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Clinical Sonography & Telecytology
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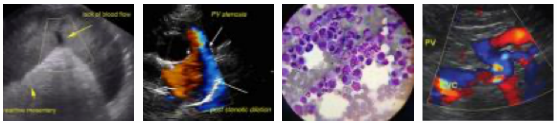


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Amber Swisher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

5.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr Cox

INVOICE

11927

DATE

11.29.22

PRESENTING CLINICAL SIGNS

History: Hyperthyroid - being treated but has not gained weight

Abnormal PE/Chem/CBC/UA Results: NSF in CBC. Clumped PLT ALT = 18 (was 25), ALP 7 (was 11) T4 is low at 0.6 (was 2.5) Current Medications Methimazole 3.75mg BID

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. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is borderline small in size (3.19 cm in length) with a normal shape and smooth peripheral contours. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (2.91 cm in length); with a normal shape and smooth peripheral contours. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. 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 size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.84cm 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.

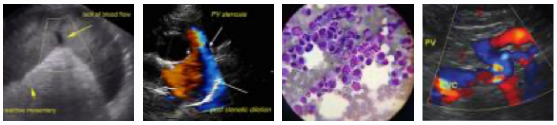
Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.43 cm in width).

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 is normal to mildly thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most



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segments. Discreet masses are not identified. The colonic wall is 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 few prominent mesenteric lymph nodes are visualized, the largest measuring 1.60 cm in length. The nodes are relatively normal in shape and echogenicity.

Other
A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hepatic parenchymal changes may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, inflammatory disease or other hepatopathy.

Secondary Findings

- Bilateral chronic age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and small intestinal wall changes, a fecal evaluation for ova and Giardia as well as a GI panel including serum cobalamin and folate, TLI and PLI, are recommended. Also consider transitioning to a hydrolyzed protein or limited antigen diet and initiating supplementation with a probiotic.
- Ultimately, gastrointestinal biopsies (endoscopic or surgical) may be necessary to get a definitive diagnosis. If pursued, thoracic radiographs are recommended prior to anesthesia. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) as long as the client understands the risks of treatment without a definitive diagnosis.

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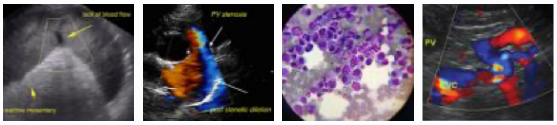

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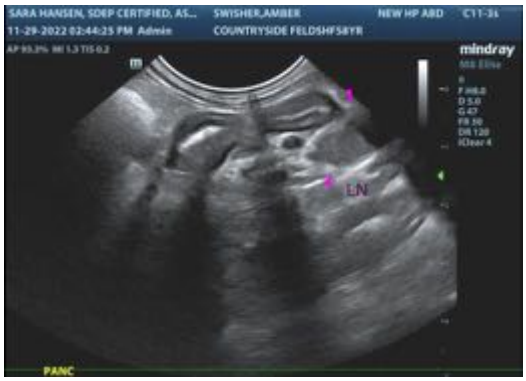

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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