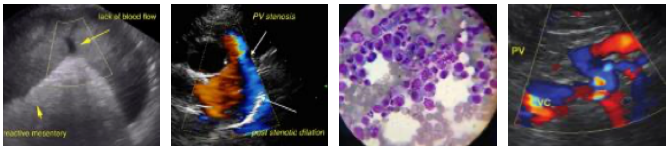
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Harley Lee

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 yr. old

WEIGHT

6.2 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

12801

DATE

PRESENTING CLINICAL SIGNS

History: Acute anorexia. Recent abscess on tail - R/O bite wound abscess - now healed. No current meds, but was on Clindamycin and Convenia.
Abnormal PE/Chem/CBC/UA Results: Blood work done at time of abscess: High-normal BUN, elevated creat., elevated amylase, elevated cholesterol, elevated WBC due to elevated PMns/Monos/eos.. U/A: 3+ occult blood, 21-50 RBC/HPF (likely due to cysto), USG 1.032.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. There is no evidence of cystic calculi. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

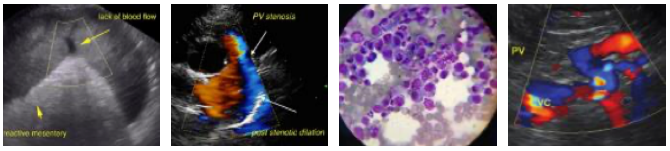
Spleen

The spleen is normal in size (0.65 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly distended. A bi-lobed confirmation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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

PATIENT

Harley Lee

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 yr. old

WEIGHT

6.2 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

12801

DATE

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern and appropriate mural detail. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention, In the visualized portion, the pancreas is diffusely prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated (0.11 cm in diameter).

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

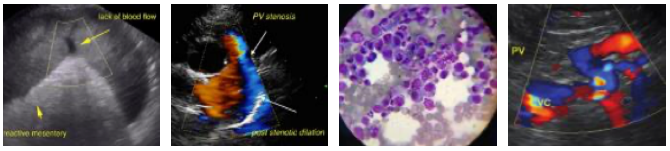
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral, age-related renal changes.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include mild pancreatitis, microscopic gastrointestinal disease, underlying metabolic issue, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs were recommended to assess for occult disease in the chest.
- Consider repeat bloodwork (i.e., CBC chemistry panel, urinalysis +/- T4) to determine if renal values have increased since previous evaluation. If so, consider a urine culture and sensitivity to assess for occult pyelonephritis.
- An fPLI +/- full GI panel can also be considered.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Harley Lee

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 yr. old

WEIGHT

6.2 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Midland Park VH

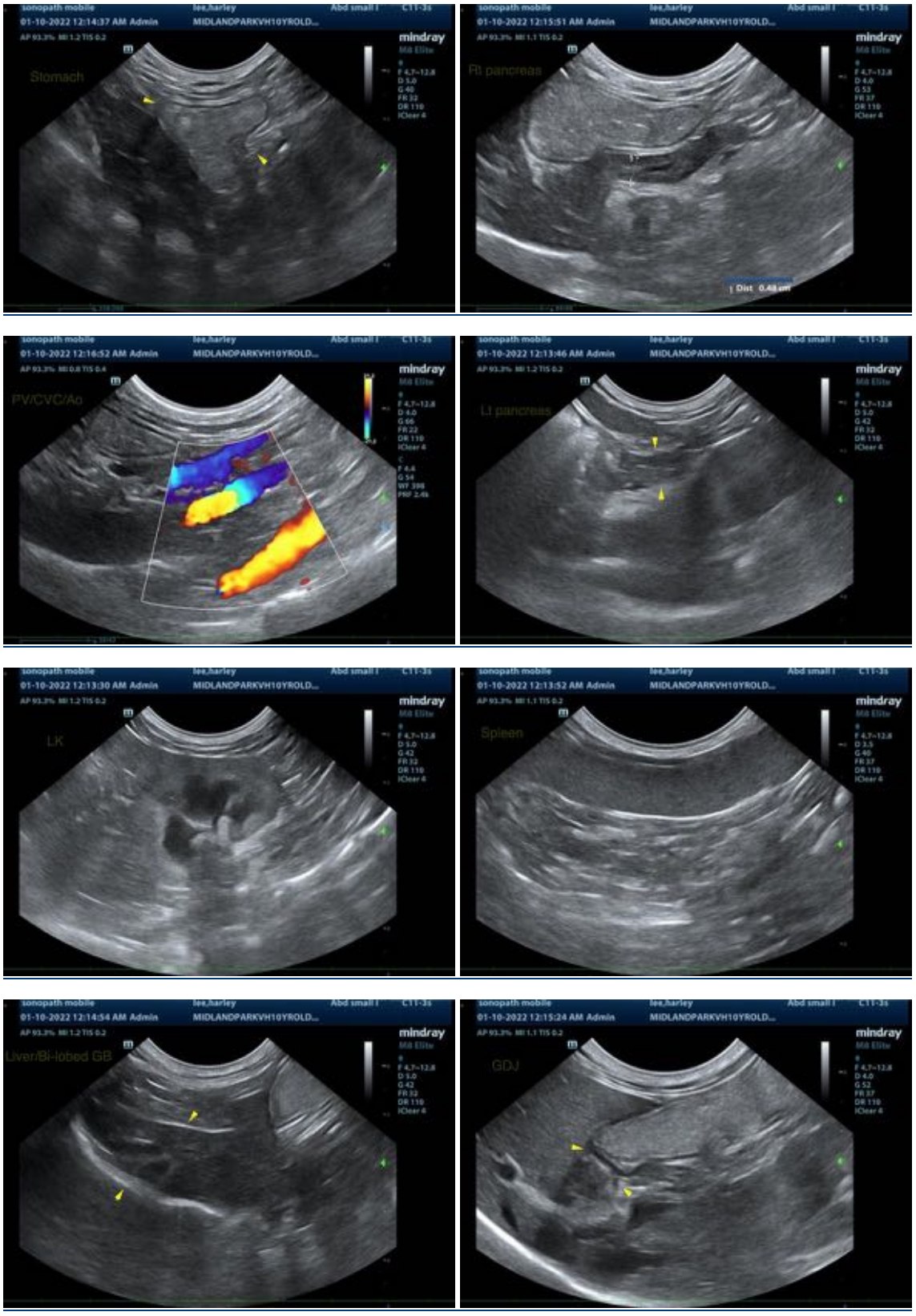
REFERRING VET

Dr. John Shokoff

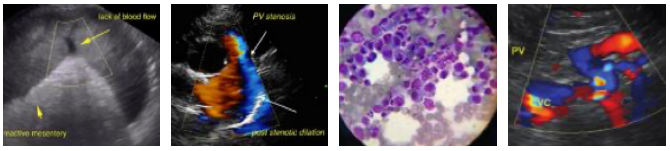
INVOICE

12801

DATE



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Harley Lee

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 yr. old

WEIGHT

6.2 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Midland Park VH

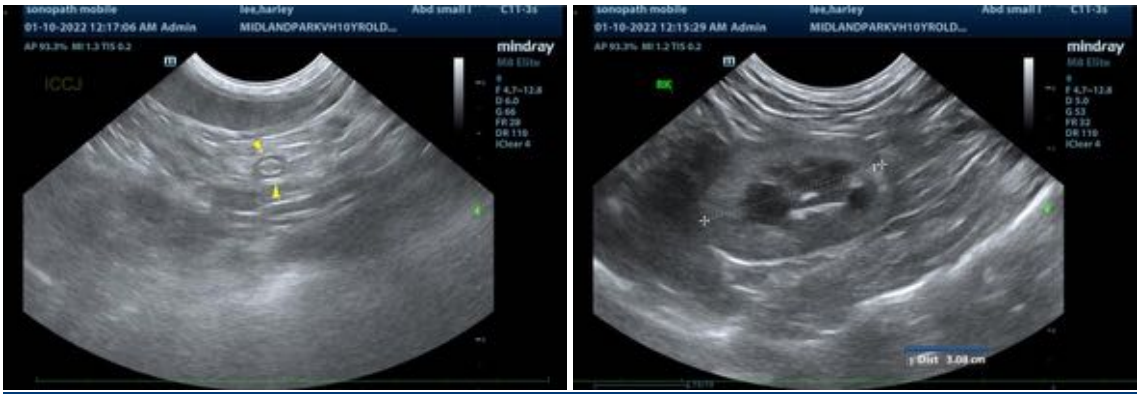
REFERRING VET

Dr. John Shokoff

INVOICE

12801

DATE



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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com