Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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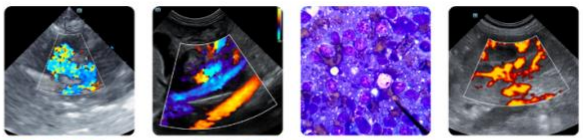

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Garth Robertson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8/27/2020

WEIGHT

13.5lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Oceanside VC

REFERRING VET

Dr Justin Lewandowski

INVOICE

22422

DATE

1-22-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic vomiting persists with increased frequency over the past two months; no diarrhea or other abnormal signs reported. Previous blood work showed mild stress-induced hyperglycemia and mild hypokalemia, likely secondary to GI losses. Differential diagnoses include chronic GI disease (inflammatory bowel disease, lymphoma, chronic esophagitis), with parasitism considered less likely but not excluded due to lack of recent fecal exam. Food allergy is unlikely given lack of response to hydrolyzed diet. Discussed diagnostic options including abdominal ultrasound, radiographs, GI profile, and fecal exam. Client expressed concern about ability to administer oral medications; injectable options discussed.

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 small amount of suspended echogenic debris is observed 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 (4.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (SplAN 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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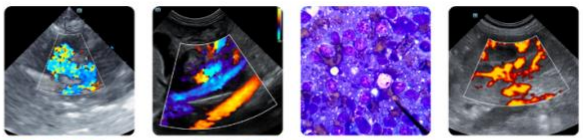

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Pancreas
The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A few prominent mesenteric lymph nodes are visualized (one measuring 0.45 x 0.36 cm).

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes are suggestive of inflammatory bowel disease, with a lower possibility of emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A GI panel including serum cobalamin and folate, TLI and PLI is recommended, along with a fecal evaluation for ova and Giardia (if not already performed).
- Also consider heartworm, antigen and antibody testing, as heartworm disease can cause chronic vomiting in cats.
- If the patient does not respond to the hydrolyzed protein diet, consider switching to a hypoallergenic diet.
- If the above diagnostics are inconclusive and the diet trial unsuccessful at controlling the vomiting, endoscopic or surgical GI biopsies may be indicated. If biopsies are not pursued, empirical treatment of inflammatory bowel disease (i.e., corticosteroids, limited antigen or hydrolyzed protein diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.

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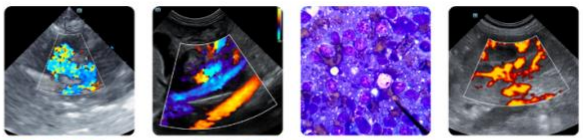

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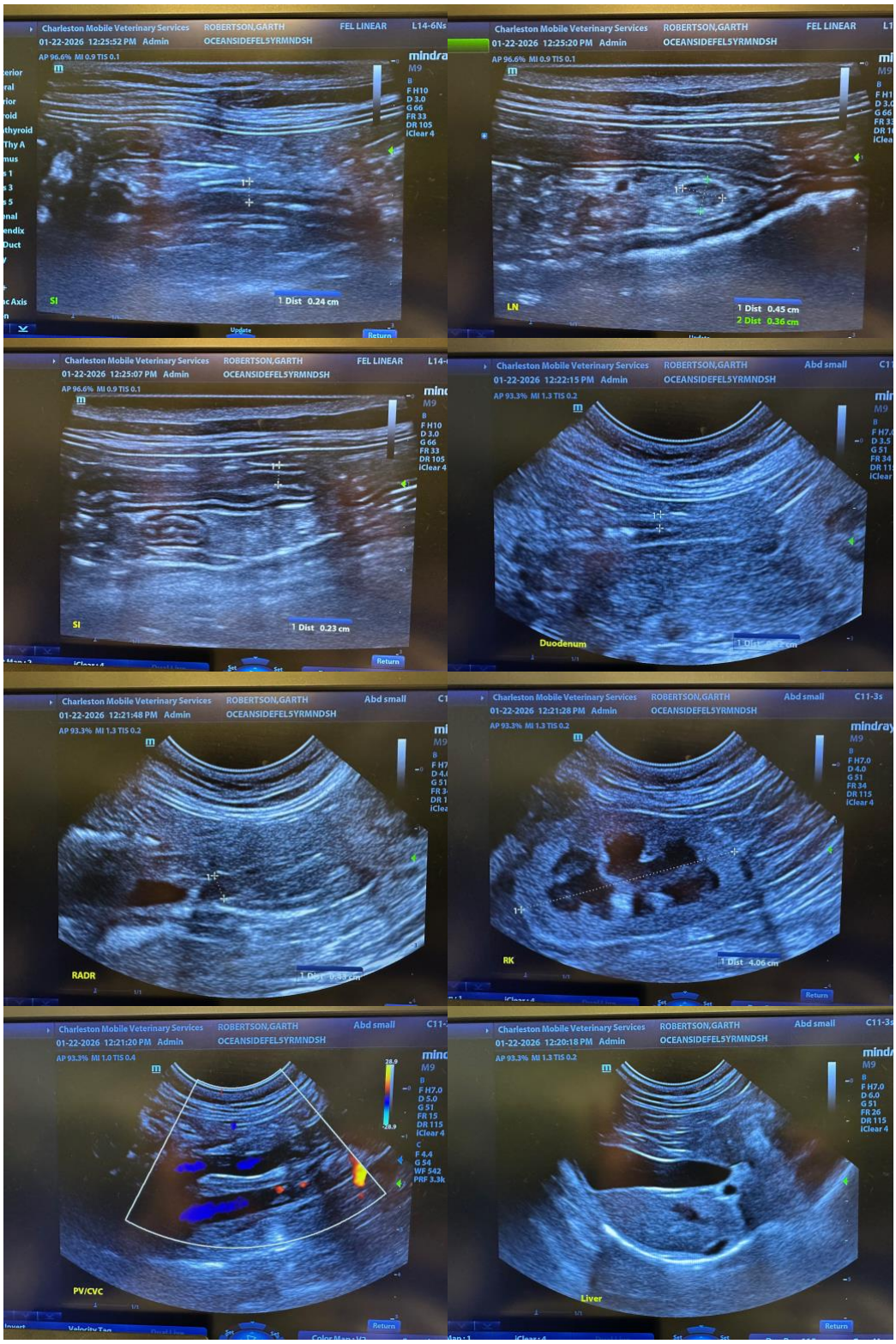

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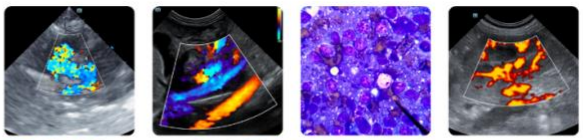

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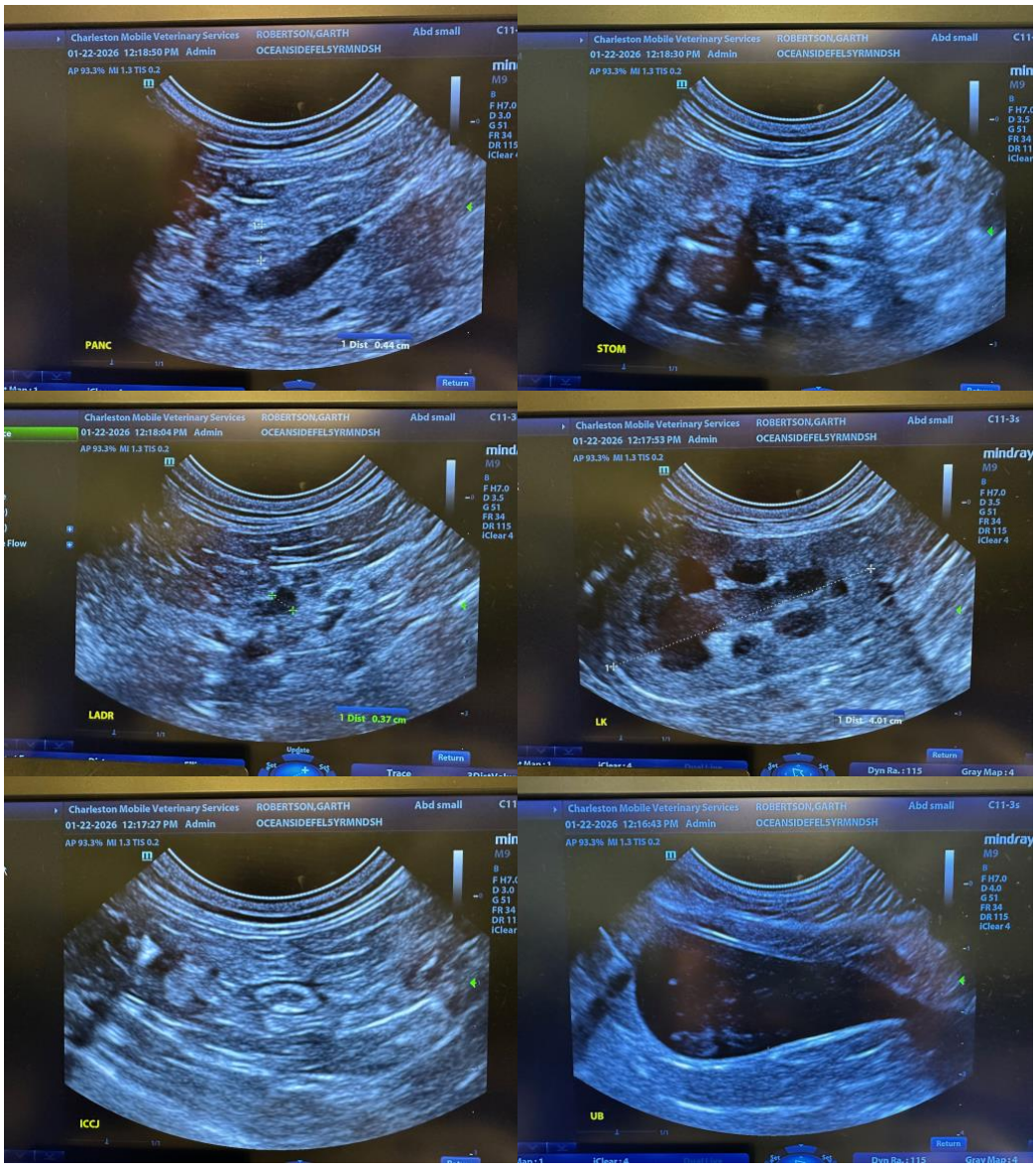

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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