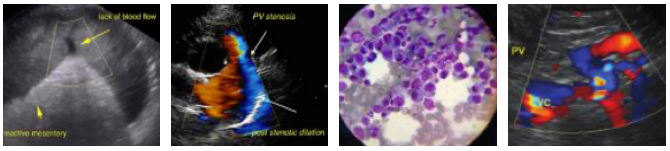
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Wormy Madison

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
17.5 Yrs.

WEIGHT
7.16 lbs.

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Travis Gibson

INVOICE
12715

DATE
12/14/21

PRESENTING CLINICAL SIGNS

History: Chronic waxing/waning vomiting and diarrhea. Presents today for vomiting and hematuria. Previous hx of urinary infection treated with amoxicillin and then had to have another cycle with orbax. Abnormal PE/Chem/CBC/UA Results - CHEM 10 = all wnl except ALT 194 UA - trace protein, mod. glucose @ 300, WBC 50/hpf, non-squamous epi, no crystals detected. USG 1.028. Glucosuria is present but peripheral glucose is normal. Pyuria is present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (Up to 0.50 cm) and irregular. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is visualized at the lateral aspect. Pinpoint hyperechoic foci are observed within the cortex. Hyperechoic shadowing diverticular foci are also visualized. There is moderate pyelectasia (0.37 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Hyperechoic shadowing diverticular foci are visualized. There is moderate pyelectasia (0.49 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal in size (0.98 cm length; 0.58 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

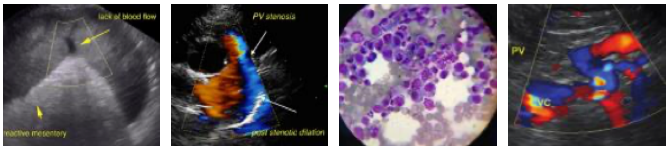
The right adrenal gland is mildly enlarged (1.03 cm length; 0.70 cm width) with slightly swollen peripheral contours. The parenchyma is homogeneous with normal glandular detail. Surrounding vasculature is normal.

Spleen

The spleen is subjectively normal in size (0.75 cm in width at the level of the hilus) with scalloping of the medial 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.



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

PATIENT
Wormy Madison

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
17.5 Yrs.

WEIGHT
7.16 lbs.

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Travis Gibson

INVOICE
12715

DATE
12/14/21

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 0.33 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.30 cm in diameter). There is no evidenced of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. 1-2 prominent mesenteric lymph nodes were visualized, the largest measuring 0.73 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of chronic pancreatitis.
- The urinary bladder wall changes are most consistent with cystitis (i.e., polypoid) with a lower possibility of emerging neoplasia (i.e., transitional cell carcinoma).
- Bilateral age-related renal changes with dystrophic mineralization and a left cortical infarct. The bilateral pyelectasia may be secondary to pyelonephritis and/or age-related remodeling.

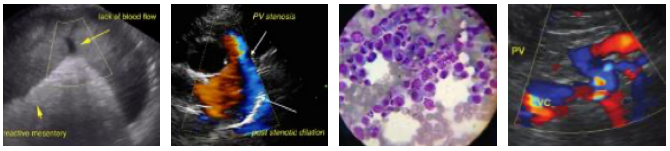
Secondary Findings:

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.



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

PATIENT

Wormy Madison

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17.5 Yrs.

WEIGHT

7.16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Travis Gibson

INVOICE

12715

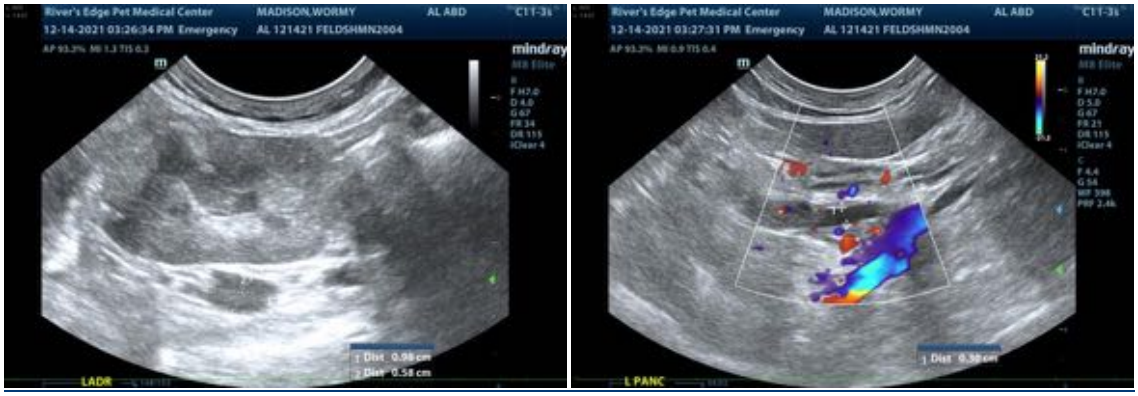
DATE

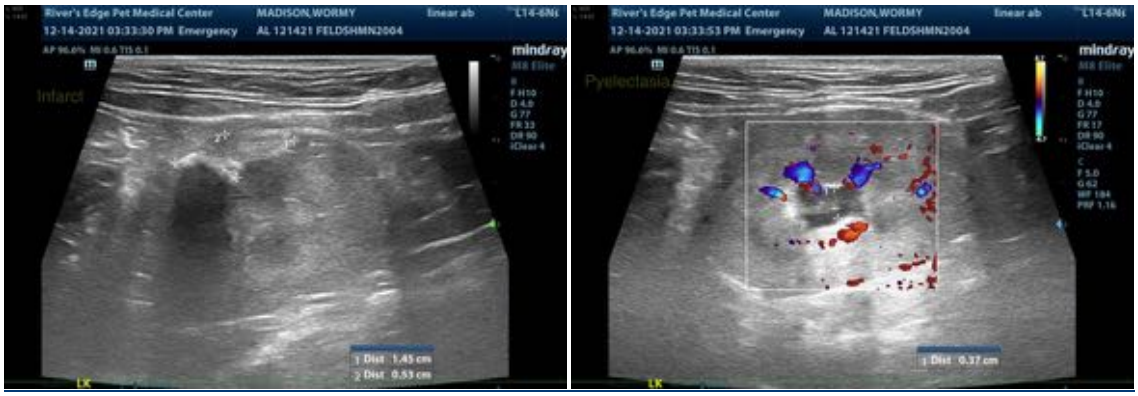
12/14/21

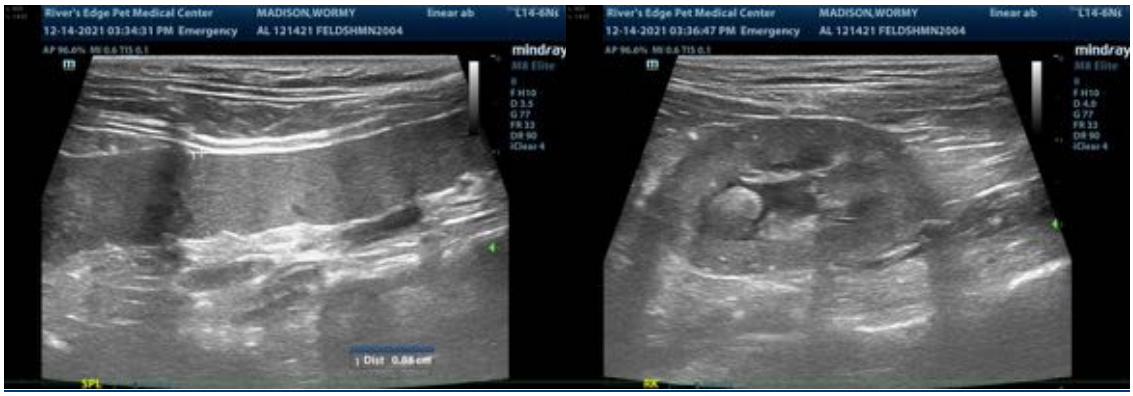
5. Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

6. Regarding the pyuria, a urine culture and sensitivity is recommended. If positive, a prolonged antibiotic course (i.e., 3-4 weeks) may be warranted as empirical treatment for pyelonephritis. A recheck urine culture should be performed 5-7 days after the last dose of antibiotics.

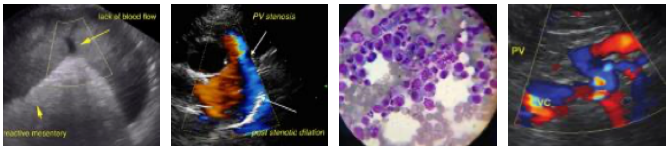
7. A recheck urinalysis is recommended in approximately 1 month to assess for persistent glucosuria. If present, renal tubular disease may be present.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Wormy Madison

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17.5 Yrs.

WEIGHT

7.16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

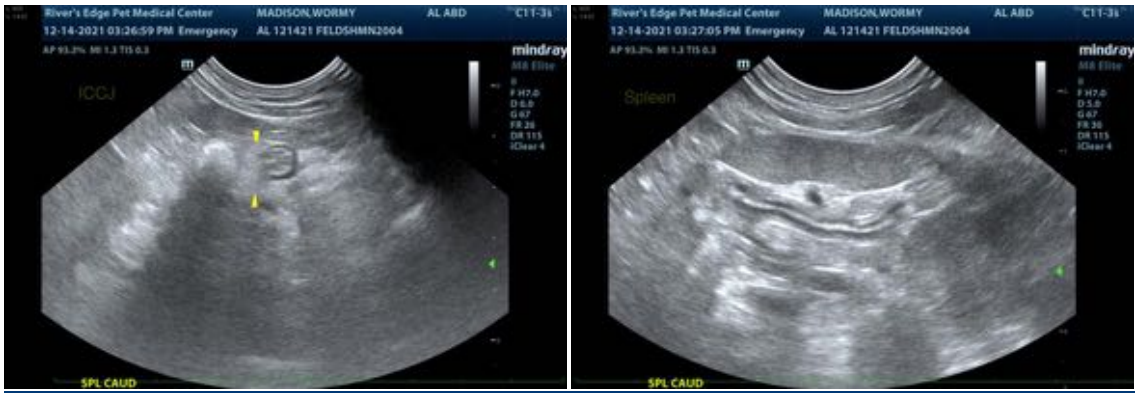
Dr. Travis Gibson

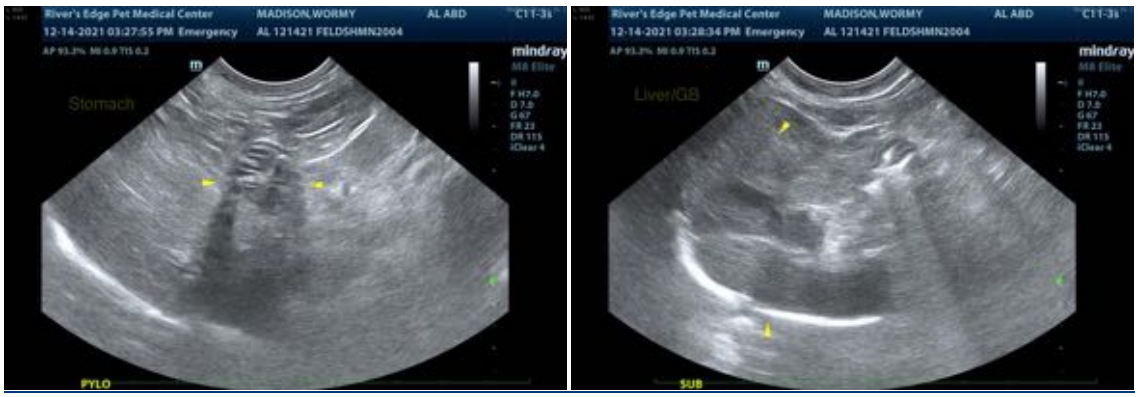
INVOICE

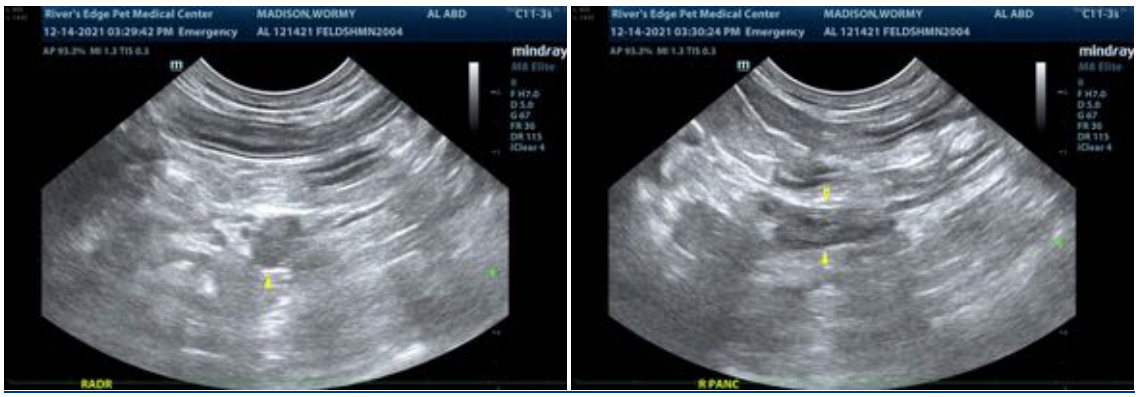
12715

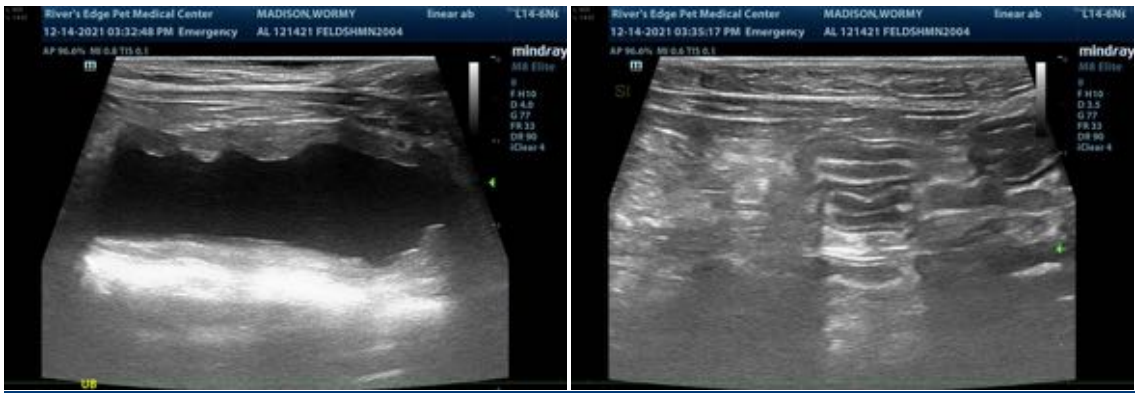
DATE

12/14/21

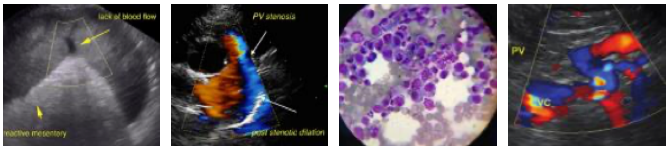








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Wormy Madison

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17.5 Yrs.

WEIGHT

7.16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

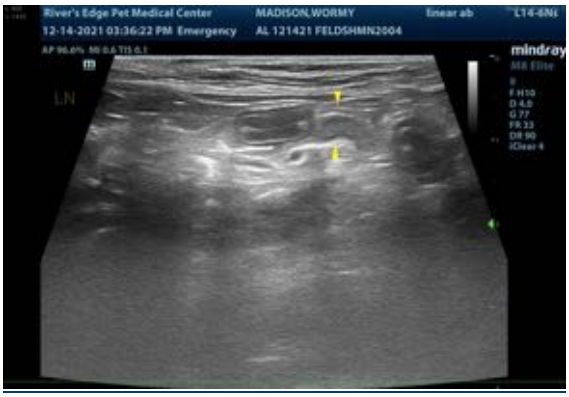
Dr. Travis Gibson

INVOICE

12715

DATE

12/14/21



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