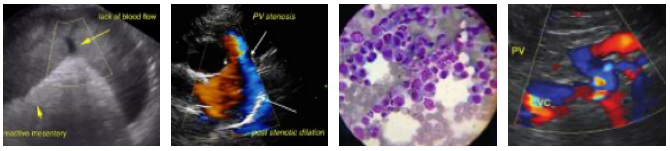


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ember Murawski

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

12.98 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced Pet Care of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

12384

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Has had inappropriate defecation and soft stool for the past 3 months. Treated with metronidazole and fortiflora. The inappropriate defection has stopped with the medication and some environmental changes but she is still having slightly soft stool. Pet is otherwise normal.
Abnormal PE/Chem/CBC/UA Results: Has had normal blood work and abdominal radiography and a negative fecal.

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 lumen is moderately distended with anechoic urine. 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 (3.50 cm in length); normal shape and architecture with 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 size (3.69 cm in length); normal shape and architecture with 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 region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

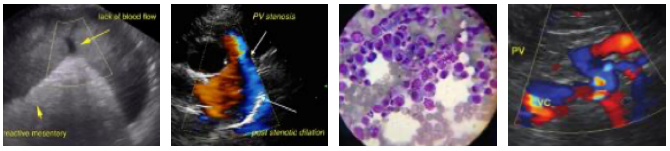
The spleen is normal in size (1.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. 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 gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight



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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.

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.

Free Abdomen

There is no evidence of free fluid. A 1.26 cm sublumbar lymph node is visualized. In addition, 1-2 lymph nodes are observed adjacent to the ileocecal colic junction.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern suggestive of inflammatory bowel disease.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronic soft stools, consider the following diagnostics/therapeutics:

1. Despite negative fecal evaluation, prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
2. GI panel including serum cobalamin, folate, TLI and PLI.
3. 6-week limited antigen diet trial.
4. Consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Proviable Forte).
5. Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin (in lieu of Metronidazole).
6. +/- endoscopic or surgical gastrointestinal biopsies.

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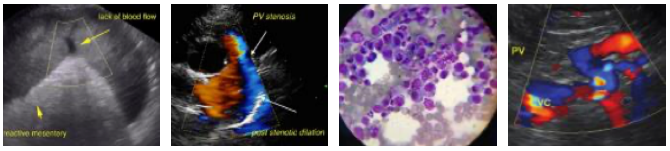

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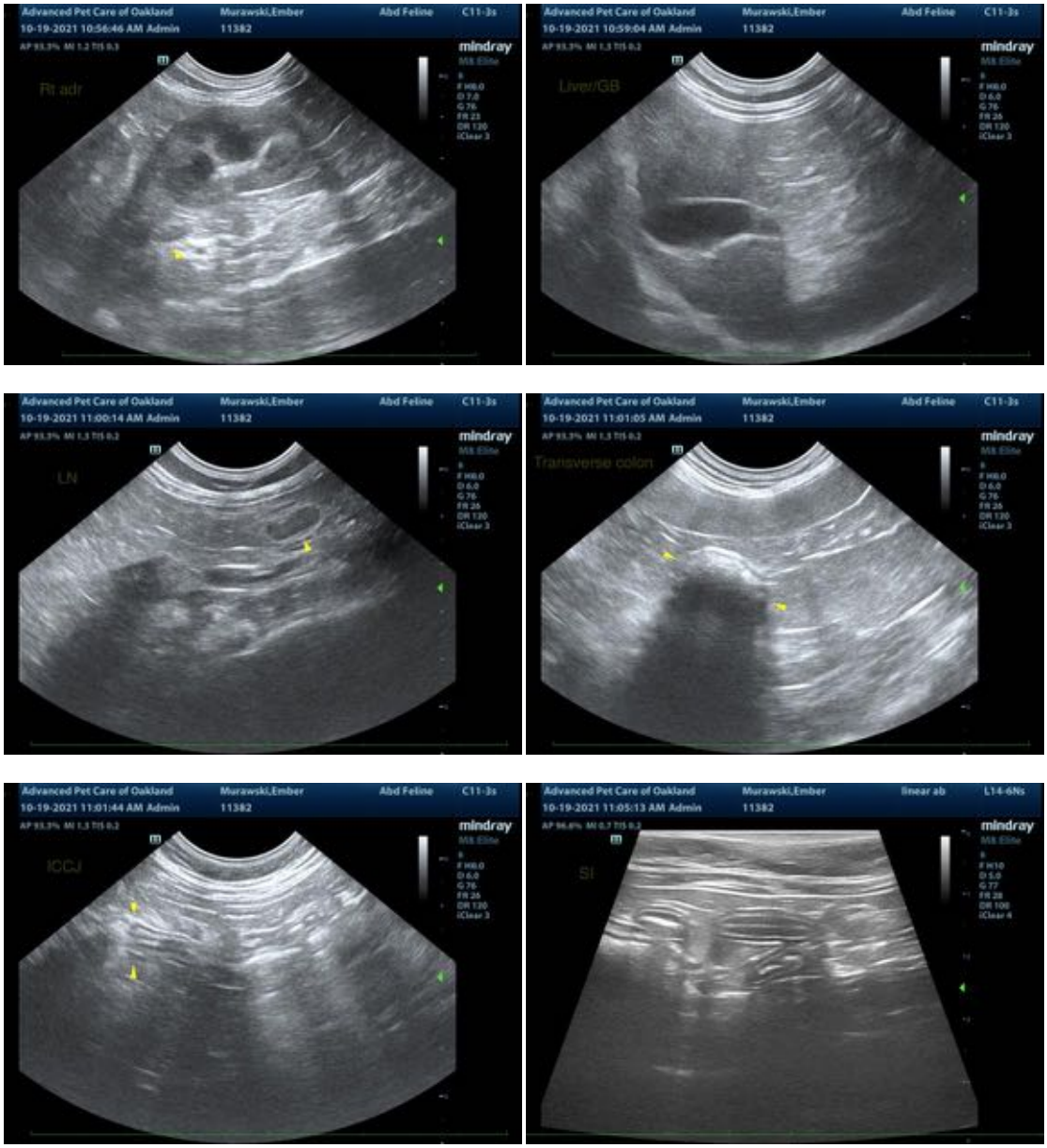

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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