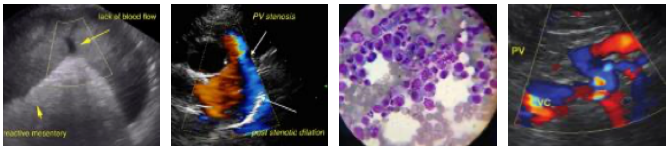
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Willow Kisling

SPECIES
Feline

BREED
Norwegian Forest

SEX
Female, spayed

AGE
15 Yrs.

WEIGHT
10.5 lbs.

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

IMAGING PERFORMED BY
Saum Hadi

HOSPITAL NAME
Bethany Familiy PC

REFERRING VET
Dr. Hanrahan

INVOICE
14594

DATE
2/14/23

PRESENTING CLINICAL SIGNS

History: This morning P awoke lethargic, not wanting to move about with ventroflexion of the neck. P was normal last night. On exam, P was down 0.5 lbs since the last visit in November 2022, was weak/unsteady on feet, had a 104.2 F temperature, and has a historic grade 3/6 sternal systolic heart murmur. Hx of arthritis managed with monthly solensia injections. Chem 17/CBC/fPL have been run in house with results attached and outlined below. 3 view thoracic rads + abdominal rads- unremarkable (attached below) Feline of unknown origin panel through IDEXX pending which includes retroviral testing. Urinalysis pending. Started on IVF with KCL in house. Given convenia injection, onsior and buprenorphine injection.
Abnormal PE/Chem/CBC/UA Results: Chem 17/CBC/fPL: Mild hypokalemia, Mild hyperglycemia, mild neutrophilia (15.55 K/uL) with suspect bands.

Glucose 224, potassium 3.3

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.28 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.

The right kidney is normal size (xxx 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

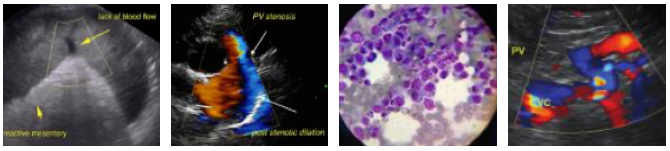
The spleen is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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

The gastric 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 normal with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal



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ratio in most segments. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- Minor bilateral age-related renal changes.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Regarding the cervical ventroflexion, differentials include infectious disease (i.e., toxoplasmosis, FIP, fungal), neuromuscular disease (i.e., polymyositis, myasthenia gravis), toxicity (i.e., organophosphate), hypokalemia (less likely given the minimal degree of hypokalemia in this patient), hyperthyroidism, cervical trauma, thiamine deficiency, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider measurement of a creatinine kinase level to further evaluate for myositis.
- A T4/free T4 by equilibrium dialysis is also recommended, if not already performed.
- While awaiting test results, consider empirical treatment for toxoplasmosis (i.e., Clindamycin) along with general symptomatic care.
- Given the hyperglycemia, a urinalysis is recommended to assess for glucosuria. If present, consider a serum fructosamine level to assess for the presence of diabetes mellitus.

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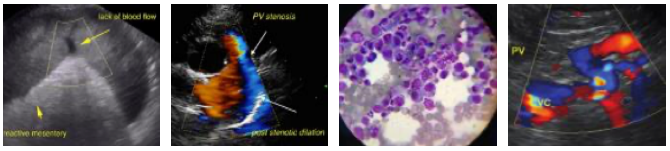

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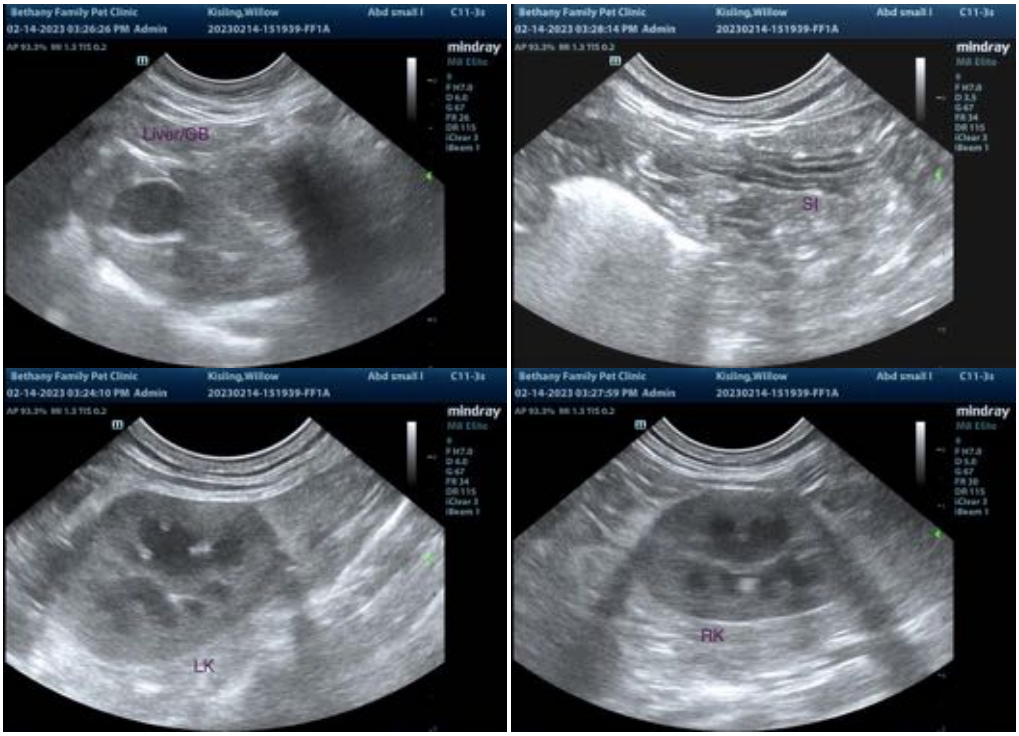

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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