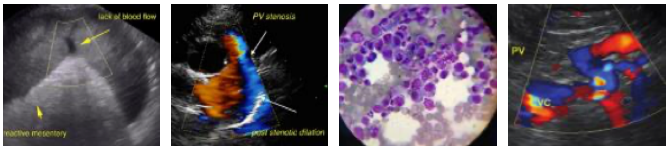
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jack Stroh

SPECIES
Feline

BREED
Domestic longhair

SEX
Male, neutered

AGE
5.5 Yrs.

WEIGHT
15 lbs.

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

IMAGING PERFORMED BY
Christina Sitton

HOSPITAL NAME
Sherwood Family Pet Clinic

REFERRING VET
Dr. Wustenberg

INVOICE
14388

DATE
12/21/22

PRESENTING CLINICAL SIGNS

History: presented 12/19 ADR vomiting, febrile (104.4), hyporexia concern for liver small liver mass based on US by referring dr at intake supportive care started
Abnormal PE/Chem/CBC/UA Results: sensitive to abd palpation Chemistry: GLUCOSE (blood) = 238 mg/dL 74 - 159 CREA = 1.4 mg/dL 0.8 - 2.4 BUN = 12 mg/dL 16 - 36 BUN/CR = 9 PHOS = 3.0 mg/dL 3.1 - 7.5 Ca = 9.0 mg/dL 7.8 - 11.3 TP = 8.1 g/dL 5.7 - 8.9 ALB = 2.9 g/dL 2.2 - 4.0 GLOB = 5.2 g/dL 2.8 - 5.1 ALB/GL = 0.6 ALT = 15 U/L 12 - 130 ALKP < 10 U/L 14 - 111 GGT = 0 U/L 0 - 4 TBIL = 0.5 mg/dL 0.0 - 0.9 CHOL = 173 mg/dL 65 - 225 UA: wnl USG 1.060 pH 7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A moderate 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 size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

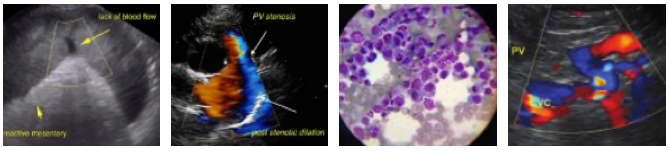
The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma was isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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 visible but not overtly dilated.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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



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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is 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. See *Other.*

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Lymph Nodes

See *Other.*

Other

A 1.23 x 0.37 cm oblong hypoechoic structure is observed in the mid-abdominal region.

ULTRASONOGRAPHIC FINDINGS

- The origin of the oblong structure in the mid-abdominal region is unclear. It may represent lymph node, pancreas, a lesion within the mesentery, other. Its significance is unclear.
- The remainder of the abdomen is unremarkable. An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of a fever, consider the following:

1. Three view thoracic radiographs to assess for occult disease (i.e., pneumonia)
2. Feline leukemia and FIV testing, if not already performed
3. Other infectious disease testing (i.e., toxoplasmosis, FIP, tick borne), depending on the degree of clinical suspicion
4. fPLI to assess for mild pancreatitis
5. Also consider a urine culture and sensitivity to assess for occult infection.
6. While awaiting test results, supportive care and broad-spectrum antibiotic therapy should be considered.

If the patient's clinical signs do not begin to improve within 48-72 hours of initiation of medical management, a more advanced fever of unknown origin workup (i.e., echocardiogram) may be warranted.

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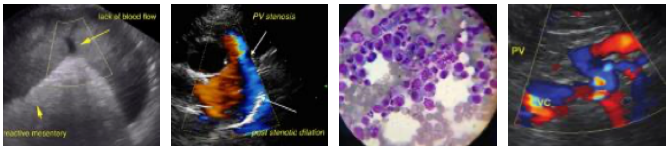

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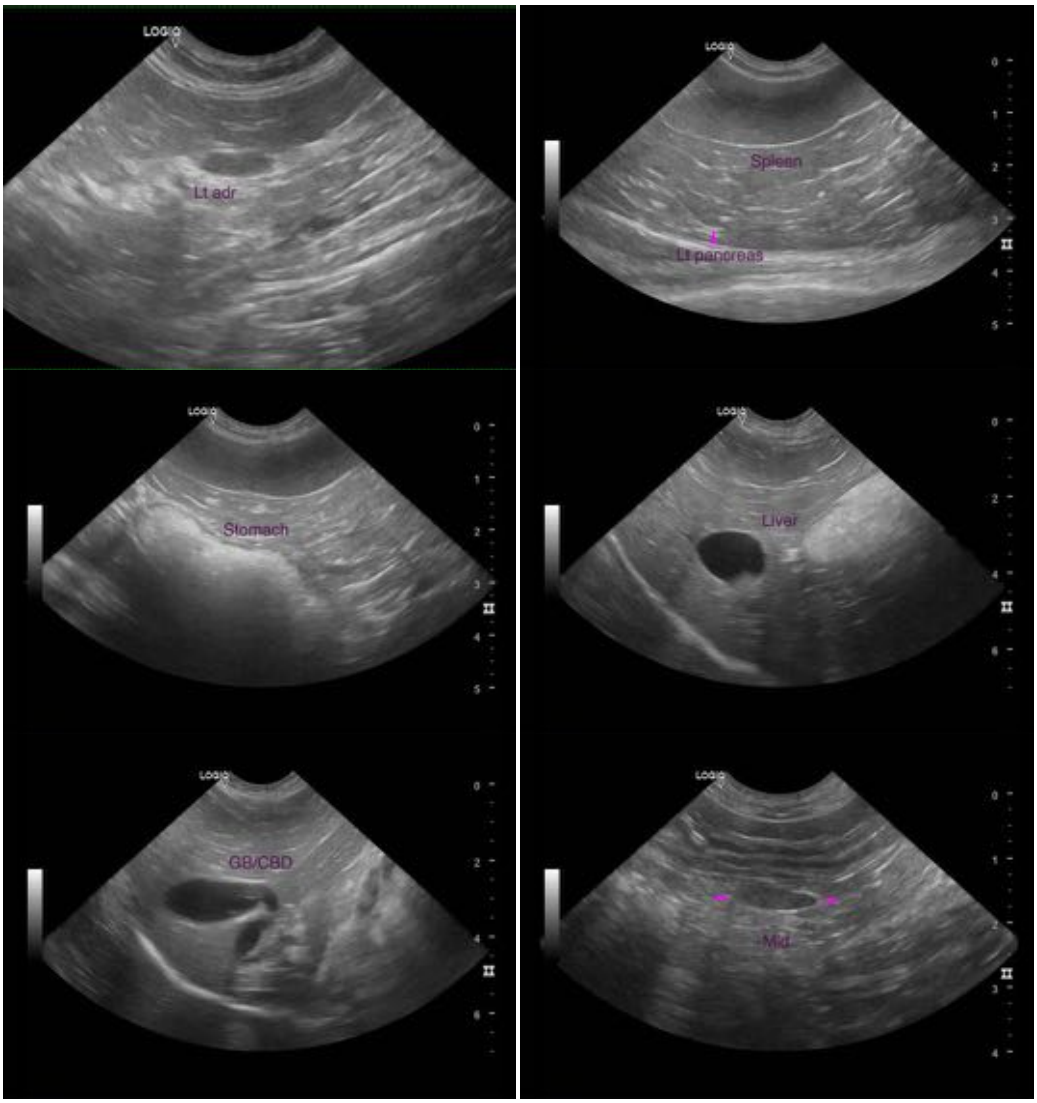

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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