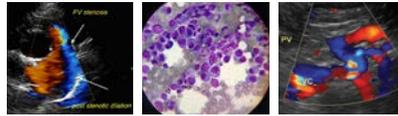


IMAGING PERFORMED BY

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SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

8/25/22 Geriatric Hyperthyroid Cat presented with weight loss Vomiting, ravenous appetite. Currently on Methimazole with T4 normal on recent Bloodwork.

PATIENT

Burt Murrmann

Current Medications: Transdermal Methimazole 3mg BID

Lab Results: 08/4/22 increase Eosinophils, Negative Fecal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

SEX

Neutered Male

AGE

3/24/09

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga
RDMS, RVT

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

40764

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 (3.68 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.5 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 hydronephrosis. 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 right adrenal gland is normal in size measuring 0.40 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, 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 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 <0.36cm 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 0.33 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 a section of more distal colon that appears to have focal wall thickening and loss of layering. In this area, the diameter of the colon is 1.7 cm and wall thickness is 6.3 cm. This area of colon extends for greater than 3.0 cm and is surrounded by hyperechoic mesentery with localized enlarged lymph nodes.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cluster of prominent but not enlarged lymph nodes near the ileocecal junction, measuring 0.25 cm and 0.30 cm. There are larger round hypoechoic lymph nodes in the region of the colon wall thickening measuring 0.87, 0.69, and 0.74 cm. The omentum is hyperechoic around the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

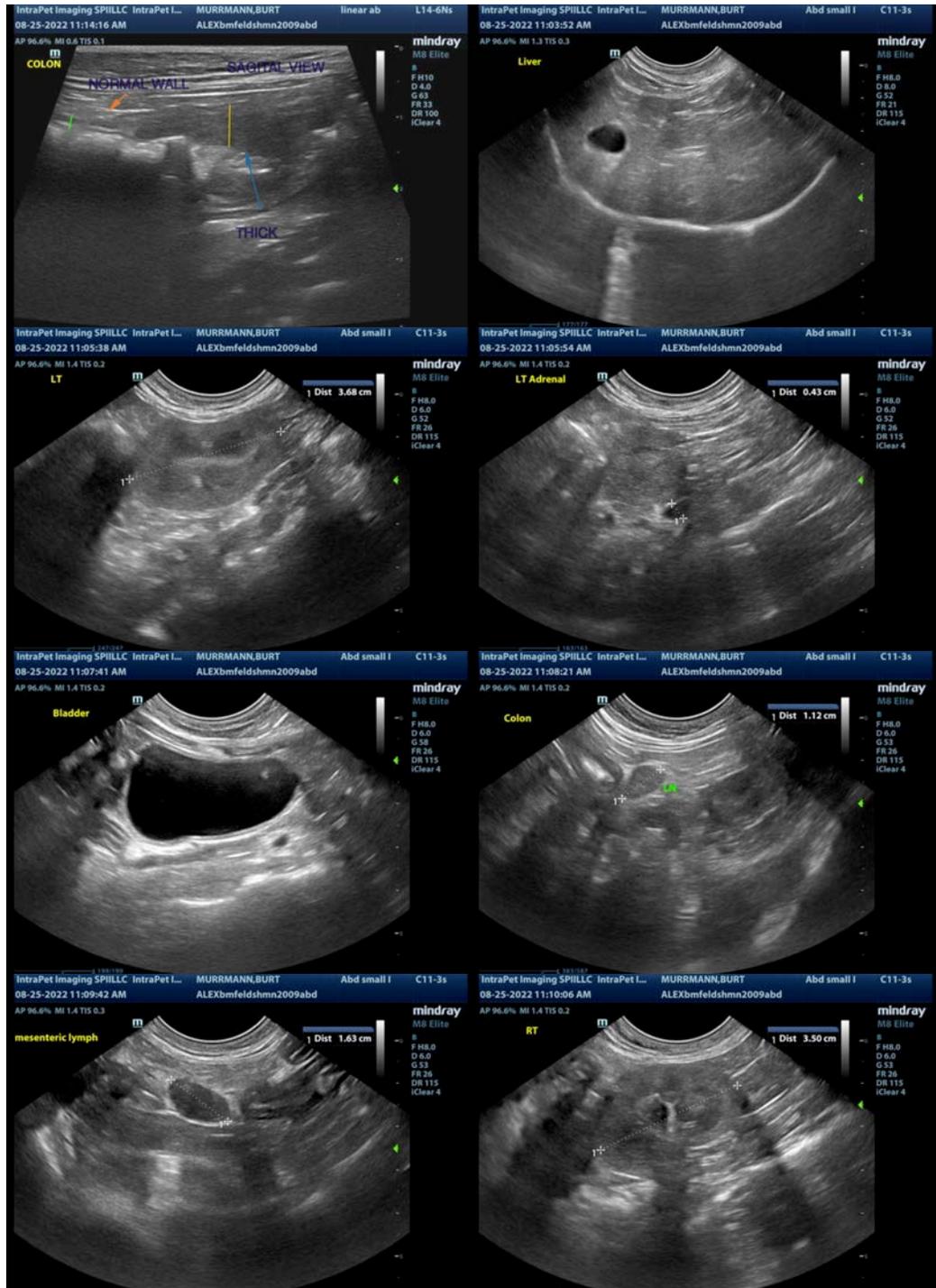
- Focal colon wall thickening with loss of layering and regional lymphadenopathy – Concerning for possible infiltrative disease, inflammation, infection, neoplasia, etc.
- Regional lymphadenopathy around the colon – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- 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.
- Prominent, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

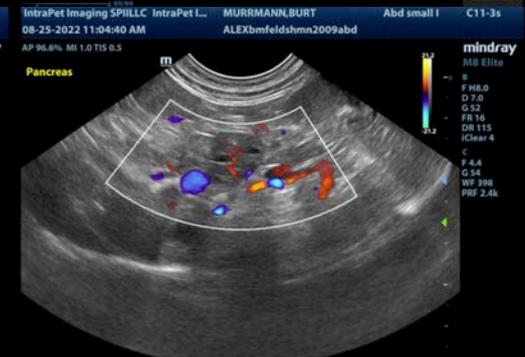
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal colonic wall thickening is very concerning. Additionally, there is a regional lymphadenopathy present. Consider a fine needle aspirate of the colon wall and regional lymph nodes to try and obtain a more definitive diagnosis, as underlying neoplasia would be a significant concern. Correlate these findings with abdominal radiographs, as there may be some difficulty passing stool, etc., and stool softeners may be beneficial.

The significance of the prominent pancreas is uncertain. This could represent current inflammation or previous episode of inflammation. Correlate with a PLI level and consider empirical treatment for pancreatitis.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com