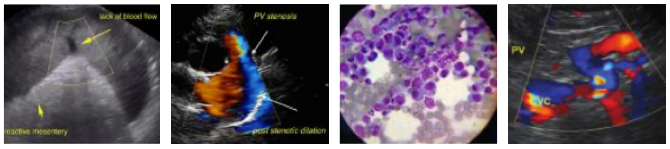
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
George Michael Field

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
10 years

WEIGHT
7 kg

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

IMAGING PERFORMED BY
Laura Field w/ Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Laura Field

INVOICE
11955

DATE
11.2.22

PRESENTING CLINICAL SIGNS

History: Chronic hx of vomiting and DHA. Doing better on HP diet, but still has soft stools regularly. Suspect IBD
Abnormal PE/Chem/CBC/UA Results: Normal CBC/CHEM. Has stable HCM- 2 echos 8mos apart no changes. Normal UA.

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 mildly to 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 1-2 cm, are normal.

The **left kidney** is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The **right adrenal gland** is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.66 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 curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture and is homogenous in appearance. At least one intrahepatic biliary stone is visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is moderately distended. The wall is normal in thickness. A 0.91 cm irregular cholelith is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

The **gastric lumen** is moderately distended with ingesta and soft, shadowing material. 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. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material.

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portion, no obvious pathology is observed.

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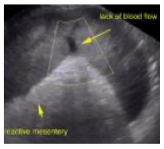
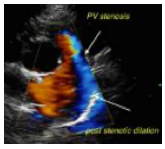
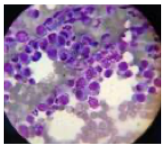
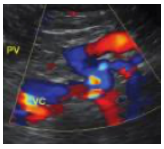

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Free Abdomen
The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying. The soft, shadowing material may represent normal ingesta and/or foreign material (i.e., hair).

Secondary Findings

- Minor bilateral age-related renal changes
- Intrahepatic biliary stone – incidental
- Cholelith - incidental

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, infectious/parasitic disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
2. Heartworm, antigen and antibody testing is also recommended.
3. Consider a fecal evaluation for ova and Giardia.
4. Also consider a GI panel including serum cobalamin and folate, TLI and PLI (send to send to Texas A&M).
5. If trichobezoars are a problem for this patient, consider initiation of Laxatone or other hairball remedies.
6. Ultimately, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.

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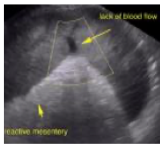
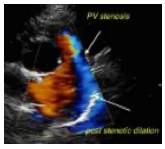
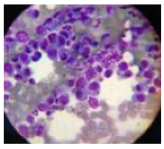
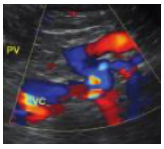

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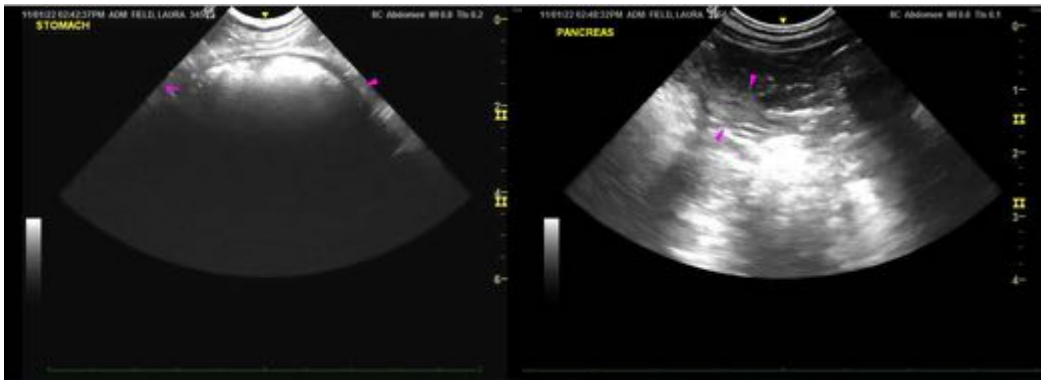

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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