

PATIENT

Pockers Christopher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12.5 years

WEIGHT

10.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

12004

DATE

1.3.23

PRESENTING CLINICAL SIGNS

History: Current Medications: Prednisolone 10 mg/ml: 0.2 mls by mouth every 24 hours Patient History: OHE and left chain mastectomy 7/27/22. Irregular mass of left caudal gland. Left and right chain carcinoma cancer grade 1. Right chain mastectomy 9/29/22. ANT CHP performed 7/2022. Compare to prior AUS done 8/12/22 Recently, started coughing. Hx of suspected asthma and response to steroid therapy before. Recent chest rads on 12/13/22- no clear sign of mets at that time but have discussed concern for development. Repeat chest rads planned for 1/3/23

Abnormal PE/Chem/CBC/UA Results: Exam to be updated 1/3/23 for met check, ongoing coughing Exam done 12/13/22: Presented for coughing, becoming more frequent- similar issue Aug 2022, resolved with short course of steroid therapy. Dx with Grade I Mammary Carcinoma July 2022, first mastectomy July 2022, second mastectomy performed 9/29/22. BAR 5. moderate to heavy periodontal disease 6. tachycardia noted today- hard to rule out murmur, Gallop rhythm (had not prev appreciated) 7. has been coughing for past 2 weeks, more noticeable with excitement and reacting to puppy. Did vomit bile after coughing hard, but not all the time. Very mild wheeze noted on auscultation Reviewed monitoring for progressive cough, may be indicator of recurrent asthma, metastatic disease, cardiac disease- O approves rechecking thoracic radiographs 8. mastectomy incision healed well; new hair regrowth seen 9. slightly distended abdomen, firm - recently ate, palpable stools 13. wt gain noted- eats puppy food in home, do not rec further wt gain Thoracic/abdominal radiographs- Mod interstitial lung pattern- recommend monitoring closely for progression of clinical signs, concern for metastatic disease. Compared to rads from 4mo prior- does not look as severe as prev. No clear nodules seen, although discussed concern for mets to lungs, poss underlying cardiac causes

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 moderately distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (3.37 cm in length) with a normal shape, architecture and 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.

The right kidney is normal size (3.70 cm in length) with a normal shape, architecture and 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.

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.

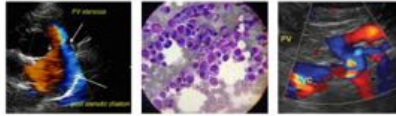
The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 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



PATIENT

Pockers Christopher

regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

Feline

The gall bladder is moderately distended. The wall is normal in thickness. A 0.76 cm irregular cholelith is observed within the lumen. The cystic and common bile ducts are normal.

BREED

DSH

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 with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

SEX

Spayed Female

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.

AGE

12.5 years

Free Abdomen

There is questionable trace ascites. One to two prominent colic lymph nodes are visualized (the largest measuring 0.58 in length). Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.75 lbs

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

INTERPRETED BY

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

Secondary Findings

- Minor bilateral age-related renal changes
- Cholelith - incidental
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

IMAGING PERFORMED BY

Amy Mayhew LVT

*Overall, changes are similar to the previous sonogram

HOSPITAL NAME

SVS Imaging Michigan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the clinical history, consider an echocardiogram, ECG and baseline blood pressure measurement, as well as an airway work-up (i.e., tracheal wash with cytology and cultures), if the patient is stable enough to undergo these procedures.

REFERRING VET

Family Pet Practice

INVOICE

12004

DATE

1.3.23



PATIENT

Pockers Christopher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12.5 years

WEIGHT

10.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

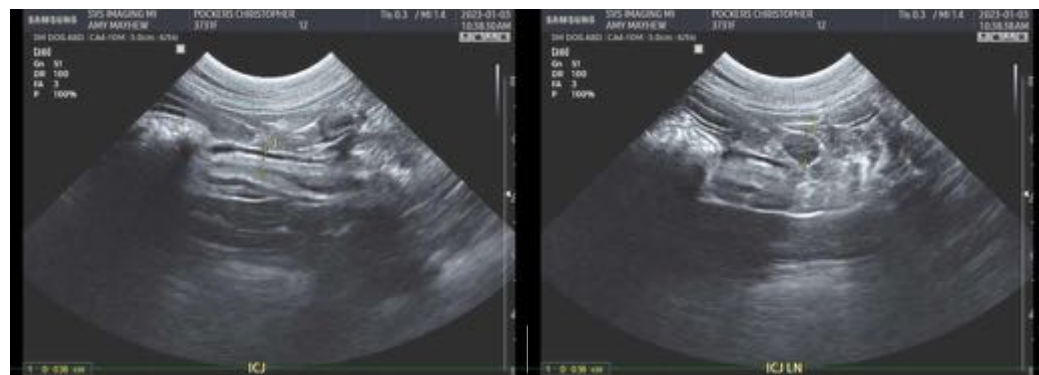
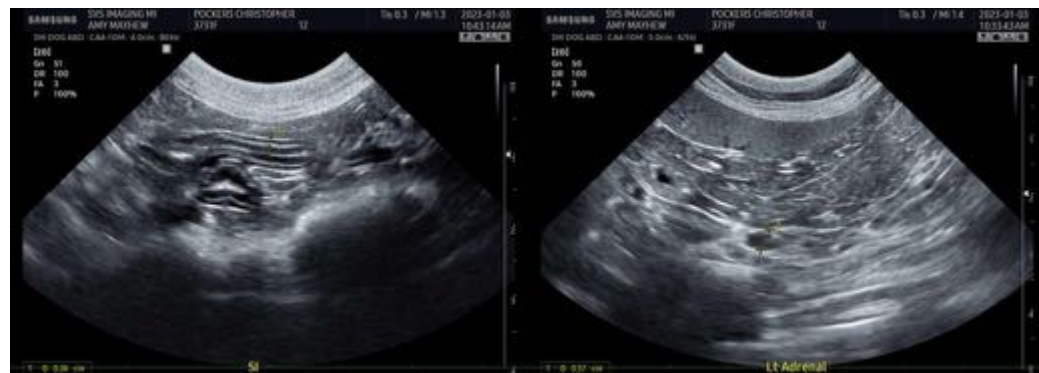
Family Pet Practice

INVOICE

12004

DATE

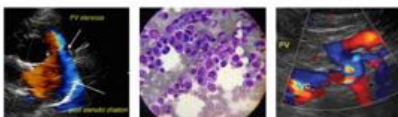
1.3.23



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.

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Pockers Christopher

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.

SPECIES

Feline

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

BREED

DSH

SEX

Spayed Female

AGE

12.5 years

WEIGHT

10.75 lbs

INTERPRETED BY

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

**IMAGING PERFORMED
BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

12004

DATE

1.3.23