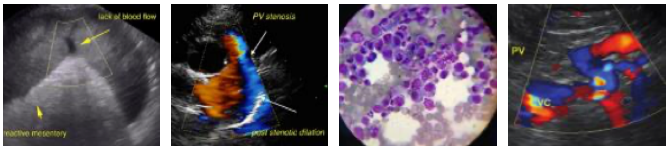
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Adam West

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
9 Yrs.

WEIGHT
13 lbs. 13 oz.

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

IMAGING PERFORMED BY
Jessica MIller

HOSPITAL NAME
Hackettstown AH

REFERRING VET
Dr. Kiracofe

INVOICE
12665

DATE
12/7/21

PRESENTING CLINICAL SIGNS

History: Taken to emergency hospital 12/5/21 for vomiting and not eating. X-rays indicate possible liver mass. Current meds: Cerenia 16mg 1/4 DID
Abnormal PE/Chem/CBC/UA Results: HCT 53.4%, HGB 18.8, lym 0.80, PLT 63K, PCT 0.10%, Alb 4.1, Cl 110

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. 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 size (4.24 cm in length); normal shape and architecture with 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 size (4.21 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal in size (1.02 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.82 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

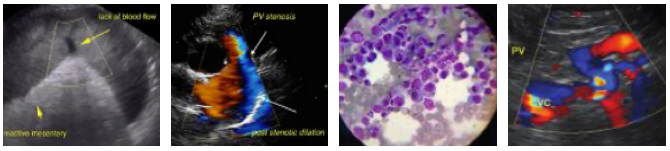
The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few pinpoint hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

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

The gastric lumen is moderately 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



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is segmentally dilated with chyme. The small 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.

Free Abdomen

There is no evidence of free fluid. Several prominent jejunal lymph nodes are observed just medial to the spleen, the largest measuring 1.38 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent jejunal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma). Regional peritonitis is present.

Secondary Findings:

- The hyperechoic splenic nodules likely represent a benign process (i.e., myelolipomas or foci of lymphoid hyperplasia).
- Bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.
- A repeat platelet count and blood smear are recommended to determine if the thrombocytopenia is repeatable.
- Given the history of vomiting, three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia or other pathology in the chest.
- Supportive care for acute gastroenteritis is recommended. If clinical signs do not improve within 24-48 hours of supportive care, a more advanced GI workup (i.e., malabsorption panel, repeat abdominal ultrasound, abdominal lymph node aspirates, +/- endoscopic or surgical gastrointestinal biopsies) may be warranted.

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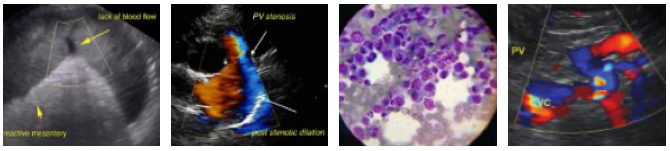

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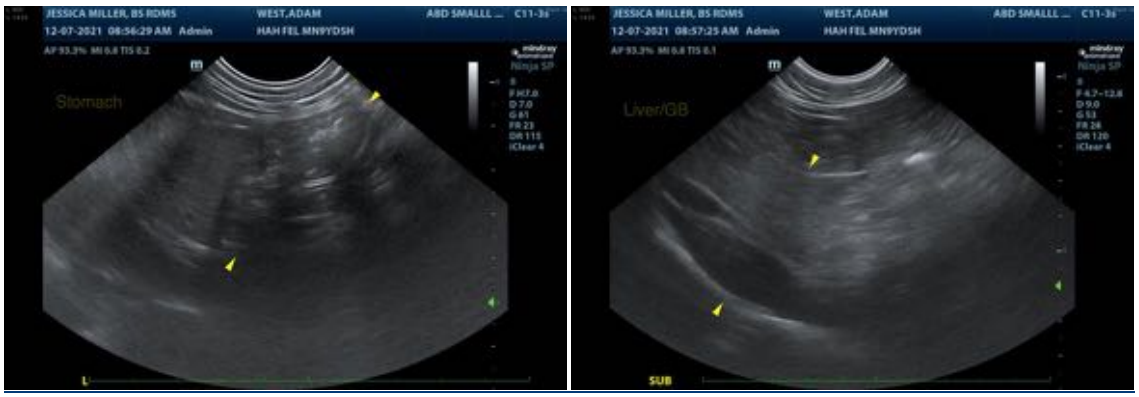

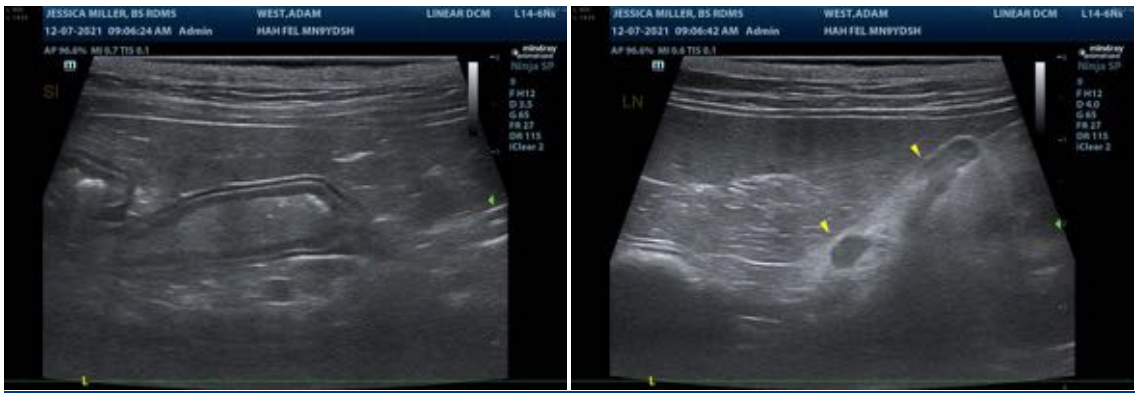

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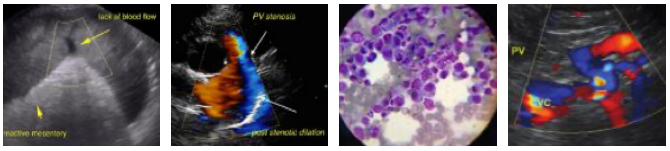

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com