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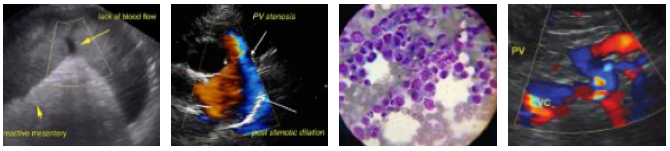


PATIENT
Peaches Mitchell

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female

AGE
6 Yrs.

WEIGHT
3 lbs.

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

IMAGING PERFORMED BY
Dr. Ebert

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Ebert

INVOICE
14660

DATE
2/28/23

PRESENTING CLINICAL SIGNS

In December O noticed P's teeth needed to be done so O took P to Evergreen pet clinic for a dental where they had done pre-anesthetic labwork and that showed that P's liver and kidney values were elevated so they held off on the dental and put P on Metronidazole 0.5mls PO q24 for two weeks which helped her values a little so Evergreen put P on Metro for 4 weeks and also put P on a renal supplement and O does not remember the name of. P usually wakes O up in the morning when she wants to be fed, a couple of weeks ago P stopped waking O up in the mornings and had stopped eating as much in general. Then P started V+ and for about a week P V+ 3-5 times. O put P on different food which was chicken baby food which helped P's V+ so O put her back on her normal wet food and P started to V again. P is on Fluoxetine 1/2 tab did not get it today, P also got 1ml of Gabapentin before her visit today

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. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.58 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. A small focus of mineralization is visualized. Mild pyelectasia is present (0.34 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.87 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. A few small foci of mineralization are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

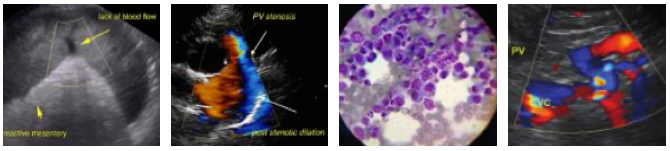
The spleen is normal in size (0.60 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely distended with echogenic fluid and appears hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. A few small intestinal segments are mildly to moderately fluid distended. The remaining small intestinal



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segments are mildly gas distended or empty. 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. The tip of the left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A 0.78 cm gastric lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric and small intestinal ileus is present. This may represent functional ileus (i.e., due to gastroenteritis, pancreatitis or underlying metabolic disease). However, an obstruction (i.e., foreign body, tumor) cannot be completely excluded (although not visualized).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings:

- The mild bilateral pyelectasia may be secondary to pyelonephritis, IV fluid therapy, PU/PD (if applicable) or some combination thereof.
- The mild hepatomegaly may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, inflammatory disease or less likely infiltrative neoplasia.
- The prominent gastric lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the azotemia, consider the following:
  1. Urinalysis
  2. Urine culture and sensitivity
  3. UPC (if proteinuria is present in the absence of infection)
  4. Baseline blood pressure measurement
  5. IV fluid diuresis and supportive care
- Regarding the elevated liver values, consider pre and post prandial serum bile acids.
- Other diagnostic considerations include the following:

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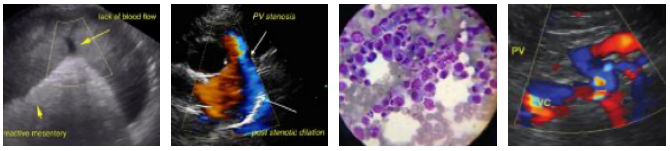

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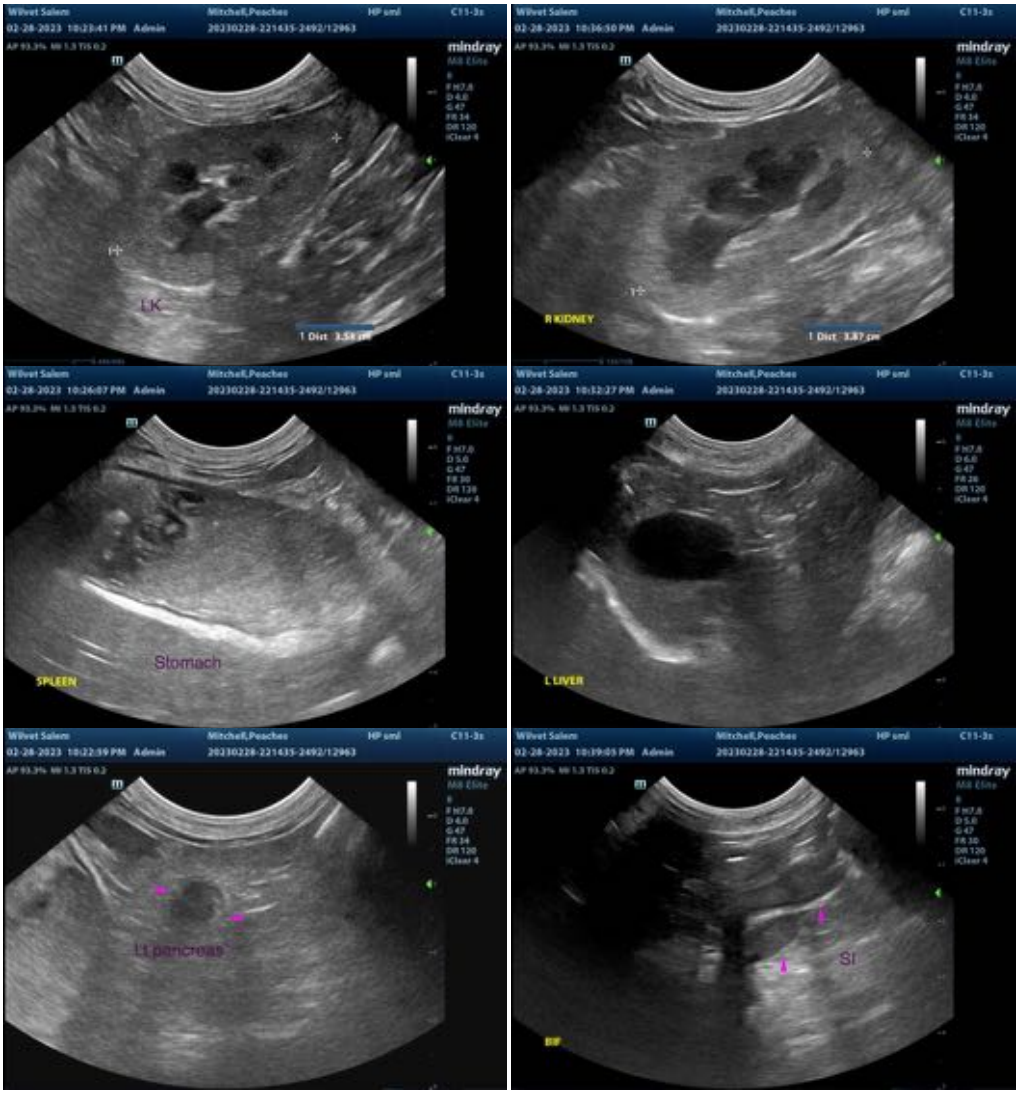
1. A fecal evaluation for ova/Giardia
2. GI panel including serum cobalamin, folate, TLI and PLI
3. Serial sonographic monitoring of the bowel to assess for progression of the patient's ileus
4. Depending on the patient's response to therapy, GI and liver biopsies may be warranted.

- While awaiting test results, nutritional support is also recommended to help prevent/treat hepatic lipidosis.



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.

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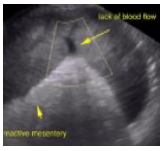
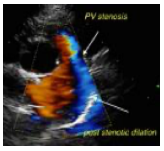
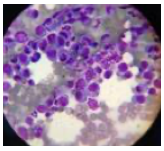
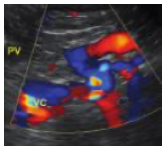

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