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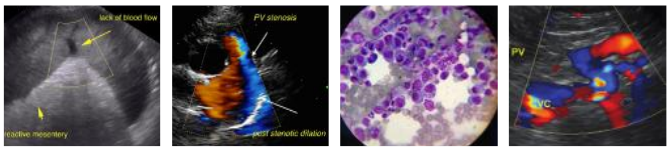
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Cow Cat Sandora

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
13 years

WEIGHT
8.7 lbs

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

IMAGING PERFORMED BY
Dr. Jo Goodman

HOSPITAL NAME
Evandale-Blue Ash Pet Hospital

REFERRING VET
Dr. Jo Goodman

INVOICE
10263

DATE
2/2/22

PRESENTING CLINICAL SIGNS

History: Previous history of bladder stones. Currently being managed on Purina Veterinary Diet UR wet andHA dry. Presented 1/28/22 for annual exam. Weight loss was noted between now and last visit a year ago, patient also frequently vomits. Sometimes hairballs or food. On occasion vomitus looks pink tinged. Vomits about 2x weekly. Performed CBC/Chem/UA/T4 to lab with pli added on and BW was unremarkable aside from elevated pli. Sent home cat lax and vomited once while owners were away, she had gone outside and eaten grass. Last vomited 1/30/22. Otherwise e/d and acting herself otherwise.

Abnormal PE/Chem/CBC/UA Results: Weight: 1/5/21: 10.1lbs 1/28/22: 9lbs 2/2/22: 8.7lbs 2/2/22: PLI - 26.2

Additional history: 2+ proteinuria. T4 normal. Feline Leukemia FIV. Heartworm negative. Fecal negative for ova and Giardia. Urine Specific Gravity 1.046.

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 mildly to moderately distended. A moderate to large 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 borderline small in size (3.00 cm in length); with a normal shape smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Several nonobstructive nephroliths are seen. There is no evidence of pyelectasia infarcts or hydroureter.

The right kidney is borderline small in size (4.00 cm in length); with a normal shape smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Several nonobstructive nephroliths are seen. There is no evidence of pyelectasia infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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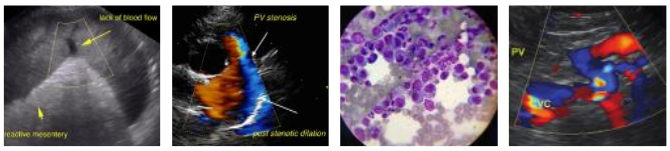

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 is diffusely thickened (up to 0.32 cm), with retention of the normal layering. There is disruption in the normal 1:3 muscularis to mucosal ratio with a >1: 1 ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

No free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.94 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with severe inflammatory bowel disease or emerging neoplasia
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are consistent with chronic pancreatitis with probably age-related remodeling +/- fibrosis.

Secondary Findings

- Degenerative renal changes with dystrophic mineralization and nonobstructive nephrolithiasis.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel including serum cobalamin and folate TLI and PLI
- Fecal evaluation for ova and Giardia
- Ultimately gastrointestinal biopsies (i.e, endoscopic or surgical) would be necessary to get a definitive diagnosis. If biopsies are pursued, three-view thoracic radiographs should be performed prior to anesthesia.
- If a more conservative approach is desired, consider empirical treatment for inflammatory bowel disease with a hypoallergenic diet and corticosteroids, as long as the client understands the risk of treatment without a definitive diagnosis.

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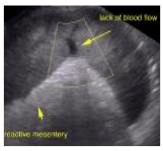
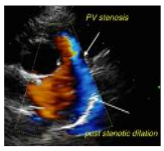
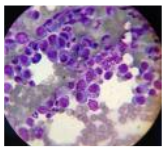
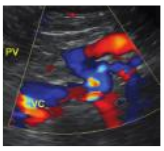

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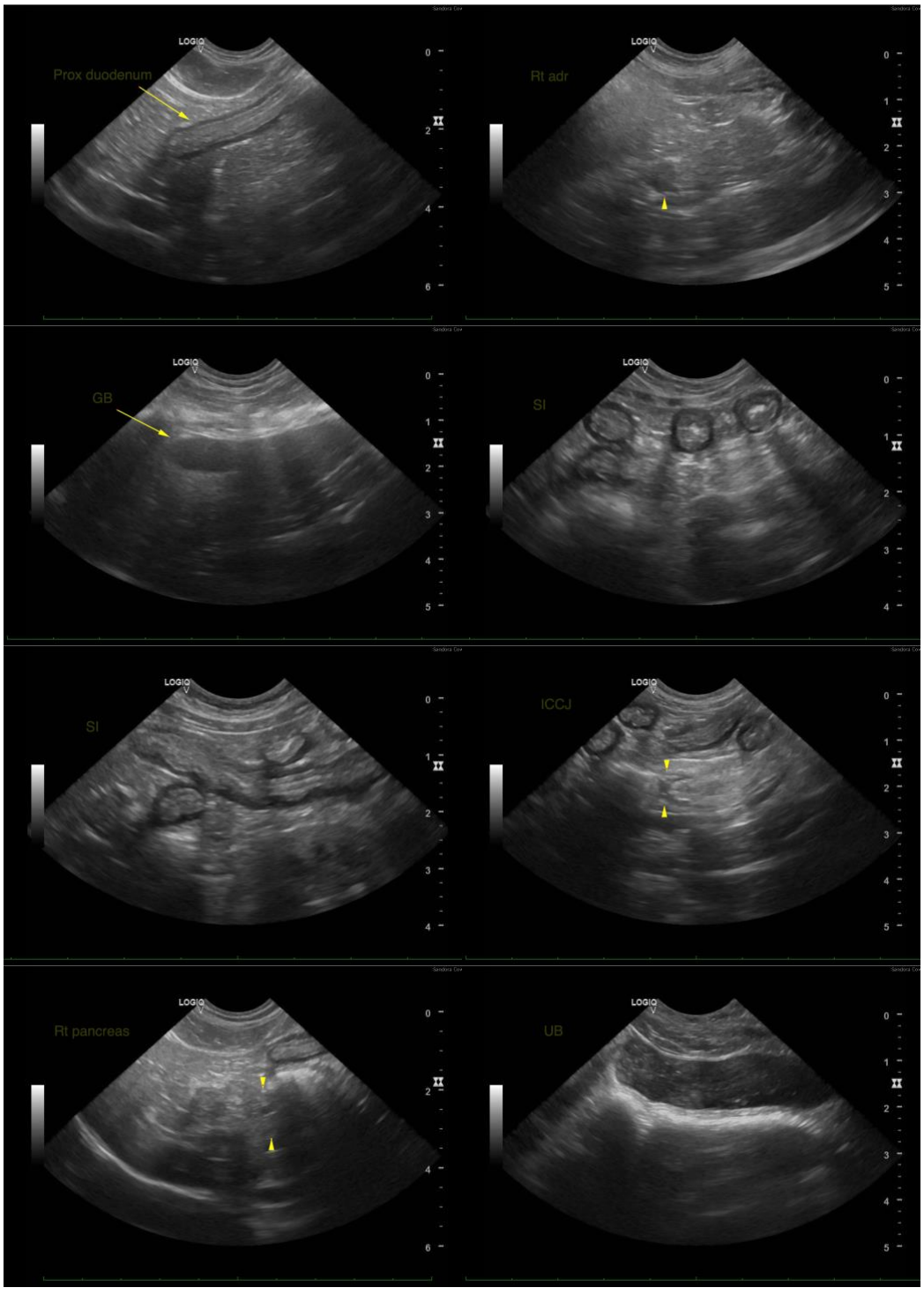

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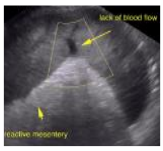
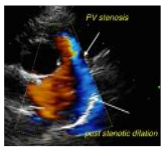
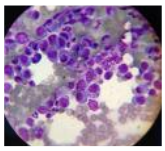
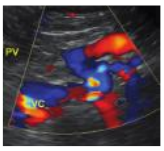

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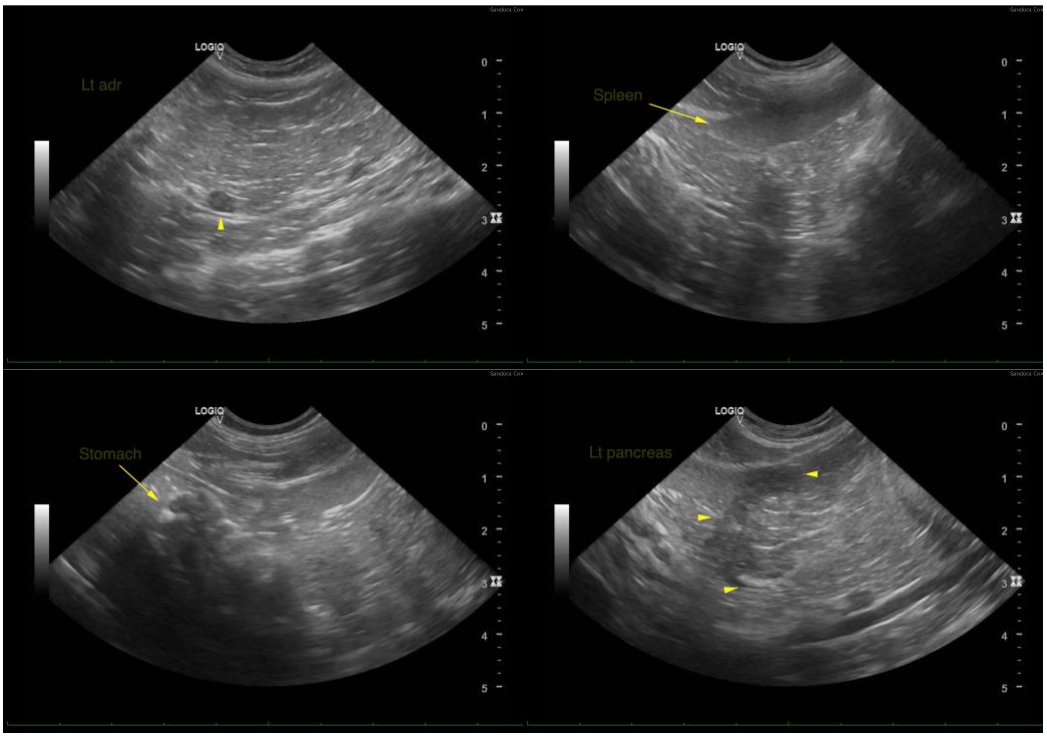

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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