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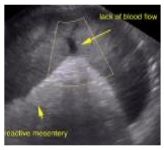
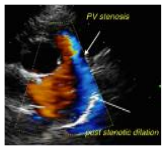
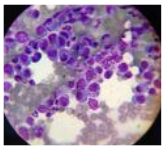
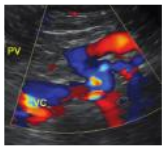

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1-800-838-4268 info@sonopath.com

PATIENT

"Median" Tsang

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years

WEIGHT

6.7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Northvale Veterinary Hospital

REFERRING VET

Dr. Stefanie Simon

INVOICE

10077

DATE

12/29/21

PRESENTING CLINICAL SIGNS

History: Vomiting after eating for the past few days, except kept dinner down from last night. Patient is N.P.O this a.m. Appetite is normal. Drinking and urinating fine. No coughing or sneezing, normal activity level. Mild soft stool yesterday (no feces today), no blood or tenesmus.Current med: Albon, after cat housemate was found to have intestinal parasites.
Abnormal PE/Chem/CBC/UA Results: Creat. 3.5, BUN 32, ALT 207, GGT 5, T. bili 0.8, ALP < 10. U/A: pending.
AN-00-00-00-First-Last-00000dc-abd-HospCode

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 (2.92 cm in length); normal shape and architecture with 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.

The right kidney is normal size (3.25 cm in length); normal shape and architecture with 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 (0.69 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.81 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.57 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.

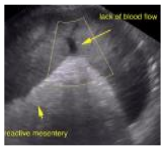
Liver

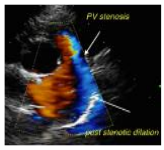
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

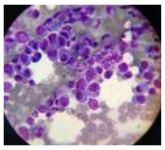
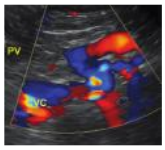
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is





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slight disruption in the normal 1: 3 muscularis to mucosal ratio in most segments. Discreet masses are not identified. The ileum appears normal in thickness with a prominent muscularis layer. Within the lumen of the proximal colon, just distal to the ileocecocolic junction, irregular soft shadowing material is observed. The remainder of the colon is not dilated. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb is prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several prominent lymph nodes are observed adjacent to the ileocecal junction, the largest measuring 0.96 cm in length.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are suggestive of mild acute pancreatitis.
- The shadowing material within the proximal colon may represent a transient trichobezoar, other foreign material, or normal fecal matter.
- Bowel pattern consistent with inflammatory bowel disease with lower potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Since there is no obvious evidence of a gastrointestinal obstruction at this time, rehydration and supportive care is recommended, particularly given the patient's azotemia.If the patient does not continue to improve with 24-48 hours of medical management, repeat abdominal imaging (i.e., x-rays, ultrasound) may be warranted.
- Given the pancreatic changes, an fPLI is recommended to confirm pancreatitis.
- Serial monitoring of the patient's renal and liver values is also recommended.
- If the patient develops chronic GI signs, a more advanced workout (i.e., malabsorption panel +/- endoscopic or surgical gastrointestinal biopsies), should be considered.

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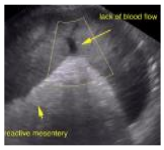
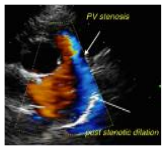
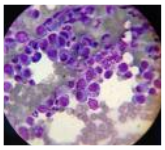
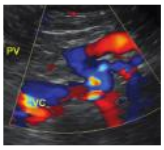

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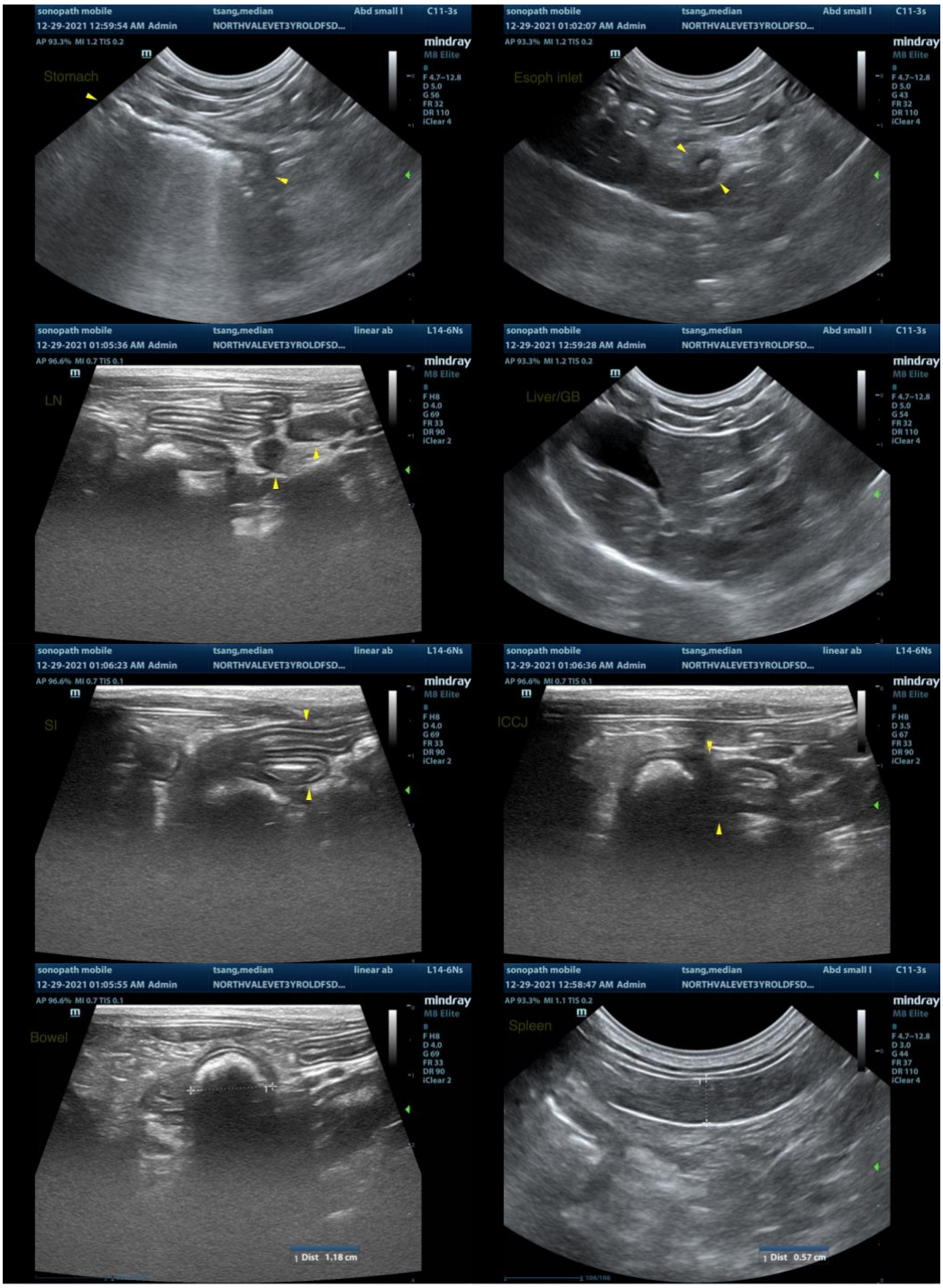

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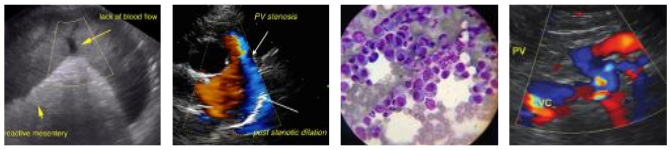

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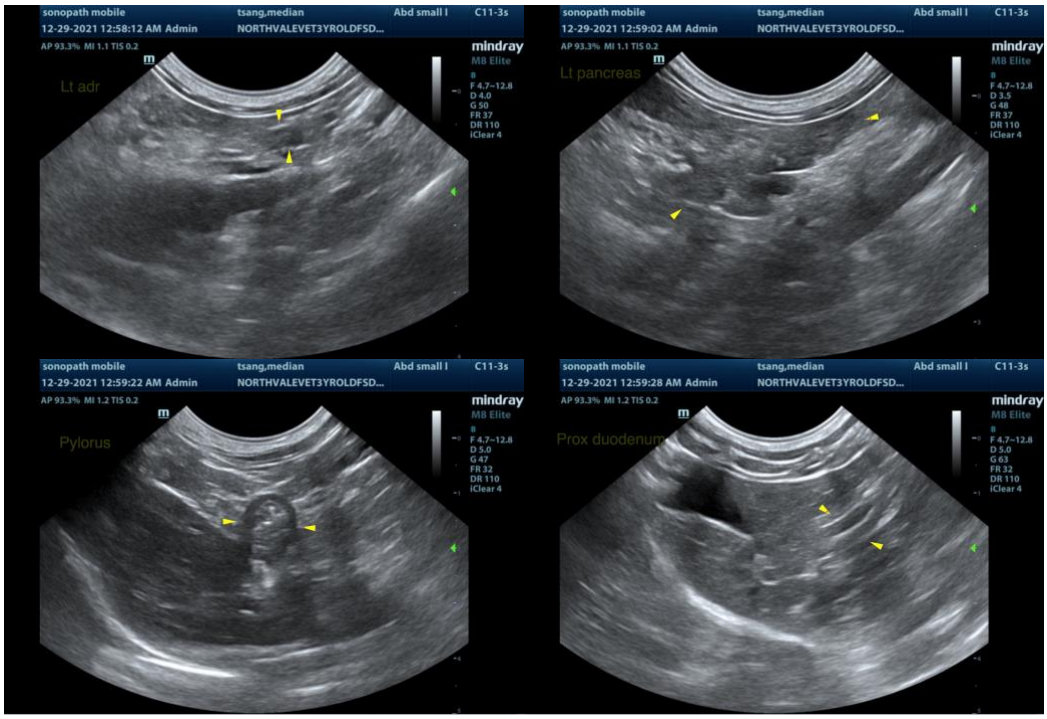

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com