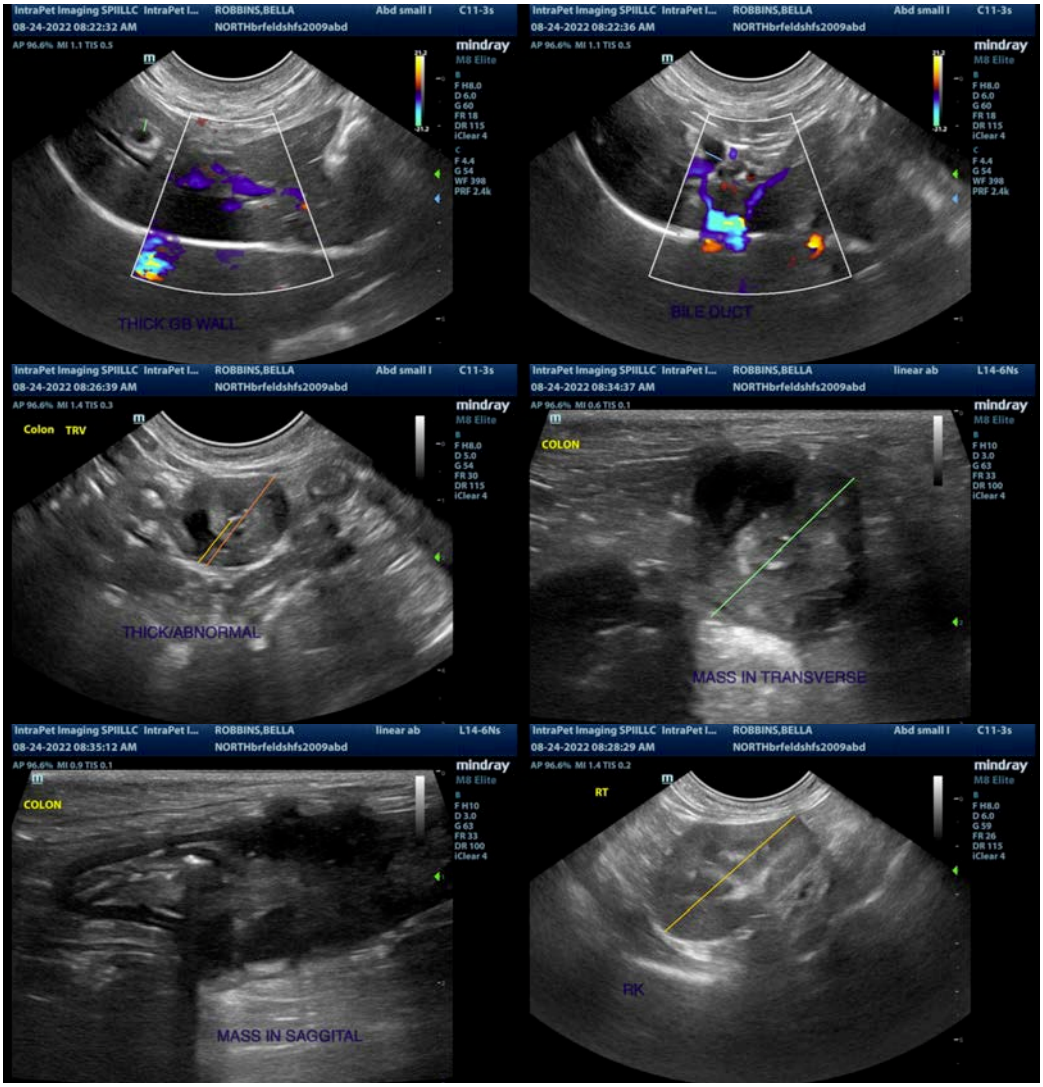
- Mild gallbladder wall thickening with prominent/mildly dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular, focal mass involving the distal colon. This is the likely source of the straining and weight loss described. Recommend fine needle aspirate of the colon wall and 3-view thoracic radiographs. If cytologic evaluation is not helpful, consider referral to a surgeon for possible colonic resection.

The gallbladder wall appears slightly thickened. This could be due to lack of distention, but the bile duct as well is prominent. This could be normal for some older cats, but correlate these findings with current bloodwork and treatment for cholecystitis if liver enzymes are elevated.





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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