IMAGING PERFORMED BY

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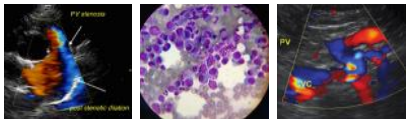

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DATE
9/9/22

PATIENT
Keno Gutberlet

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
12/30/10

WEIGHT
5.1 Pounds

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

HOSPITAL NAME
Timonium AH

REFERRING VET
Dr. Brand

INVOICE
17217

PRESENTING CLINICAL SIGNS

History: Decreased appetite that has progressively worsened over time; weight loss was 13lb in 10/19, now 5.1lb.

Current Medications: Convenia 0.23mL sq, Dex-SP 0.2mL sq
Disp: Mirataz Transdermal Gel
Lab Results: PCV: 26%, TP: 5.9, ALKP 305 HIGH 14-111, GGT 11 HIGH 0-4, TBIL 2.1 HIGH 0.0-0.9. U/A in-house via cysto: SG: 1.040
Date of Previous IntraPet Ultrasound: NO previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.19 cm). Overall echogenicity is slightly hyperechoic with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.47 cm). Overall echogenicity is slightly hyperechoic with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 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. The spleen measures 0.99 cm in width at the level of the hilus.

Liver

The liver is subjectively large in size, and echogenicity with rounded peripheral margins. The parenchyma is heterogenous in echotexture with numerous indistinct hypoechoic, ill-defined nodules varying in size from .25-1.0cm. The visible portions of the vasculature and biliary tract appear normal. No large focal lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is prominent (0.17 cm) and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with moderate ingesta and gas. 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 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 relatively uniform diameter with moderate 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 (0.25 cm in wall thickness) and the jejunum measured as normal (between 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. Sections of colon are visualized with non-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

There is a small amount of free abdominal fluid. There is an irregular large cystic structure in the mid abdomen at the root of the mesentery, which likely is a grouping of cystic lymph nodes. This structure measures 1.2 cm x 3.0 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Large heterogeneous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate ingesta visualized in the stomach and throughout the small intestine. Correlate with feeding history. The findings could be consistent with a nonfasted state or delayed emptying of the stomach and intestines/ileus.
- Small amount of free abdominal fluid
- Cystic mid abdominal structure, most consistent with a large cystic lymph node(?)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

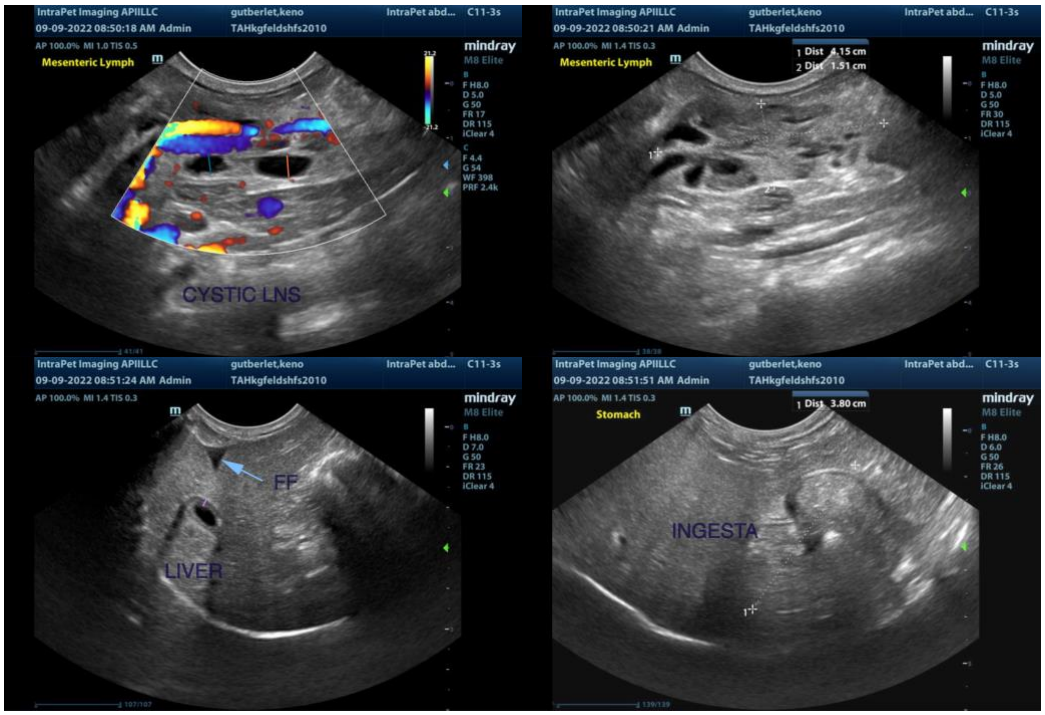
No focal lesions are visualized associated with the liver or gallbladder to explain the elevation in ALP and bilirubin described. The liver does appear large and diffusely heterogeneous. Provided coagulation

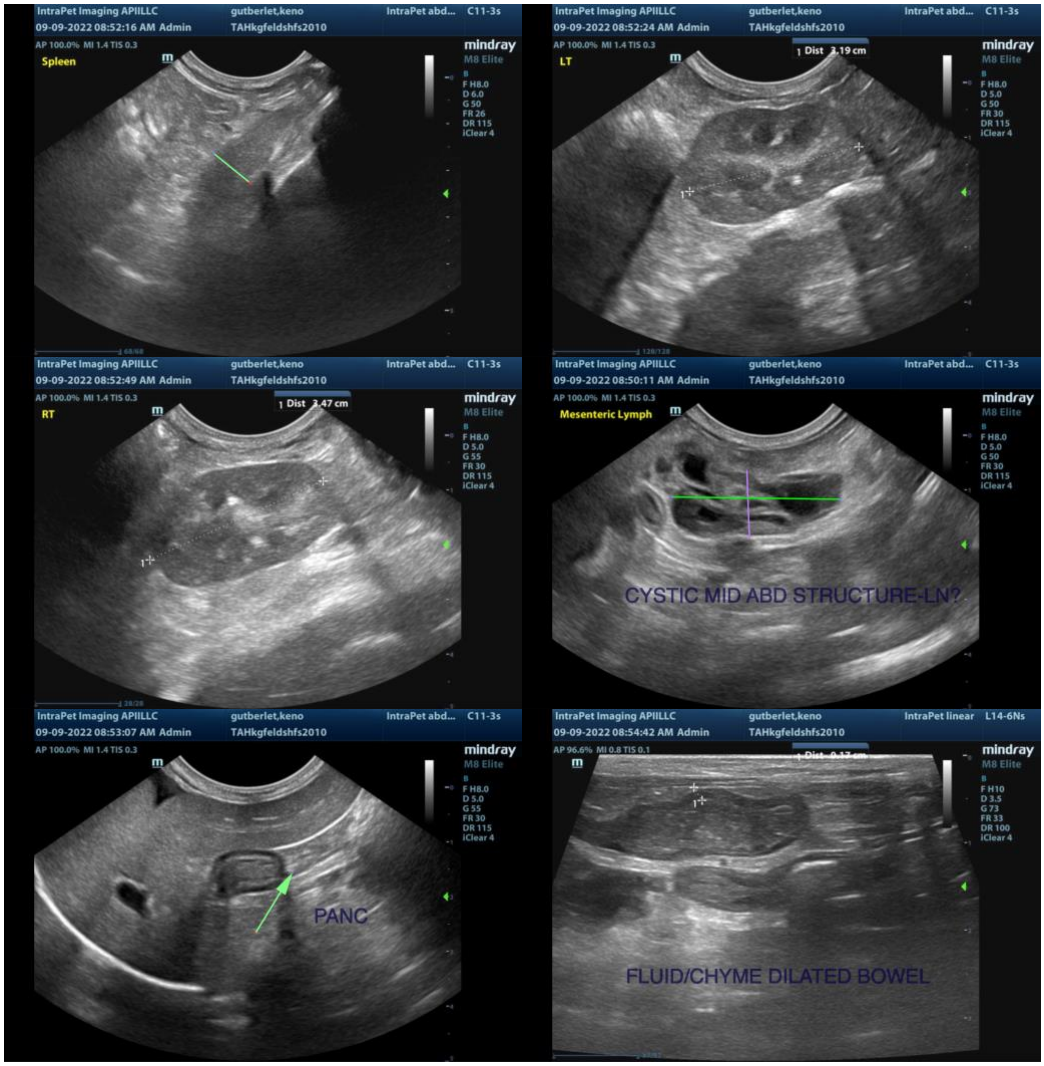
parameters are normal, consider a fine needle aspirate. This could represent infiltrative disease, inflammatory disease or early lipidosis due to severe weight loss, etc.

The small intestine does not appear overtly thickened but it is diffusely dilated with chyme and fluid, giving the general appearance of a lack of progressive motility/tone. This could be compounded by possibly not being fasted(?) Consider further evaluation/treatment for nonspecific GI disease.

- Recommend a novel protein/hydrolyzed protein prescription diet
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy
- If lab work is supportive of a primary GI issue and symptoms progress, you could consider obtaining GI biopsies

Additionally, there is a large cystic structure in the mid abdomen. The location of the structure would be most consistent with a mesenteric lymph node. This could be a cystic mesenteric lymph node. It appears relatively isoechoic. Consider a fine needle aspirate with care to avoid the larger vessels running through the middle.





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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