IMAGING PERFORMED BY

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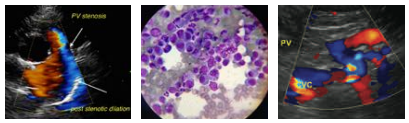

SonoPath
Clinical Sonography & Telecytology
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DATE
9/29/21

PATIENT
Roxy Kershner

SPECIES
Feline

BREED
Bengal

SEX
Spayed Female

AGE
9/15/08

WEIGHT
10.8 lbs

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

HOSPITAL NAME
Abbey AH

REFERRING VET
Dr. Coughlin

INVOICE
92077

PRESENTING CLINICAL SIGNS

History: 7/29/21 presented for increased vocalization and weight loss. No vomiting, diarrhea, coughing, or sneezing. Labs generally WNL. Very borderline for hyperthyroidism. Treated with trial of Methimazole; did not change c/s. Patient is now vomiting and continuing to lose weight.
Current Medications: No current medications. Discontinued Methimazole.
Lab Results: CBC: RBC 11.1 Chem: ALT 167.
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 (3.65 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 (3.5 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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 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 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.28 cm) and the jejunum measured as normal (0.22 cm and 0.19 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 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

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:

- No significant ultrasonographic lesions visualized.

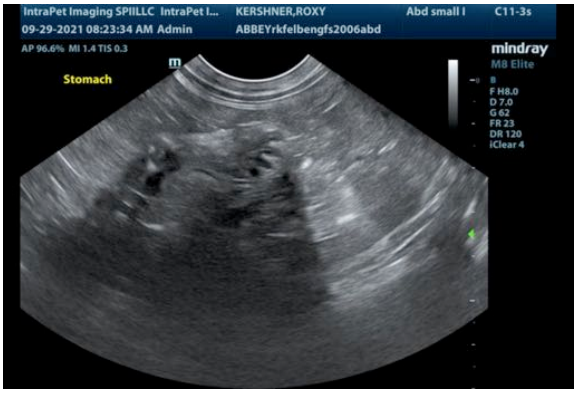
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan was relatively normal. Unfortunately many causes for GI signs cannot be definitively diagnosed by ultrasound alone. If mild hyperthyroidism is suspected you can consider:

- A low-dose Topical Methimazole trial which should have less GI signs and may be easier to evaluate
- If lab work is normal I would strongly consider primary GI causes such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

- Recommend diet trial with a novel protein/hydrolyzed prescription diet
- Recommend GI panel for evaluation of B12 levels etc.. (start empirical B12 while waiting for results)
- Recommend three view thoracic radiographs.
- If symptoms are progressing consider obtaining GI biopsies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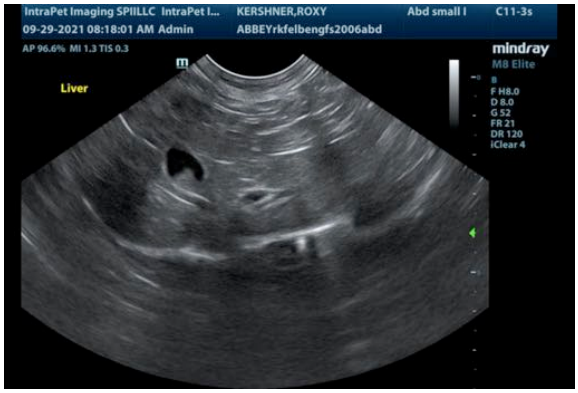
Stomach
mindray
M8 Elite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Liver
mindray
M8 Elite


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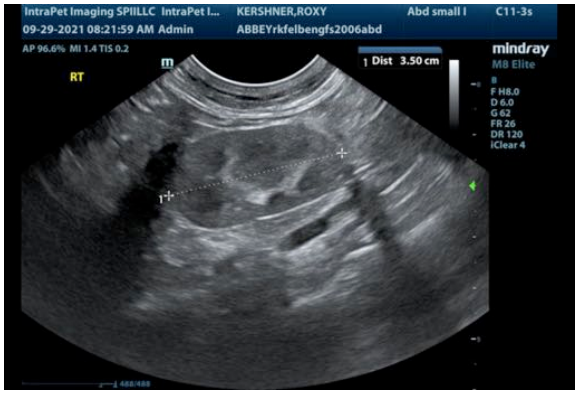
AP 96.6% MI 0.7 TIS 0.1
MID
Dist 0.28 cm
SI
mindray
M8 Elite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AP 96.6% MI 1.4 TIS 0.2
RT
Dist 3.50 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... KERSHNER,ROXY Abd small I C11-3s
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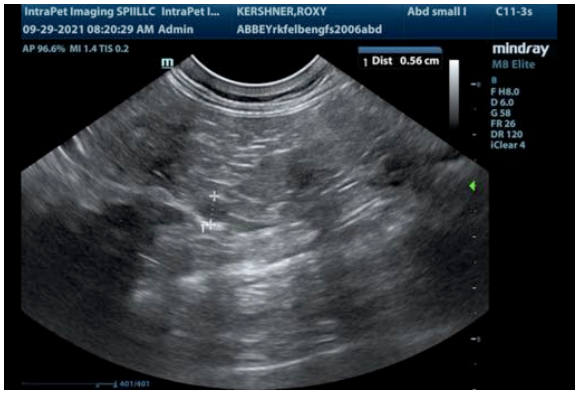
AP 96.6% MI 1.4 TIS 0.2
Bladder
mindray
M8 Elite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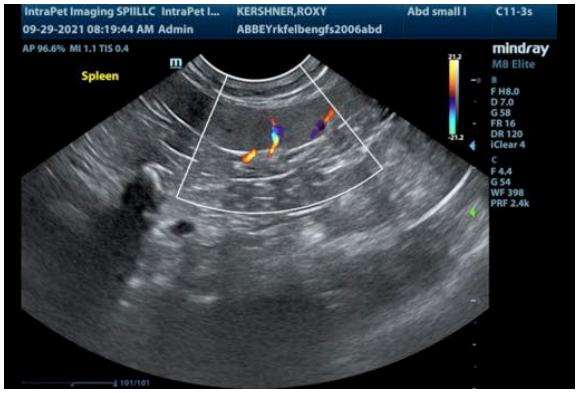
AP 96.6% MI 1.4 TIS 0.2
Dist 0.56 cm
mindray
M8 Elite



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.

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