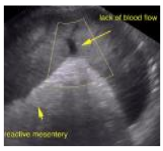

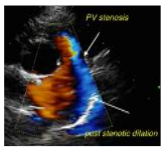

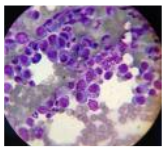
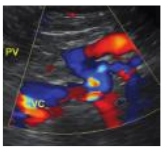

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1-800-838-4268 info@sonopath.com

PATIENT

Boots Zureick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

9.56 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ellen Puthoff

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

History: Boots was diagnosed with CKD (iris stage 2) based on bloodwork performed in March 2021 (see attached). Discussed performing abdominal ultrasound at that time but owner declined - elected to switch to k/d wet food. Rechecks in August and December revealed stable values + normal blood pressure. However, he has continued to lose weight. Owner reports vomiting at home but it seems to correspond to periods of constipation - lactulose has helped reduce constipation episodes which in turn decreased his vomiting. Was dehydrated for the first time at his recheck in December and was started on hydracare. Owner is considering learning to perform SQ fluids at home.
Abnormal PE/Chem/CBC/UA Results:

Six still images and 15 video clips are available for interpretation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The walls are normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

No images provided.

Spleen

The spleen is subjectively enlarged (1.40 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is mostly homogenous. No focal lesions are observed. There is no evidence of thrombosis.

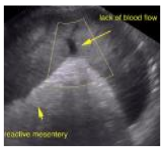
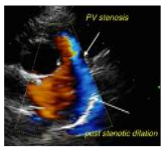
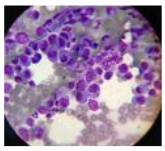
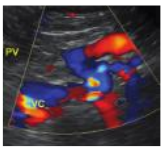
Liver

The liver is subjectively normal in size with normal with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. At least two irregular cystic regions are observed on the right side, adjacent to the diaphragm, the larger one measuring 2.44 cm in length. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly to moderately distended. The wall is normal in thickness. A small amount of mostly gravity dependent echogenic debris is observed within the lumen and extends into the proximal cystic duct. The cystic and common bile ducts are normal without evidence of obstruction.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments, with a greater than 1:1 ratio

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in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb is prominent to enlarged with irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat, and slightly mottled in appearance. The pancreatic duct is dilated (0.41 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma
- The splenomegaly could be secondary to infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia or extramedullary hematopoiesis
- Bilateral nonspecific age-related renal pathology
- The pancreatic changes are consistent with age-related remodeling/fibrosis with probable concurrent chronic pancreatitis.

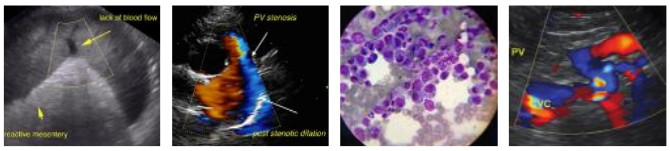
Secondary Findings

- Hepatic cysts, likely benign. The diffuse hepatic parenchymal changes may be secondary to benign age-related change, inflammatory/immune-mediated disease, hepatic lipidosis, or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider the following diagnostics:

- Three-view thoracic radiographs to assess for occult neoplasia in the chest
- A GI panel, including serum cobalamin, folate, PLI and TLI is recommended (send to Texas A & M).
- Fecal evaluation for ova and Giardia
- Fine-needle aspirate of the spleen (if clotting status is appropriate), to further assess for infiltrative neoplasia
- 6-week limited antigen diet trial
- +/- endoscopic or surgical gastrointestinal biopsies
- If the above diagnostics are inconclusive and biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., hypoallergenic diet, corticosteroids) can be considered. However, the owner must be aware of the risks associated with corticosteroid



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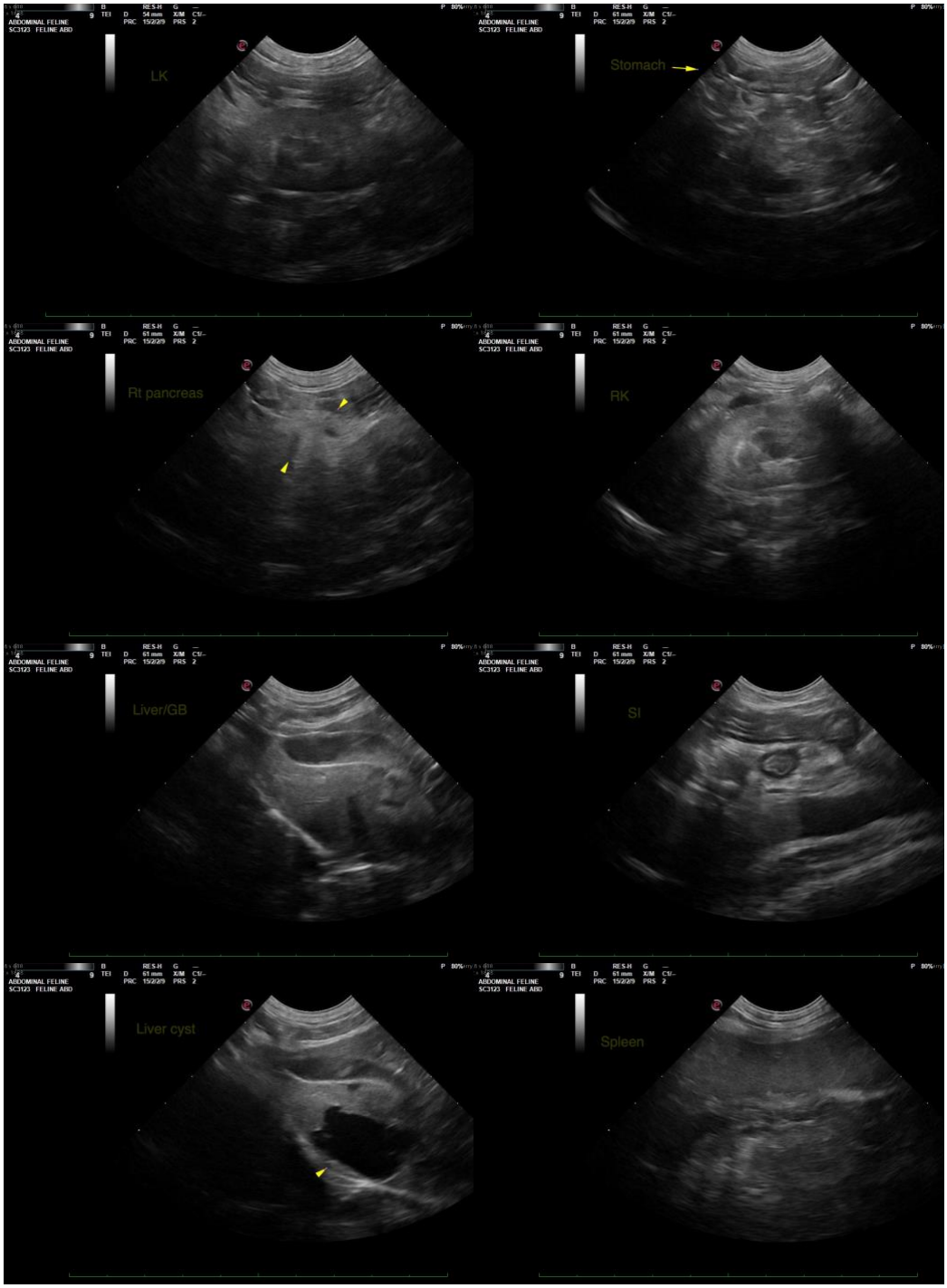
use without a definitive diagnosis. There is potential for steroids to hasten the progression of the patient's renal disease.



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.

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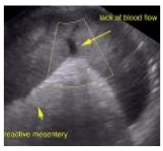
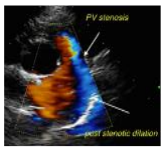
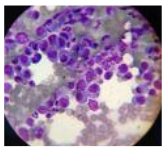
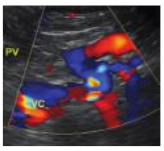

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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