IMAGING PERFORMED BY

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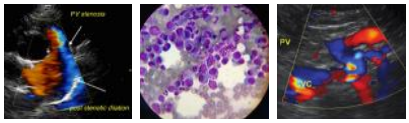

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DATE

9/3/21

PATIENT

Tucker Page

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2017

WEIGHT

9.9 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Silcox

INVOICE

12928

PRESENTING CLINICAL SIGNS

History of IBD. hospitalized in 2/2020. Recent 2w history of intermittent vomiting and weight loss. cardiomyopathy; currently on atenolol 12.5mg SID. managed on i/d diet.
Current Medications: Atenolol 12.5mg SID for 12 months. Started Vit B12 injections 8/31. Started Mirtazapine 1.87mg Mirtazapine PO EOD 8/31. Started Prednisolone 5mg PO QD 8/31.
Lab Results: CBC, chemistries and electrolytes WNL.
Radiographs: Thoracic radiographs WNL.
Date of Previous IntraPet Ultrasound: No previous
Sedation: Not needed.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.07 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 (3.74 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 0.3 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 0.4 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 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 0.31 cm, 0.29 cm, 0.24 cm, 0.28 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 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 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.

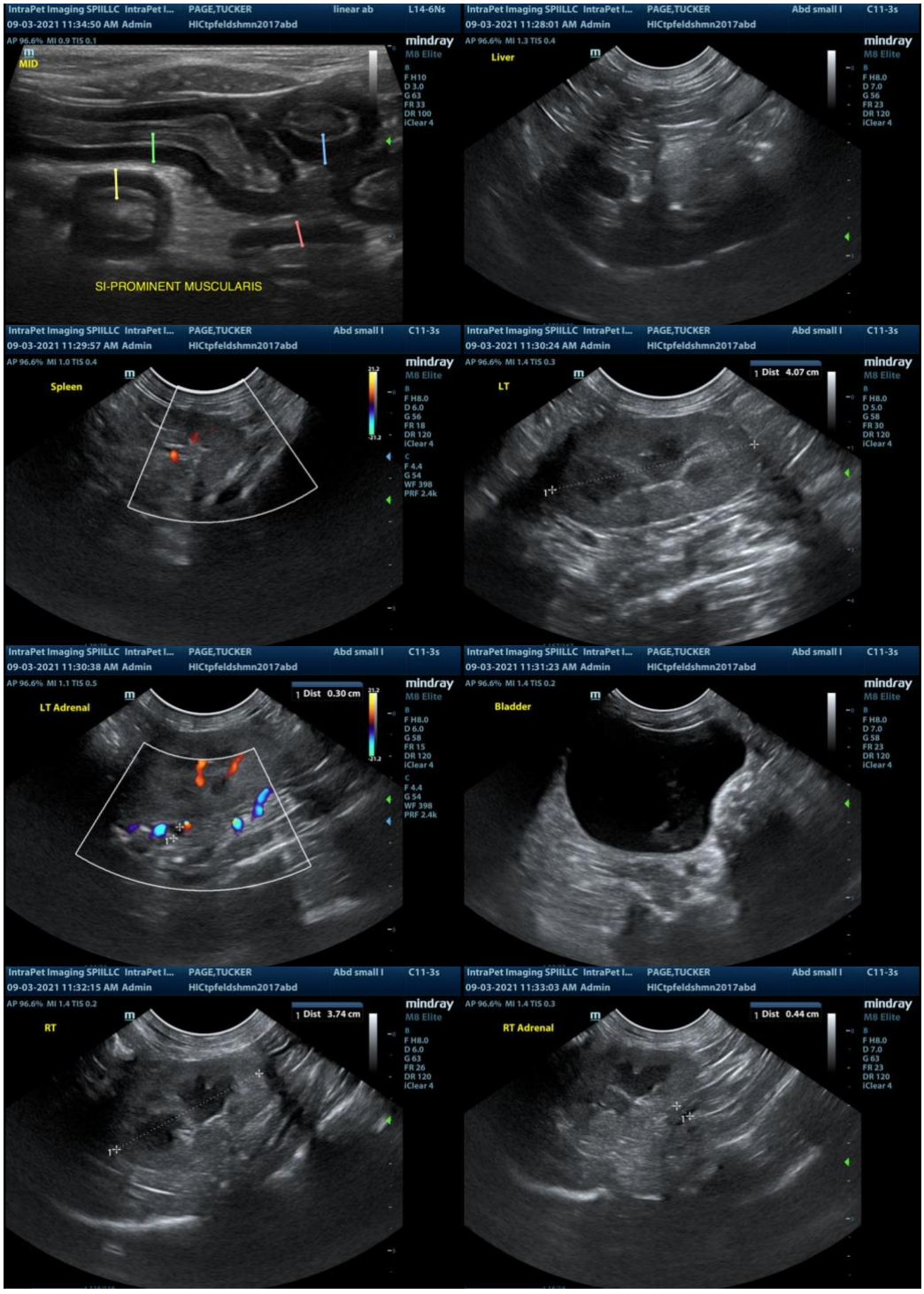
ULTRASONOGRAPHIC FINDINGS

- Very 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
- Echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears subjectively thickened with a very prominent muscularis layer. In the absence of any biochemical changes, this makes me strongly suspect a primary gastrointestinal issue such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

- I recommend a diet trial with a novel protein/hydrolyzed protein prescription diet
- I recommend GI panel for evaluation of B-12 levels, folate and an FPLI
- If symptoms are progressing, consider btaining GI biopsies
- I recommend 3 view thoracic radiographs and thyroid evaluation (if not already done)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MID
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Liver
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Spleen
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LT
Dist 4.07 cm
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Bladder
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09-03-2021 11:32:15 AM Admin HICtpfeldshmn2017abd
AP 96.6% MI 1.4 TIS 0.2
RT
Dist 3.74 cm
mindray MB Elite
IntraPet Imaging SPIILLC IntraPet I... PAGE,TUCKER Abd small I C11-3s
09-03-2021 11:33:03 AM Admin HICtpfeldshmn2017abd
AP 96.6% MI 1.4 TIS 0.3
RT Adrenal
Dist 0.44 cm
mindray MB 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)
kathleen.sennello@sonopath.com