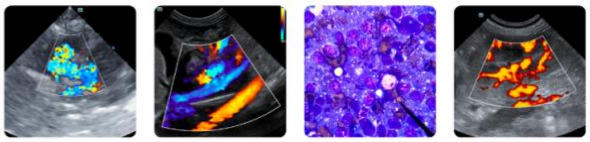
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mink Curtis

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr Lind-Wilson

INVOICE

22565

DATE

2-16-26

PRESENTING CLINICAL SIGNS

History: Presented for eating a nerf dart & vomiting. Vomited most of the dart but still vomiting.
BW done because owner wanted baseline bloodwork
Abnormal PE/Chem/CBC/UA Results: AST: 158 (10-100) ALT: 177 (10-177) PSL: 216(8-26) normal T4
Abnormal U/S findings: SG 1.049 w/ 2+ Protein in urine Urine specific gravity: 1.049
No current medication

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. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, 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 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 (3.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

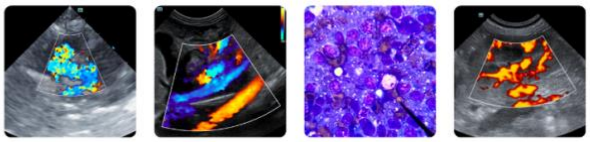
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

The left limb and body are prominent- to enlarged, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and homogenous in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with mild-to-moderate acute or chronic active pancreatitis, with mild adjacent peritonitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease, or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended.
- Other diagnostics considerations include the following:

1. Fecal evaluation for ova and Giardia
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Toxoplasmosis testing (i.e., IgG, IgM), particularly if the patient goes outdoors, as Toxoplasmosis has been associated with pancreatitis in cats.
4. Three-view thoracic radiographs to assess cardiopulmonary status

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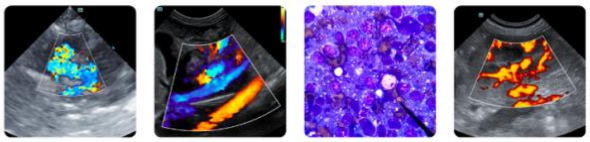

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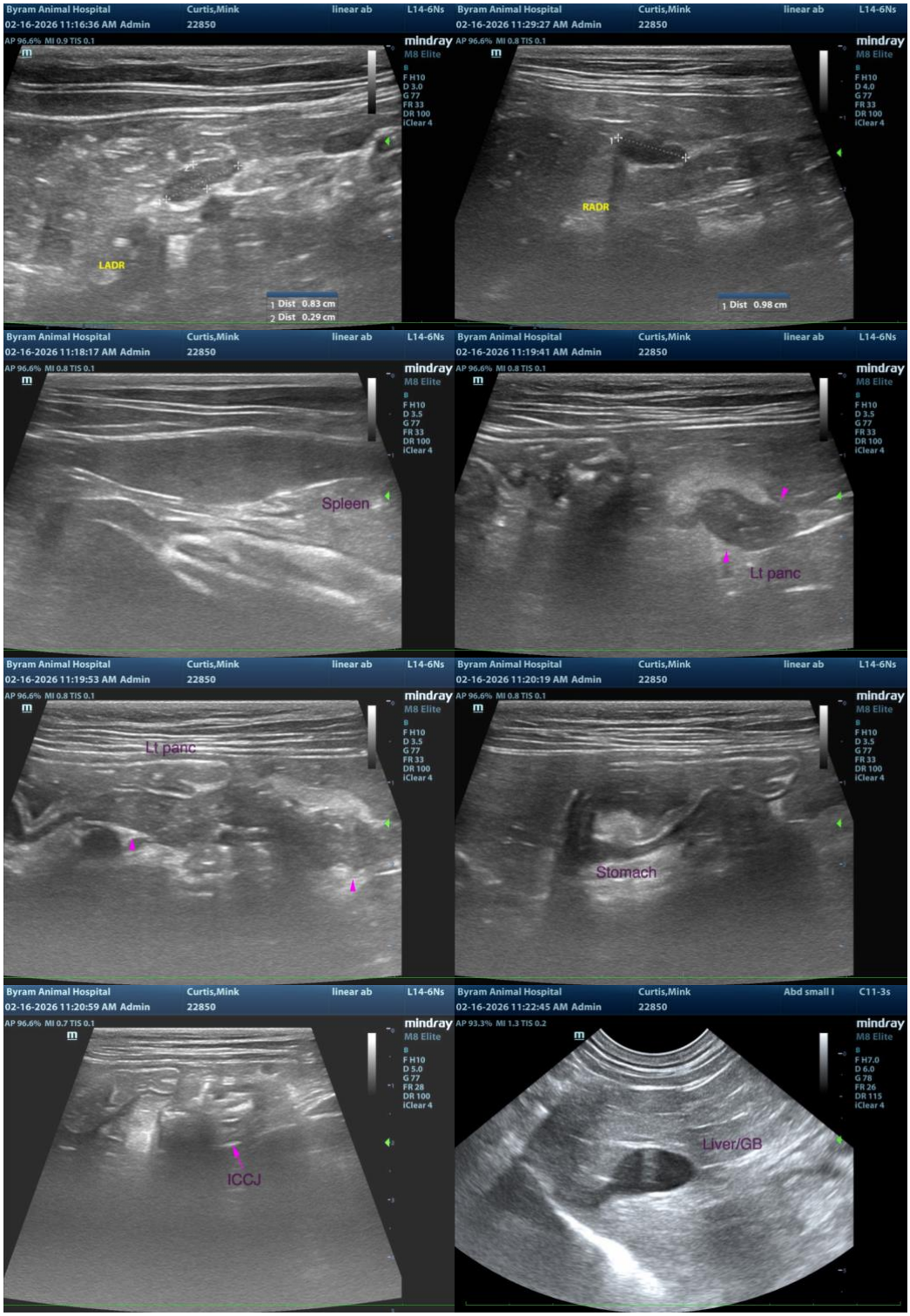

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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