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Clinical Sonography & Telecytology
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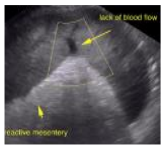
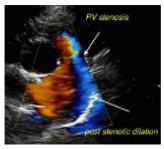
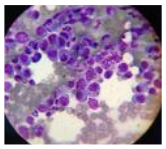
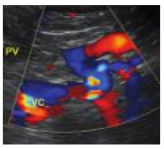

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1-800-838-4268 info@sonopath.com

PATIENT
Sada Rogers

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
13 Years

WEIGHT
9.94 Lbs.

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

IMAGING PERFORMED BY
Dr. Puthoff

HOSPITAL NAME
Kings VH

REFERRING VET
Dr.Puthoff

INVOICE
13084

DATE
12/16/21

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting for years, Sada presents today for lethargy and vomiting. She has had an issue with vomiting off and on but over the past 7-9 days, she has been vomiting more frequently - more significant over past 2 days. Has been more projectile than normal - majority of the time it is food but sometimes it is more of a burnt orange color. She has also been licking her lips more. She has also had more clear ocular discharge than normal. She still appears to be eating and drinking like normal. She has seen her come out of the laundry room so assuming she is urinating okay. No diarrhea in the box. She typically doesn't bother things or pick things off of the floor.
Abnormal PE/Chem/CBC/UA Results:

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm) in the longitudinal plane. There is no evidence of nephroliths, infarcts or hydroureter.

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 minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.77 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.

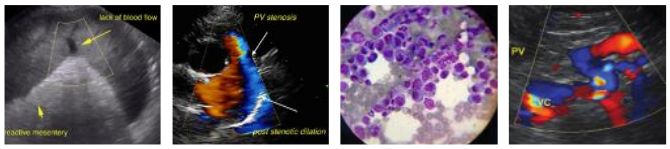
Liver

The liver is subjectively prominent in size. There is rounding/swelling of the right margin. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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 mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural



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detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with severe inflammatory bowel disease or emerging lymphoma.
- The trace ascites is likely secondary to bowel pathology.
- The swelling of the right liver may be secondary to benign pathology (i.e., inflammation, vacuolar change). Alternatively, infiltrative neoplasia (i.e., lymphoma) may be present.

Secondary Findings

- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three- view thoracic radiographs are recommended to assess cardiopulmonary status.
- A fine needle aspirate of the right liver swelling can also be considered if clotting status is appropriate and if the region is accessible.
- If an aggressive approach is desired, consider an abdominal exploratory with gastrointestinal and liver biopsies (especially the right liver swelling). If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., hypoallergenic diet and corticosteroids) can be considered as long as the client understands the risk of treatment without a definitive diagnosis.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.

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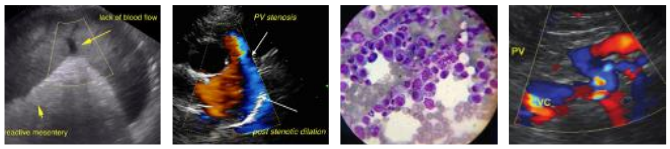

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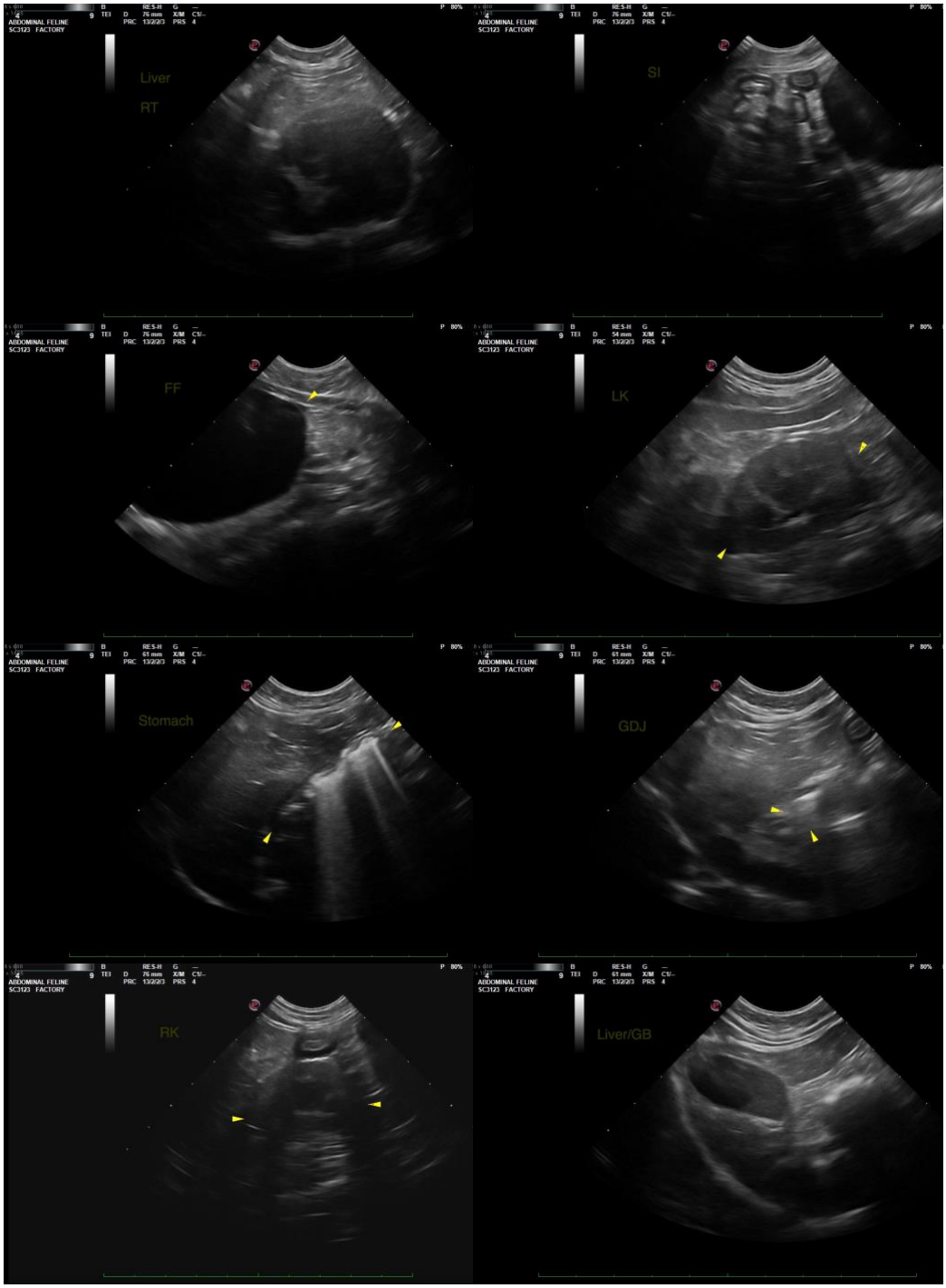

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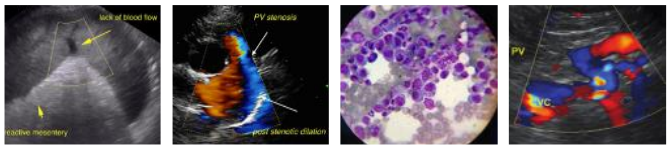

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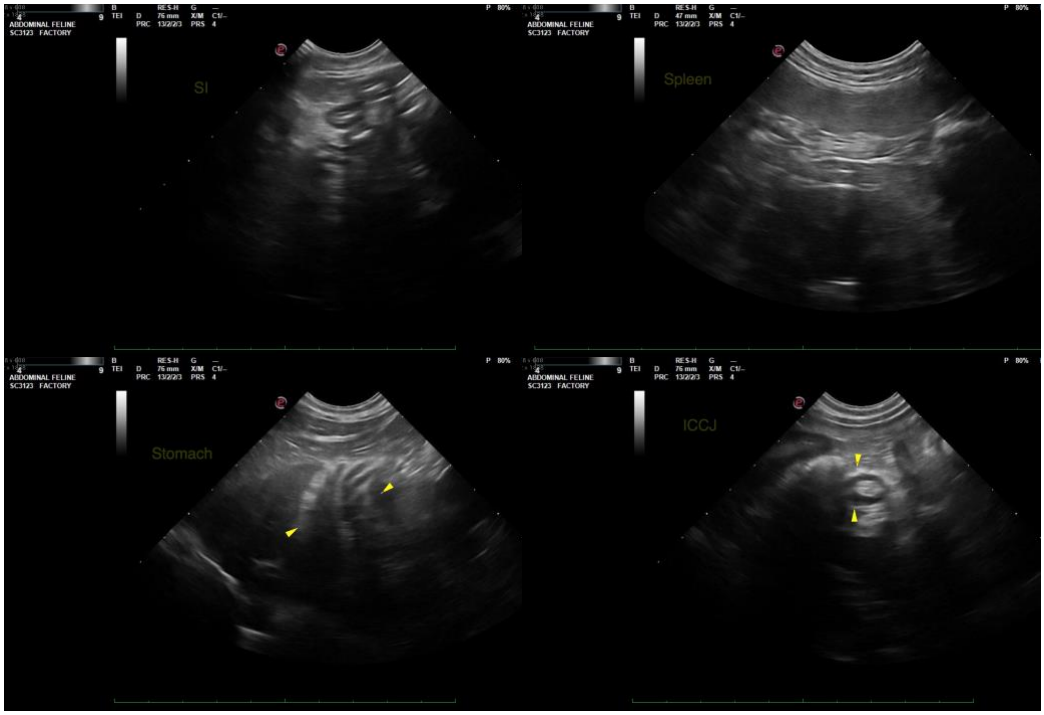

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com