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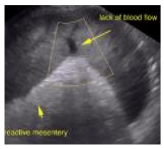
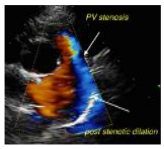
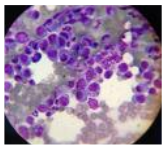
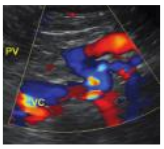

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1-800-838-4268 info@sonopath.com

PATIENT

Max Ness

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.8 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Benjamin Stegman

HOSPITAL NAME

Red River AEH & RC

REFERRING VET

Benjamin Stegman

INVOICE

14106

DATE

10/30/21

PRESENTING CLINICAL SIGNS

History: Max was evaluated yesterday for 2–3-week progressive frequency and severity vomiting and inappetence. On exam, Max's gums were pale pink, and he was dehydrated. His vitals were normal, heart and lung sounds were normal. Blood work showed a strongly regenerative anemia, and a mildly elevated ALT liver value. We discussed admitting Max for IV fluids, GI support for the vomiting and inappetence, possible blood transfusion if his red blood cell level dropped further, further diagnostics, etc. Today, his hematocrit had dropped a little further, although his protein remains normal. Manual review of his CBC showed significant immaturity to the erythrogram. His physical exam wasn't different from prior. The cat has reportedly tested negative for FeLV/FIV in the past, but this wasn't checked here.

Abnormal PE/Chem/CBC/UA Results: Yesterday: CBC - regenerative anemia (24.7% HCT, 613k/ul reticulocytes), bands suspected but no leukocytosis, thrombocytopenia (19k/ul) Chem17lytes - ALT 236, glucose 250 Auto agglutination negative Sample was not hemolyzed Today: The HCT was 20.5%, PCV 17% with TP 8g/dl. Still clear plasma. Reticulocytes are still elevated 553k/ul, platelets still read low at 19k/ul, but on manual review the estimate was 97k/ul (discrepancy due to clumping). I didn't recheck the chemistry.

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 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 2.0 cm, are normal.

The left kidney is normal size (4.80 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.

The right kidney is normal size (5.05 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.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

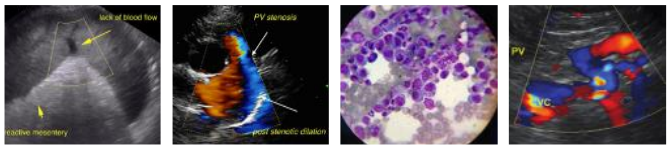
The right adrenal gland is not definitively visualized.

Spleen

The spleen is normal in size (0.85 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 gall bladder lumen is



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moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach is not evaluated in its entirety. The fundus is not well visualized. The pyloric antrum is 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecalcolic junction is normal. The cecum is visible but not overtly inflamed. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

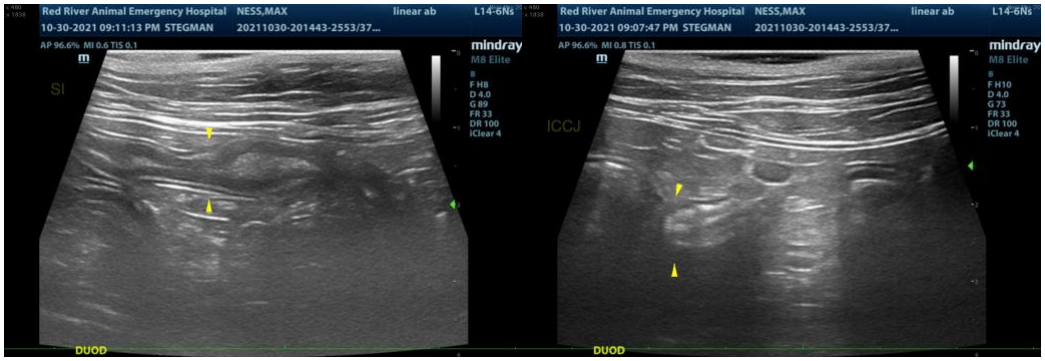
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A prominent 0.50 cm lymph node is observed at the ileocecalcolic junction.

ULTRASONOGRAPHIC FINDINGS

- An obvious cause for the patients' clinical signs is not identified in the study. Considerations for regenerative anemia include GI bleeding, other blood loss, hemolysis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider additional sonographic view of the stomach to further evaluate for pathology.
- Three view thoracic radiographs are recommended to assess for occult blood loss in the chest.
- Mycoplasma, PCR panel.
- Depending upon the results of the above diagnostics, an upper GI endoscopy may be warranted to assess for bleeding gastric ulcers, small tumors, other.
- Also consider a malabsorption panel, including serum cobalamin, folate, TLI and PLI.



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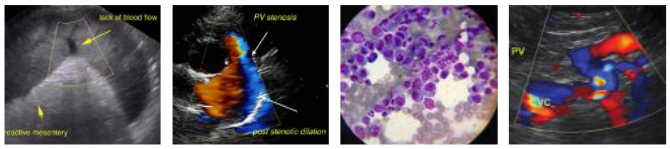

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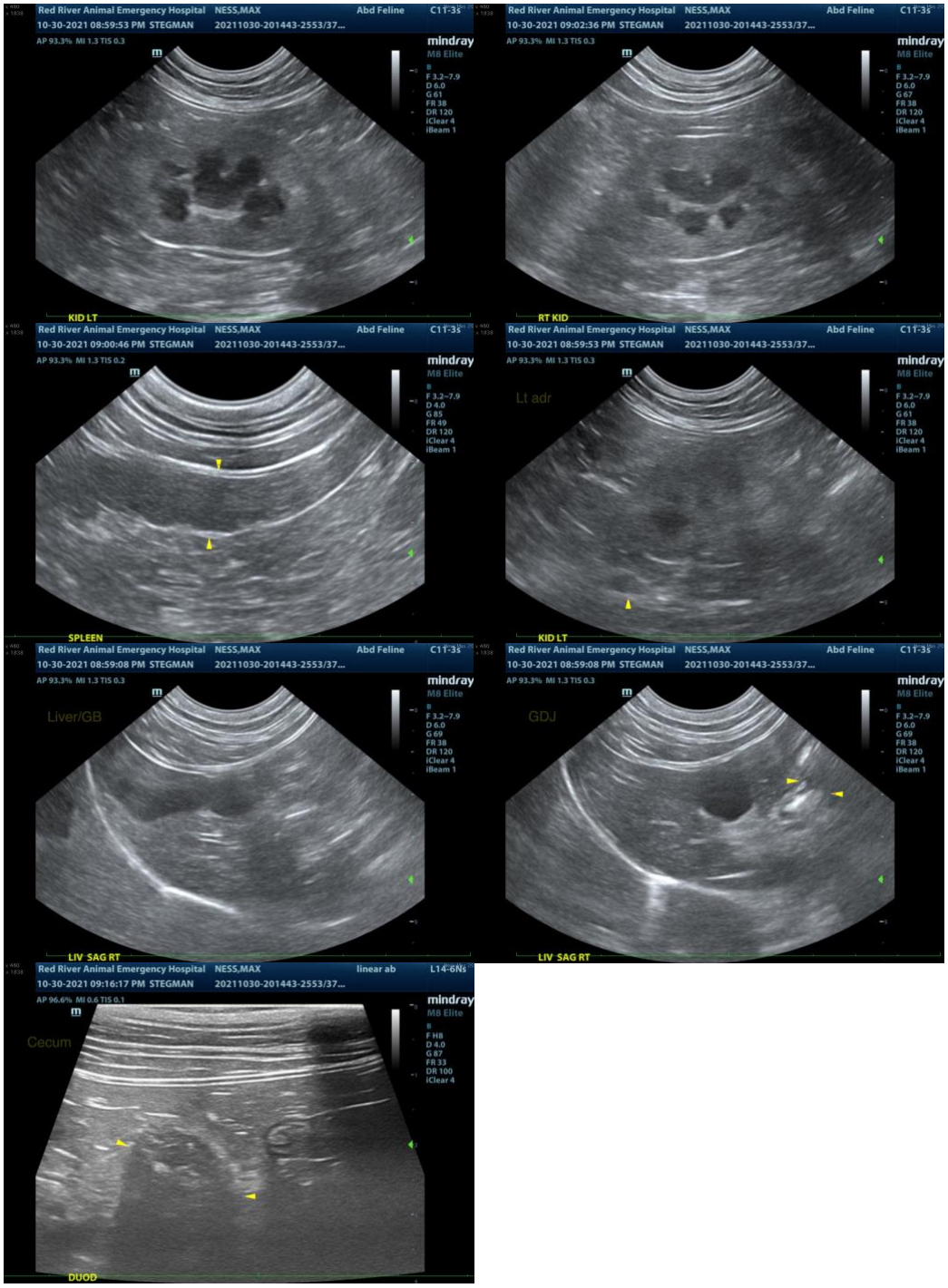

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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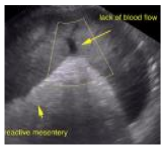
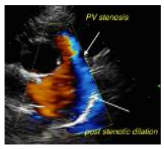
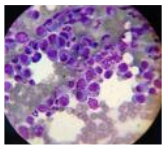
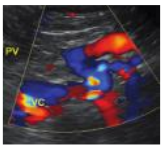

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