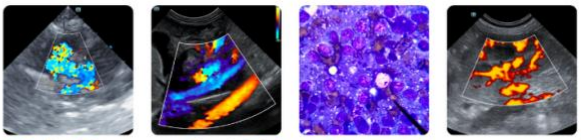

PATIENT

Tuna Geng

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

13.6 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Baker

INVOICE

22415

DATE

1-21-26

PRESENTING CLINICAL SIGNS

- Inappetance, weight loss (15->13.6 lbs)
- QAR, dehydration
- Meds: Methimazole 2.5 mg BID, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: T4: 4.1 (H) Lymphs 11% low, Eos 0% low, Neut 87% High, Abs Lymphs 561 low, Platelets 196 Low, Chem WNL, Urine: PH 6.5, USG 1.063 high, protein 2+ high, Bilirubin 1+ high

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.81 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is moderately distended. The wall is variably thickened (up to 0.15 cm) and hyperechoic-to-mineralized. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The duodenal papilla is normal-in-size (0.30 cm in width).

Gastrointestinal

The gastric lumen is mildly-to-moderately-distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering

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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 3.63 x 0.54 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

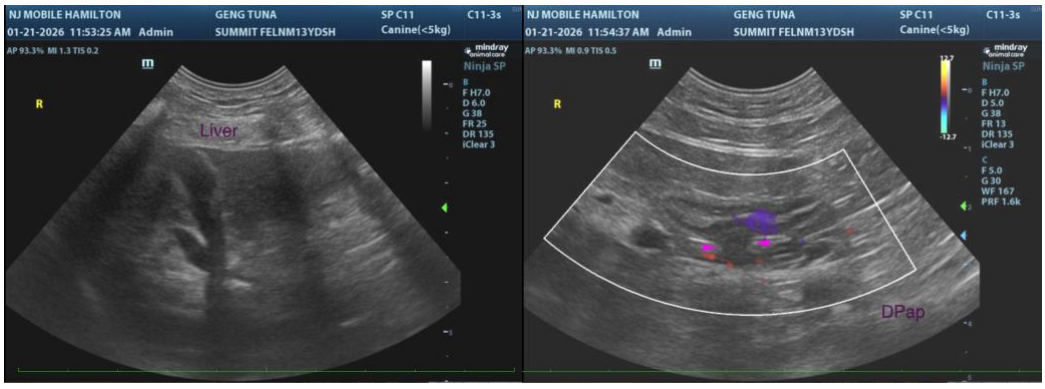
- Bilateral nonspecific age-related renal changes
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include orthopedic or neurologic disease, occult neoplasia, microscopic enteropathy, dental disease, underlying metabolic issue, other.

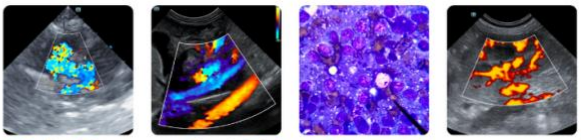
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic, along with a thorough oral examination are recommended.
- Other considerations include the following:

1. Three-view thoracic radiographs to assess for occult pathology in the chest
2. Fecal evaluation, along with a GI panel including serum cobalamin and folate, TLI and PLI
3. Depending on the results of the above diagnostics, further work-up may be indicated.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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SonoPath www.SonoPath.com
info@sonopath.com 800.838.4268

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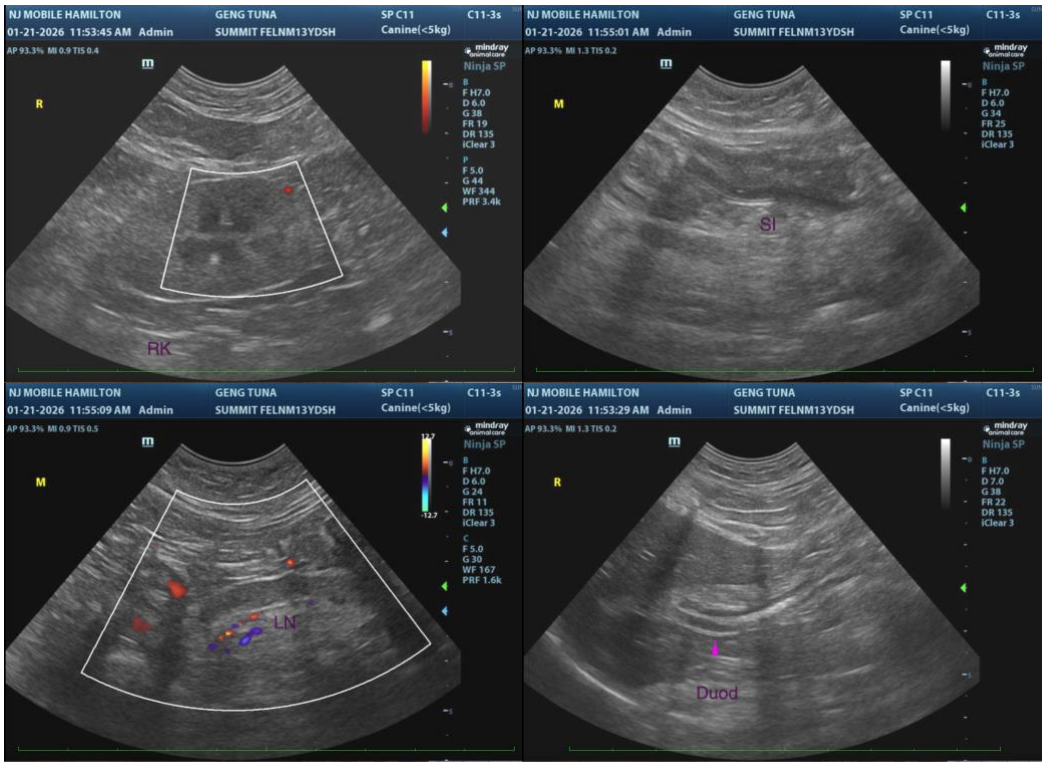

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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