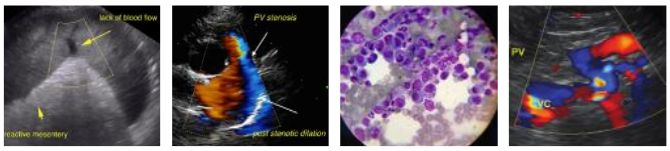

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1-800-838-4268 info@sonopath.com

PATIENT

Sasha Chin

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

12 years

WEIGHT

6.04 Lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Charlie Rodriguez, DVM

INVOICE

10112

DATE

1/6/22

PRESENTING CLINICAL SIGNS

History: Presented for vomiting 3 times today. Did exam 2 weeks ago and bw and was wnl. Hx of I131 therapy and became hypothyroid and now on supplement and doing fine. Exam Sasha was BAR, some drool from vomiting and vomited once.
Abnormal PE/Chem/CBC/UA Results: Snap FPL abnormal. Neutrophilia with bands. Did vomit once in clinic. Temp normal. Physical normal. See attached bw

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is slightly small in size size (2.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is slightly small in size (2.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is contracted (0.48 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

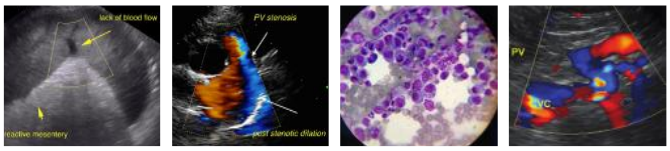
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1. 32 x 0.59 cm heterogenous multi-septated cystic nodule is observed deep on the right side, adjacent to the diaphragm. In addition, a 0.50 cm hyperechoic nodule is observed approximately mid-liver, also adjacent to the diaphragm. Finally, a 0.88 x 0.67 irregular hyperechoic nodule is observed on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The cystic and common bile ducts are normal.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity depended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and



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appropriate mural detail. There is slight disruption in the normal 1: 3 muscularis to mucosal ration and mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern..

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.13 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease.
- Mild gastric ileus
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings

- The cystic hepatic nodule is most consistent with biliary cystadenoma or cystadenocarcinoma. The hyperechoic hepatic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia), with lower potential for emerging neoplasia.
- The splenic contraction is likely secondary to dehydration.

*It is unclear if the patient's clinical signs are secondary to low-grade pancreatitis or inflammatory bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis/gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics, and pain medication, if needed.
- Other diagnostics include the following:

1. Fecal evaluation for ova and Giardia
2. GI Panel (send to Texas A&M).
3. Consider three-view thoracic radiographs to assess for occult aspiration pneumonia (given the recent history of vomiting).
4. If the patient's GI signs become chronic and/or intermittent, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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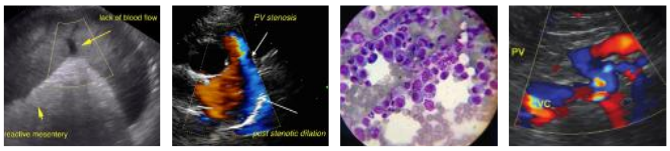

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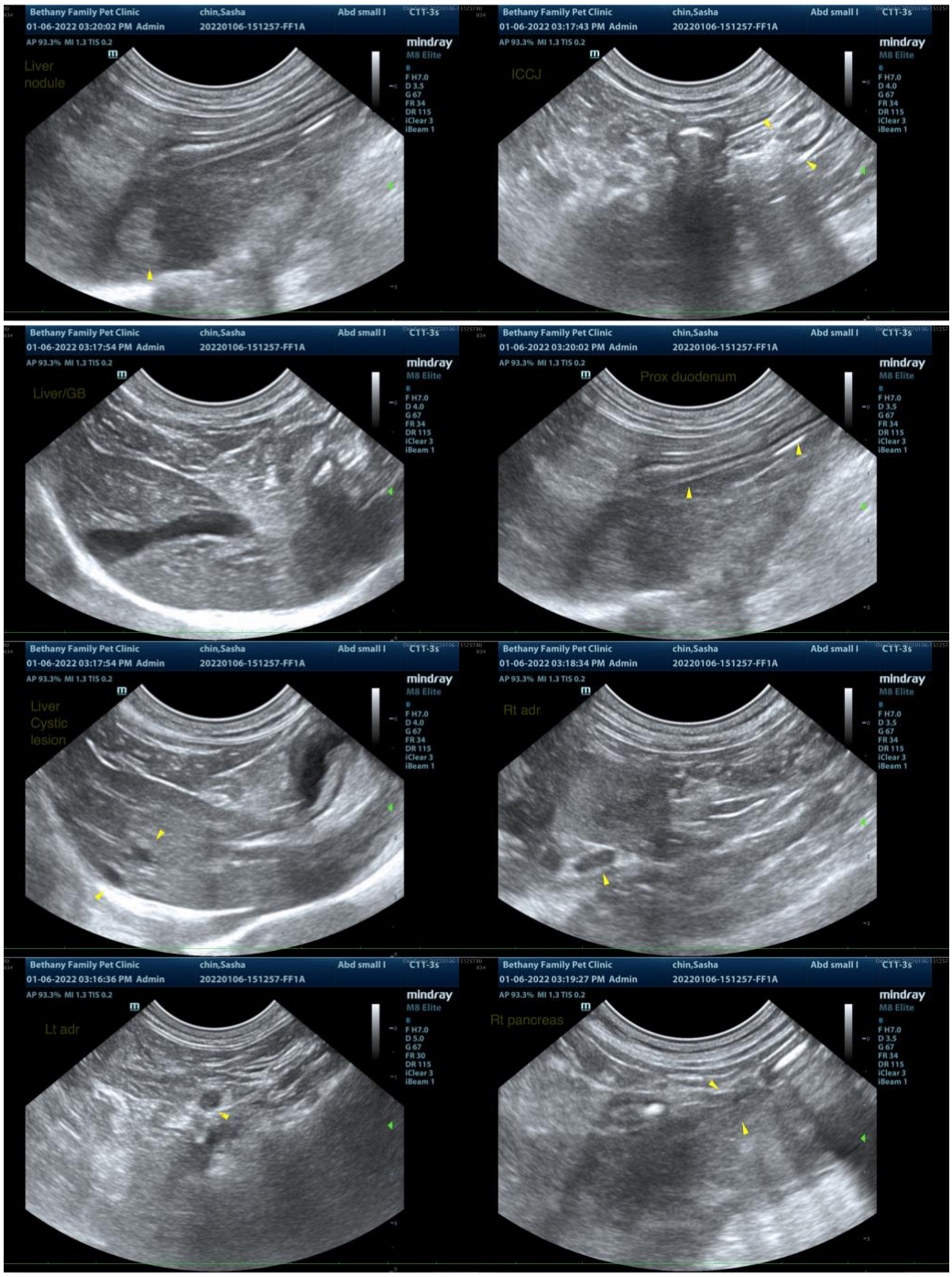

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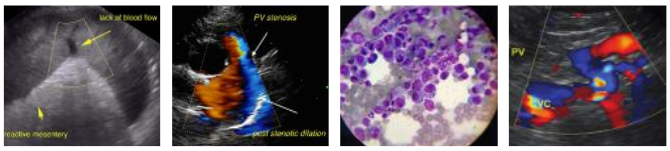

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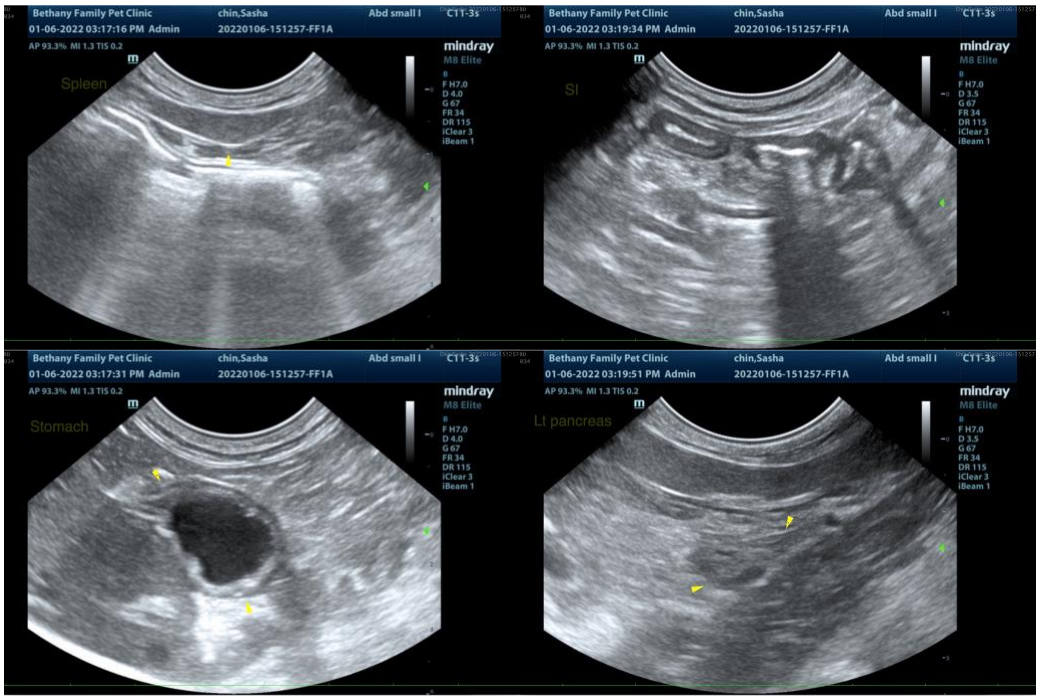

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com