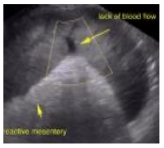
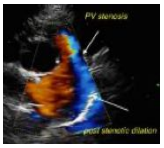
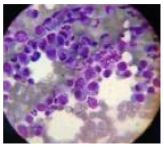
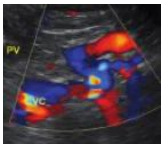
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Ollie Taylor

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
15 years

WEIGHT
2.7 kg

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

IMAGING PERFORMED BY
Dr. Bennett

HOSPITAL NAME
Wilvet South

REFERRING VET
Dr. Bennett

INVOICE
11856

DATE
12.16.22

PRESENTING CLINICAL SIGNS

History: Presented 12/14 for vomiting multiple times, with blood noted the last few times. Blood work (CBC, chem, lytes, & PT/PTT) was unremarkable. Received SQF & Cerenia and told to return if any further vomiting. Ate well 12/15 AM, but then vomited a few times. Returned for abdominal US.
Indoor only, closely monitored, no plant/FB ingestion.

Abnormal PE/Chem/CBC/UA Results: Fractious. Sedated for exam. No obvious abnormalities noted during sedated PE.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. 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 (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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 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 gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

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. Discreet masses are not identified. The ileocecal colic junction

and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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 0.60 cm lymph node is observed near the aortic trifurcation.

Other
A brief visualization of the thorax reveals a few suspected ring-down lesions.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

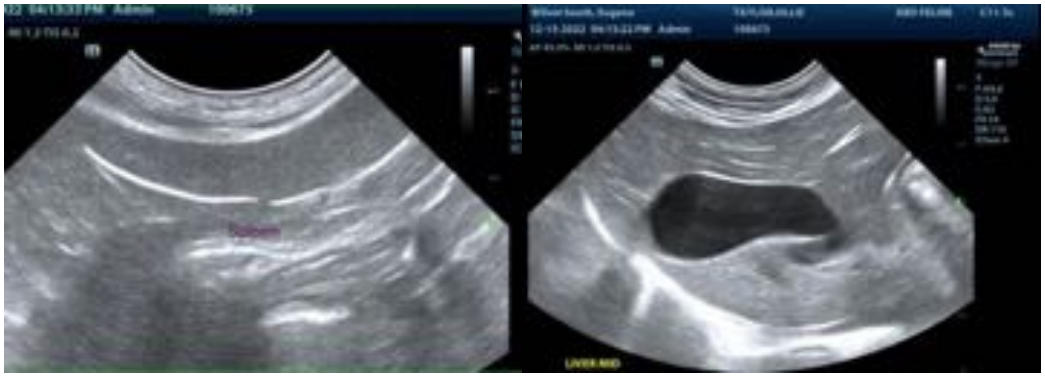
- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. How, neoplasia is considered less likely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

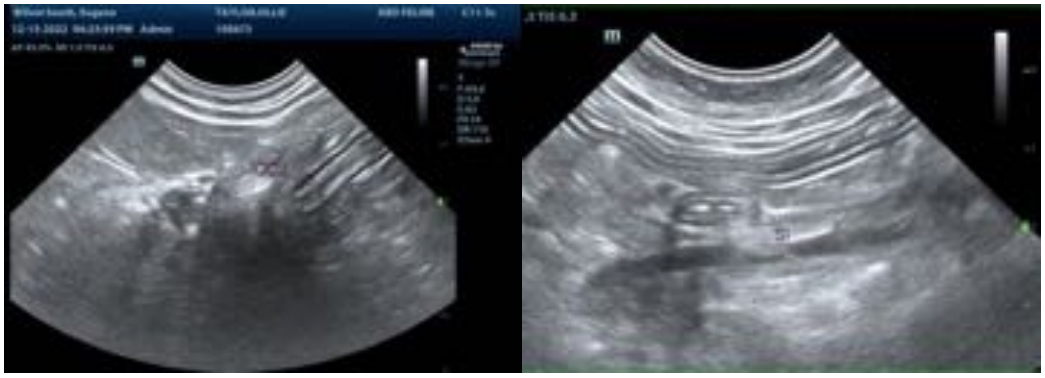
Secondary Findings

- The suspected ring-down lesions are suggestive of primary parenchymal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider a GI panel including serum cobalamin, folate, TLI and PLI.
- Also consider heartworm testing (antigen and antibody), as heartworm can be a cause for vomiting in cats, particularly if it is chronic.
- Thoracic radiographs are also recommended to assess for evidence of esophageal foreign bodies and cardiopulmonary pathology.
- Continued supportive care is recommended. Also consider empirical treatment for Helicobacter infection. If the patient's clinical signs do not improve with medical management, GI biopsies (endoscopic or surgical) may be warranted along with a transition to a limited antigen or hydrolyzed protein diet (when the patient is eating again).





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