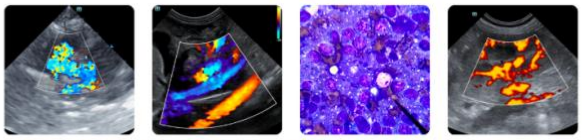

DATE

12-26-25

PATIENT

Jekyll Fains

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7/17/2016

WEIGHT

5.7lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Weeks

INVOICE

22336

PRESENTING CLINICAL SIGNS

Patient History: Severe weight loss, anorexia, anisocoria, R otitis externa (severe blood), Dehydration
Head tilt

Current Medications: Cerenia 8mg QD, Miratax QD, azithromycin 0.5 cc QD
Labwork Results: Labwork attached, reported as: BUN 14. CBC chem unremarkable. T4 normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 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 normal to slightly small-in-size, with smooth peripheral contours. 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 portal vein to caudal vena cava ratio is approximately 1: 1. In some views, there is an appearance of a “double aorta”.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of suspended echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is niht. There is slight disruption in the

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normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious 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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

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

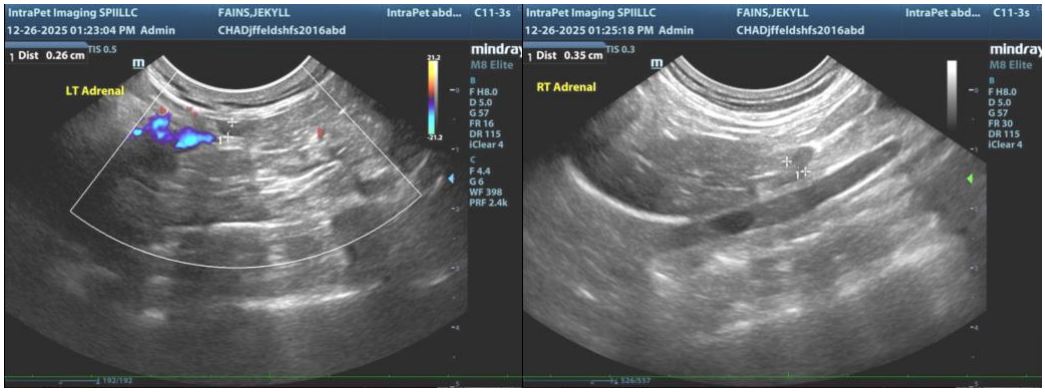
ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.
- Equivocal hepatomegaly
- In some video clips, there is suggestion of a "double aorta" effect. It is unclear whether this is an imaging artifact or representative of a vascular malformation. A contrast abdominal CT would be useful for further evaluation.
- Mild Bilateral nonspecific age-related renal changes

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary neurologic disease, vs underlying metabolic issue, vs other.

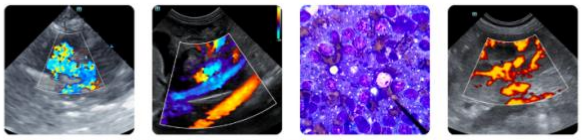
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids to assess hepatic function.
- A baseline blood pressure measurement is also recommended to assess for systemic hypertension.
- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Ultimately, a brain MRI, +/- CSF tap may be indicated to assess for primary neurologic disease.



Imaging performed by IntraPet Imaging

IntraPet.com



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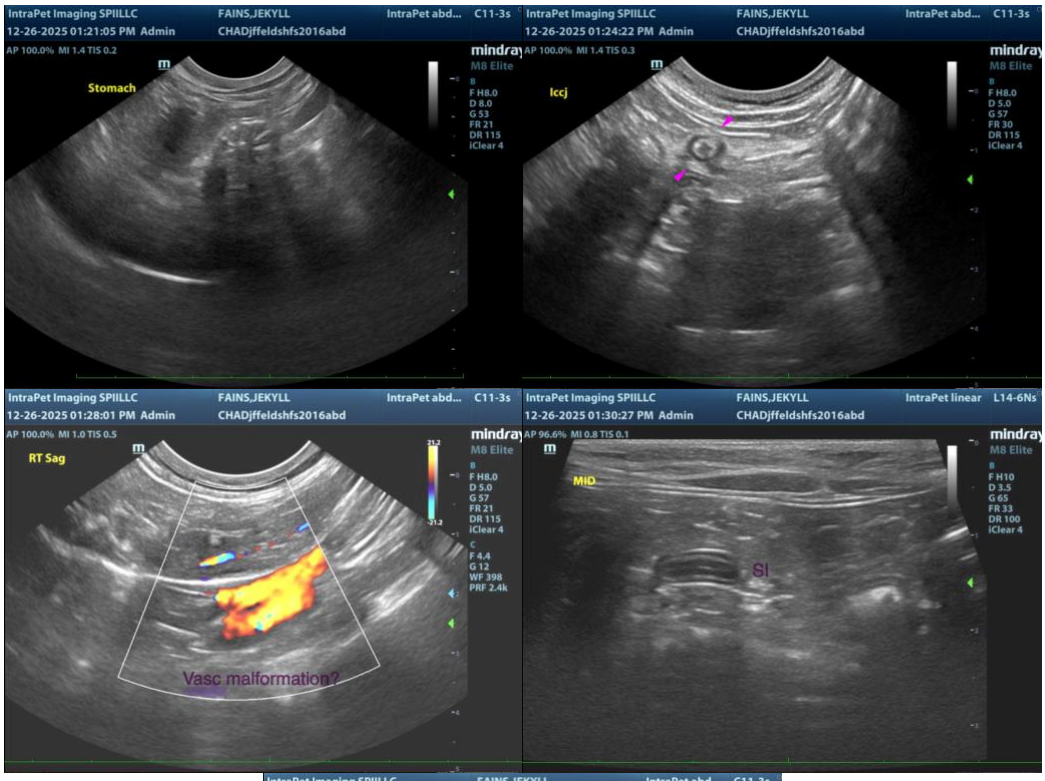

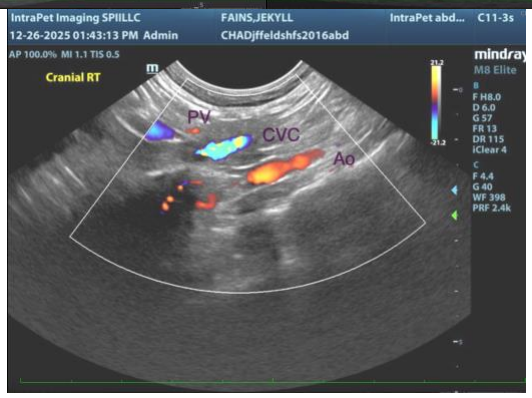

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com