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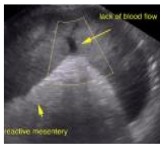
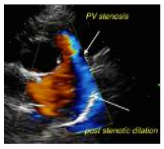
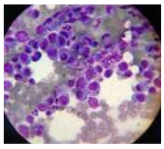
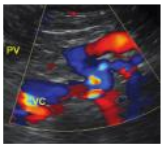

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1-800-838-4268 info@sonopath.com

PATIENT

Kat Costa

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 2 Months

WEIGHT

10.14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield Sterling Town Center

REFERRING VET

Dr. Jarrett

INVOICE

13085

DATE

PRESENTING CLINICAL SIGNS

History: Frequent vomiting over the last 8 weeks. Pancreases normal. Prednisolone 15mg/5ml Syrup (per ml, Metronidazole 250mg Tablet, Cerenia 10mg/ml Injectable, MRX Hills Feline z/d)
Abnormal PE/Chem/CBC/UA Results: CBC: MPV 10.4 (12/04/21). CHEM: CA 11.5, CHOL 226, GGT 13 (12/04/21).

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 is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 in size (3.49 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Multiple cortical infarcts are visualized. Several nonobstructive nephroliths are seen. There is trace pyelectasia. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.75 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At least one cortical infarct is observed at the cranial pole. Several nonobstructive nephroliths are present. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.99 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.61 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 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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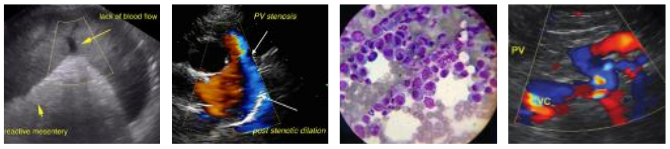

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The gastric lumen is minimally fluid distended. A focal area in the region of the fundus/lesser curvature is thickened (up to 0.57 cm) with apparent loss of the normal layering pattern. The remaining gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosa ratio in most segments. The ileocecocolic junction and colonic wall are normal. 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. At least 2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.24 cm in length. 2-3 prominent lymph nodes are also observed adjacent to the ileocecocolic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall changes could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) or severe inflammatory process. The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral age-related renal changes with nonobstructive nephrolithiasis and cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for evidence of pulmonary metastatic disease.
- If an aggressive approach is desired, consider endoscopic or surgical gastrointestinal biopsies. Surgical biopsies are more likely to yield a definitive diagnosis. Ideally, corticosteroids should be tapered and discontinued prior to biopsies as they may mask underlying gastrointestinal pathology.
- A GI panel, including serum cobalamin, folate, TLI and PLI should also be considered.

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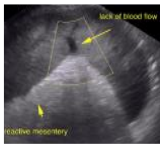
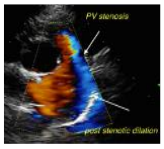
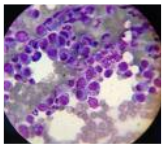
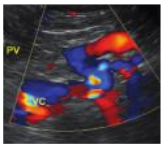

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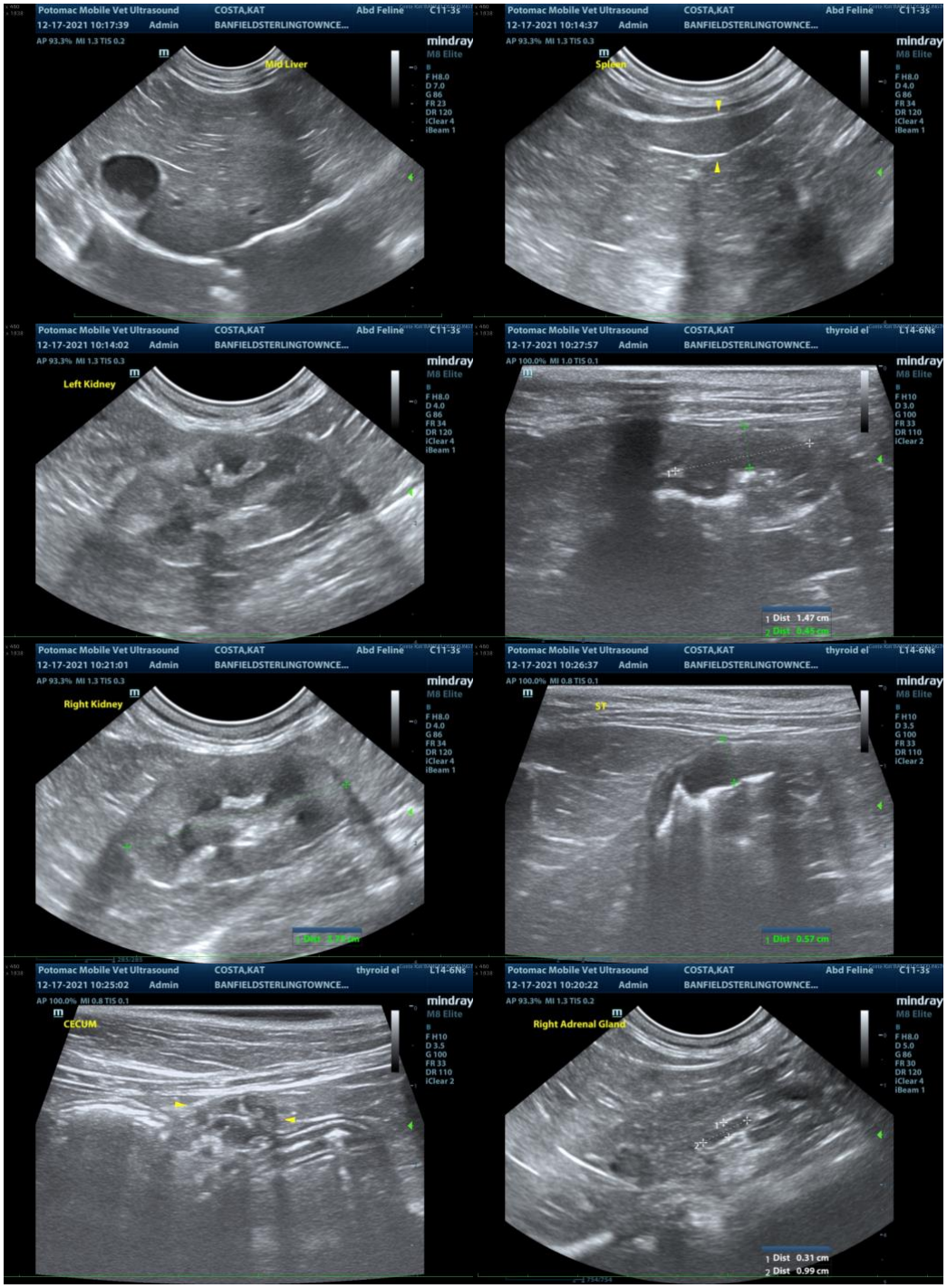

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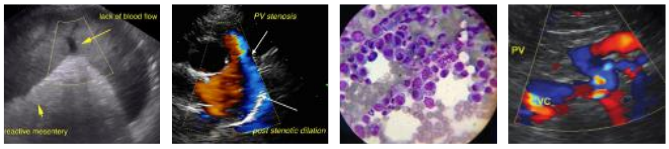

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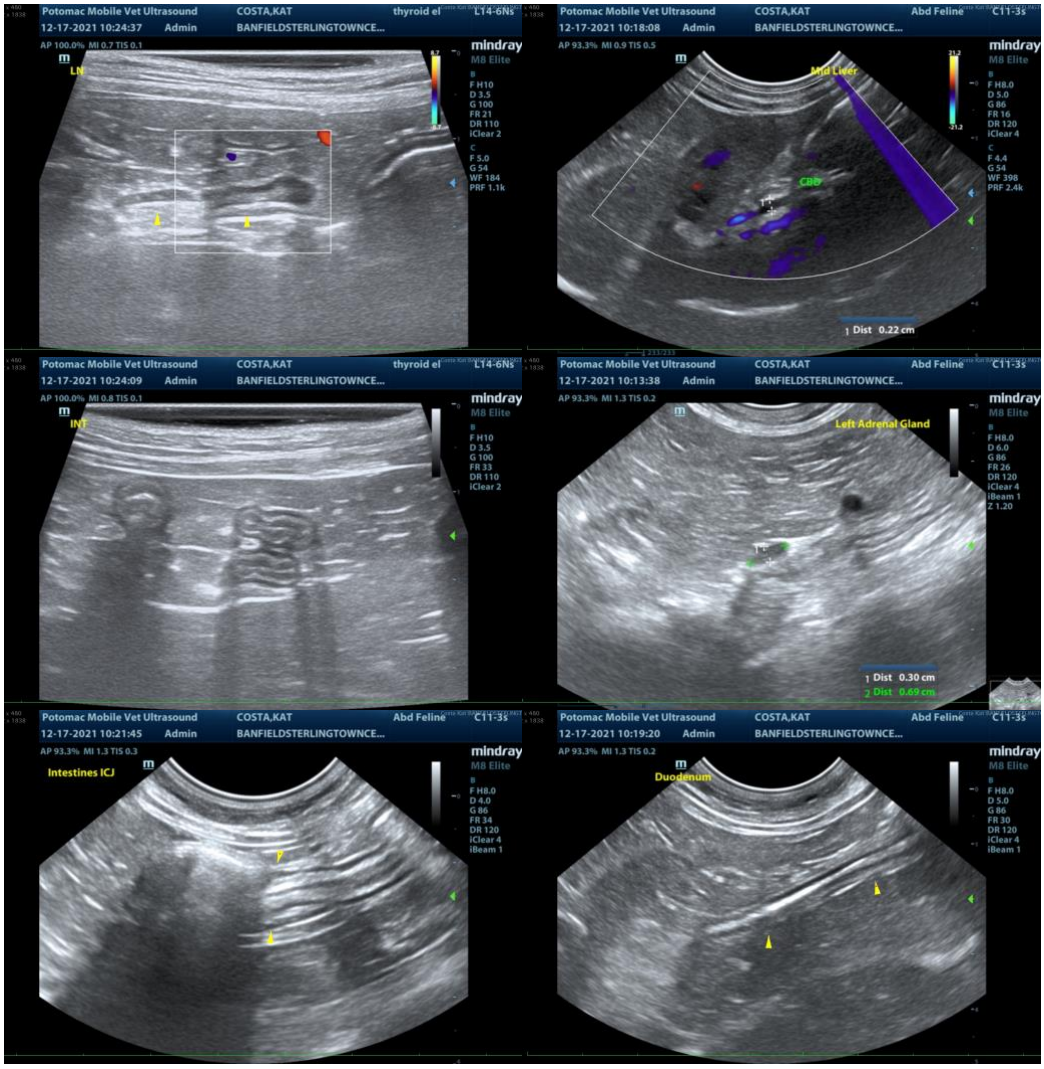

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com