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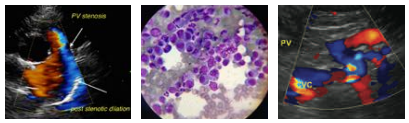

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DATE
9/21/21

PATIENT
Tori Cook

SPECIES
Feline

BREED
Persian

SEX
Feline

AGE
5/24/05

WEIGHT
5 lbs

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

HOSPITAL NAME
Bel Air Veterinary North

REFERRING VET
Dr. Schmidt

INVOICE
91888

PRESENTING CLINICAL SIGNS

History: Weight loss; chronic high Globulins; chronic elevated liver enzymes; chronic UR disease.
Current Medications: Veraflox 25g/mL (0.7mL q 24 hours).
Lab Results: T.P = 9.7, Alb = 2.7, Glob = 7, Alt = 550, Ast = 185, ALKP = 229.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 (4.16 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. Non-obstructive nephroliths were noted. The largest measured 0.24 cm. Mild pyelectasia was noted at 0.18 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.6 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.

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 right adrenal gland is normal in size measuring 0.28 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 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 gallbladder has moderate to large debris. The common bile duct is prominent and measures at 0.26 cm at the level of the duodenal papilla.

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 duodenum measures 0.23 cm and the jejunum measured 0.22-0.31 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 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 to moderate pancreatitis.

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

PRIMARY FINDINGS:

- Large, prominent, hypoechoic pancreas surrounded by mildly hyperechoic mesentery. The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.

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

- Large amount of gallbladder debris with a prominent common bile duct. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Prominent muscularis 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.

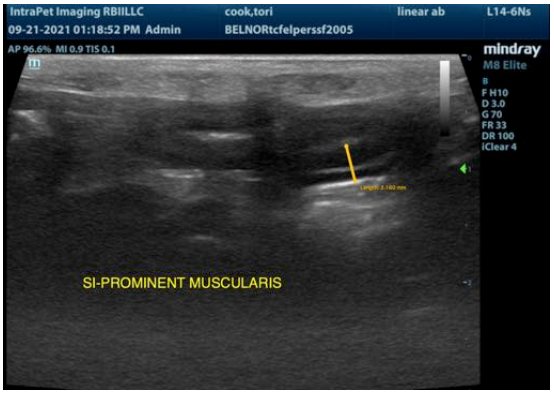
SECONDARY FINDINGS:

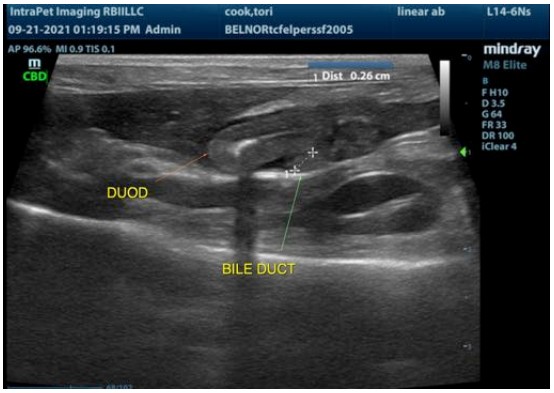
- Decreased corticomedullary distinction in both kidneys with occasional, non-obstructive nephroliths and mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

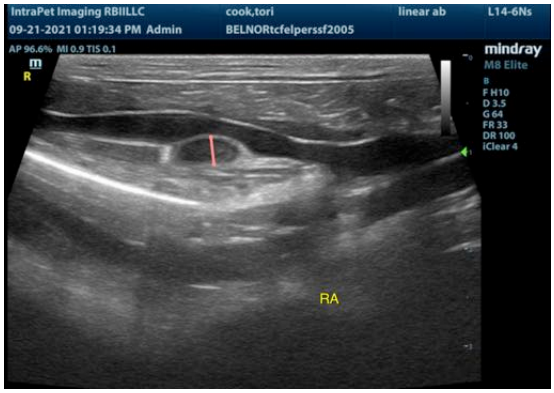
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

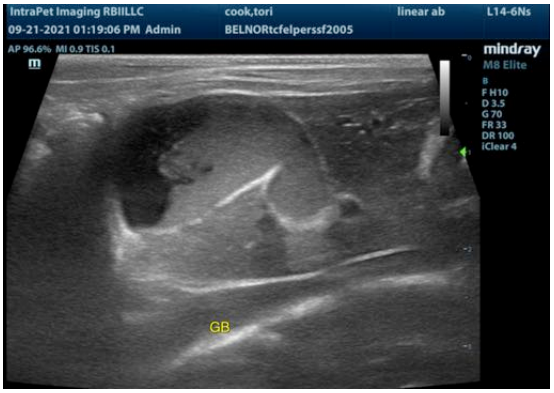
Changes are observed in the pancreas, liver, biliary tract and small intestine. Some of these changes can be age related changes, but considering the liver enzyme elevation there is concern for possible inflammatory or infiltrative disease to the liver, pancreas, biliary tract, etc. This is consistent with possible triaditis or less likely a neoplastic change.

- Recommend liver function test to further evaluate the liver.
- Recommend a GI panel with a quantitative fPLI, B12 and folate to further evaluate the pancreas and gastrointestinal tract.
- Recommend a FNA of the liver as long as coagulation parameters are normal.
- Recommend three view thoracic radiographs or whole body films for complete evaluation.
- Consider treatment for active or chronic pancreatitis, starting Ursodiol and likely antibiotics (depending on cytology results).





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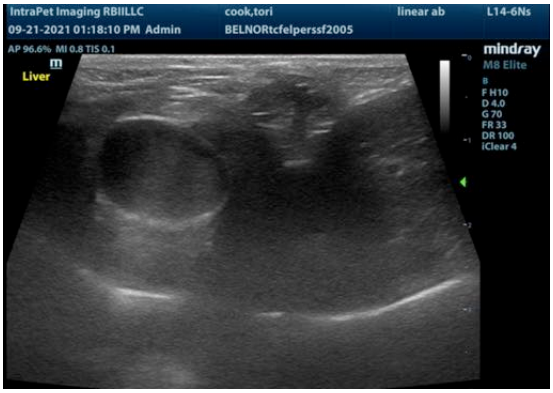
mindray
M8 Elite
GB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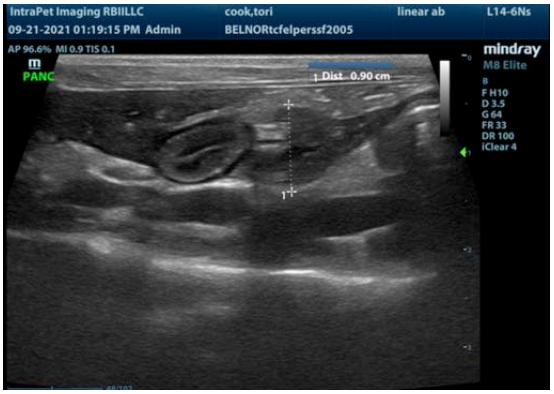
Liver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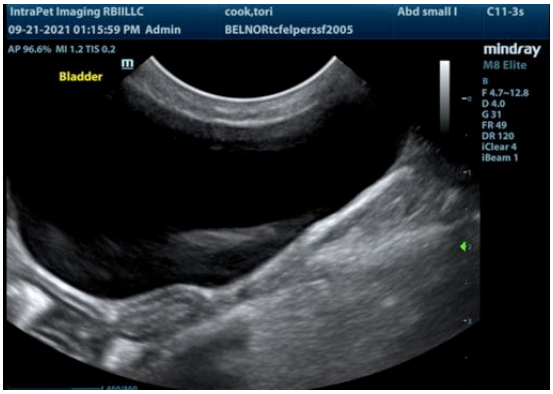
PANC
1 Dist 0.90 cm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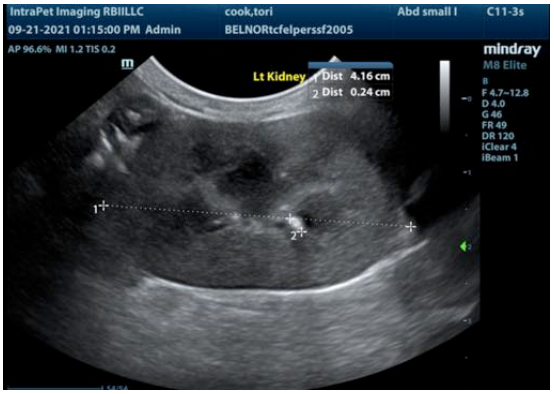
mindray
M8 Elite
Bladder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cook,tori
Abd small I
C11-3s
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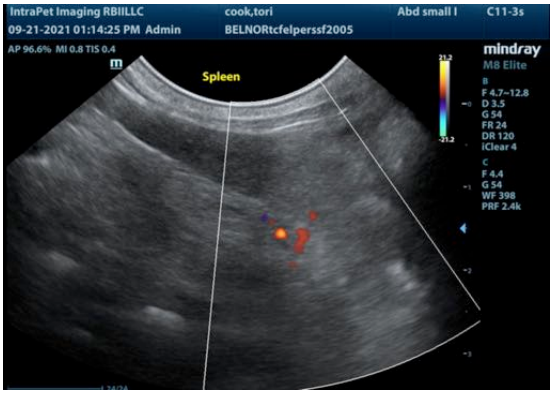
BELNORtcfelperssf2005
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Lt Kidney
1 Dist 4.16 cm
2 Dist 0.24 cm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C11-3s
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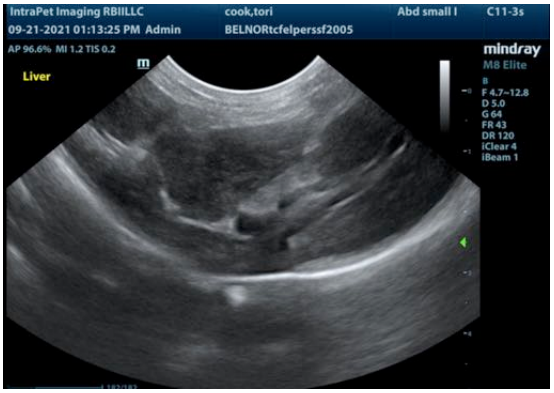
AP 96.6% MI 0.8 TIS 0.4
mindray
M8 Elite
Spleen



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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