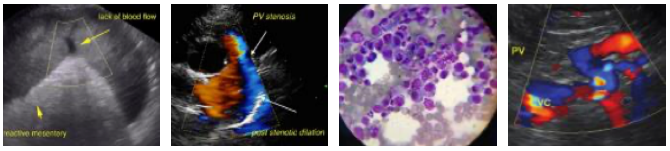
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Louie Haberman

SPECIES
Feline

BREED
Domestic longhair

SEX
Male, neutered

AGE
14 Yrs.

WEIGHT
9 lbs.

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

IMAGING PERFORMED BY
Dr. Sarah Green

HOSPITAL NAME
Healing Spirit Animal Wellness

REFERRING VET
Dr. Sarah Green

INVOICE
14532

DATE
1/31/23

PRESENTING CLINICAL SIGNS

History: Progressive weight loss, interested in food, but only eating small volumes at a time
Abnormal PE/Chem/CBC/UA Results: Dull parted coat, no other significant abnormalities. CBC, chemistry, T4 - WNL, UA: usg > 1.050, protein =300 mg/dL, up:c >0.4 <2.0, 4+ struvite crystalluria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

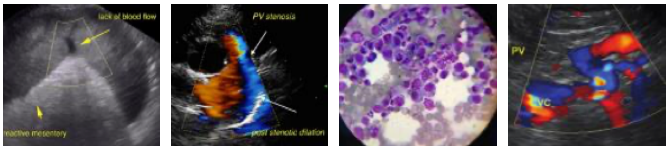
The spleen is prominent in size (1.02 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.77 cm in length. The mesentery surrounding the nodes is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mild splenomegaly could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or less likely, emerging neoplasia.

Secondary Findings:

- Urinary bladder debris.
- Bilateral chronic age-related renal changes with dystrophic mineralization.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, occult neoplasia, primary neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A neurologic exam is also recommended to assess for subtle deficits as primary brain tumors can present with weight loss as the sole clinical signs.
- A splenic aspirate can also be considered if clotting status is appropriate.
- Also consider the following:
  1. A fecal evaluation for ova/Giardia
  2. GI panel including serum cobalamin, folate, TLI and PLI
  3. +/- endoscopic or surgical GI biopsies.

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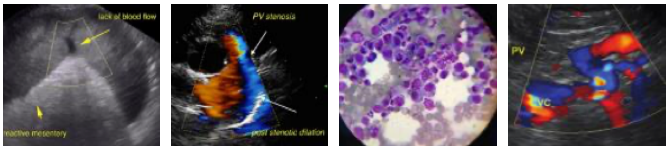

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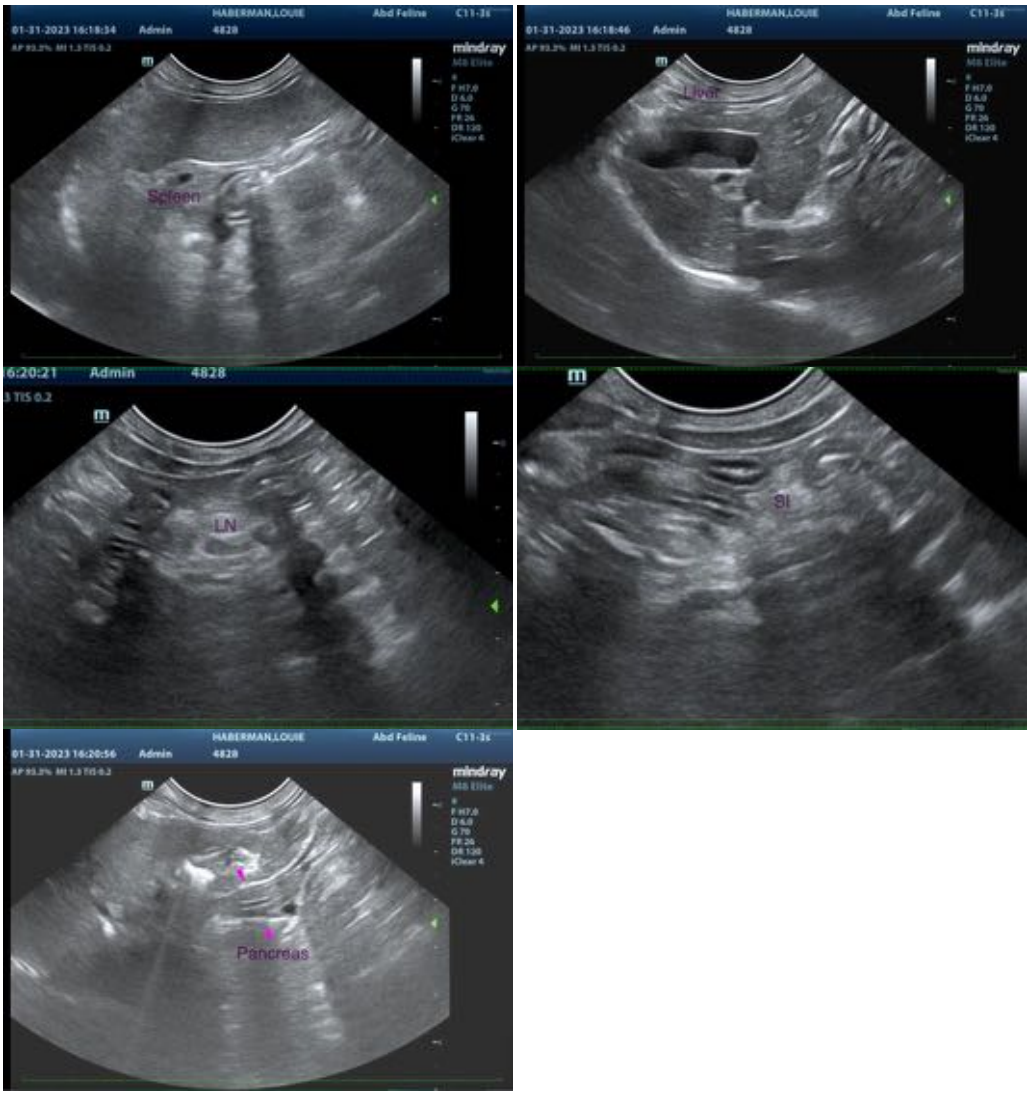

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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