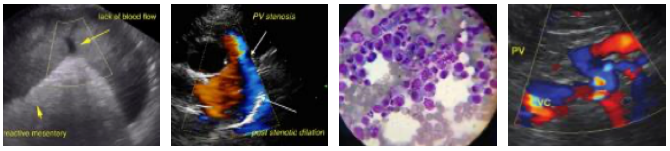
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sugar Ward

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

4.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

12771

DATE

PRESENTING CLINICAL SIGNS

History: Weight loss and ataxia
Abnormal PE/Chem/CBC/UA Results: Glob: 6.3, Amylase 2463, T4; 4.4, HCT: 26, RBC: 7, WBC: 24,

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 scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is borderline small in size (3.19 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (2.76 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.97 cm length; 0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

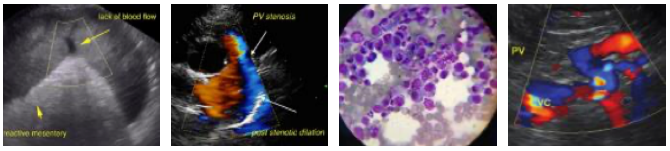
The spleen is contracted (0.40 cm in width at the level of the hilus) with normal curvilinear peripheral contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is subtly hyperechoic relative to the spleen with a coarse echotexture. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic debris is suspended within the lumen. 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 segmentally dilated with



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

PATIENT

Sugar Ward

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

4.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

12771

DATE

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

The left limb and body of the pancreas are prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

Free Abdomen

Trace ascites is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes may be a normal variant for this patient. Alternatively, hepatic lipidosis, inflammatory/immune mediated disease or less likely, infiltrative neoplasia may be present. Correlation with the patient's bloodwork is recommended.
- Bilateral, age-related renal changes with non-obstructive nephrolithiasis.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis.
- The splenic contraction is likely secondary to dehydration.

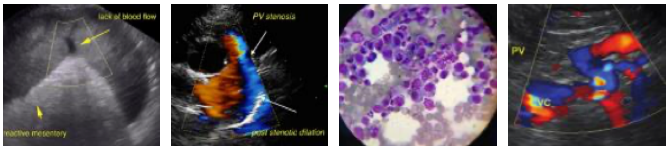
Secondary Findings:

- The significance of the trace ascites is unclear. It may be secondary to increased hydrostatic pressure, low oncotic pressure or increased vascular permeability.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Given the ataxia, a baseline blood pressure measurement, thorough neurologic examination +/- referral to a board-certified neurologist should be considered for further evaluation.
- Given the hyperglobulinemia, also consider a serum protein electrophoresis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sugar Ward

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

4.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

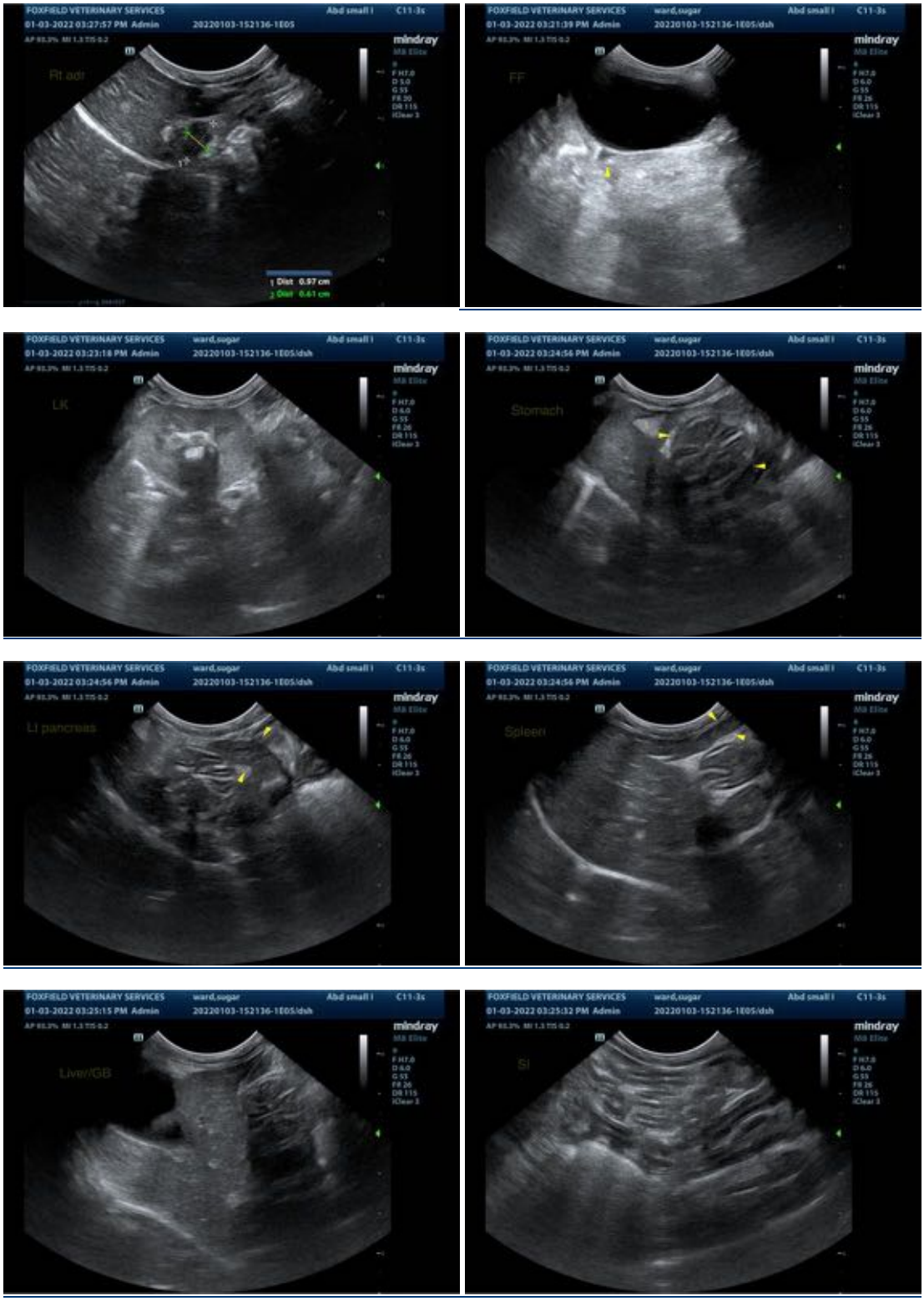
REFERRING VET

Dr. Rodriguez

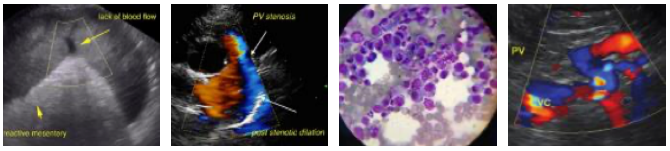
INVOICE

12771

DATE



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sugar Ward

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

4.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

12771

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