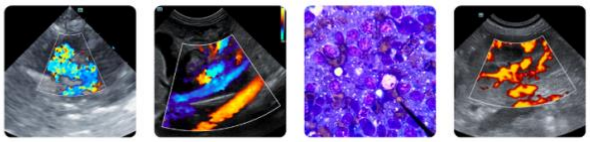

PATIENT

Karla Brolsma

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9

WEIGHT

14.2

INTERPRETED BY

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

IMAGING PERFORMED BY

M Santiago

HOSPITAL NAME

Alison AH

REFERRING VET

Dr Crawford

INVOICE

22534

DATE

2-9-26

PRESENTING CLINICAL SIGNS

History: Pt is presented for loss of appetite for 3 days. Symptoms now progressed to vomiting of bile this morning. O said lethargy started to occur at the same time that loss of appetite started. Possible ingestion of wire prior to onset of symptoms. Possible discomfort of abdomen when palpated. No diarrhea. CBC/Chem/PLI are unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly-to-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 visible portion of the proximal urethra are normal.

The left kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

No images provided of the right adrenal gland.

Spleen

The spleen is normal in size (0.88 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 left liver is visualized and appears subjectively normal in size with smooth peripheral contours. The parenchyma is isoechoic-to-hypoechoic relative to the spleen, and homogenous in appearance. No focal lesions are observed.

A portion of the gallbladder is visualized in one video clips. It appears moderately distended. The wall is normal in thickness. No obvious pathology is observed.

Gastrointestinal

The gastric lumen is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not overtly dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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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.

Lymph Nodes

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.33 x 0.56 cm).

Free Abdomen

There is no obvious evidence of free fluid.

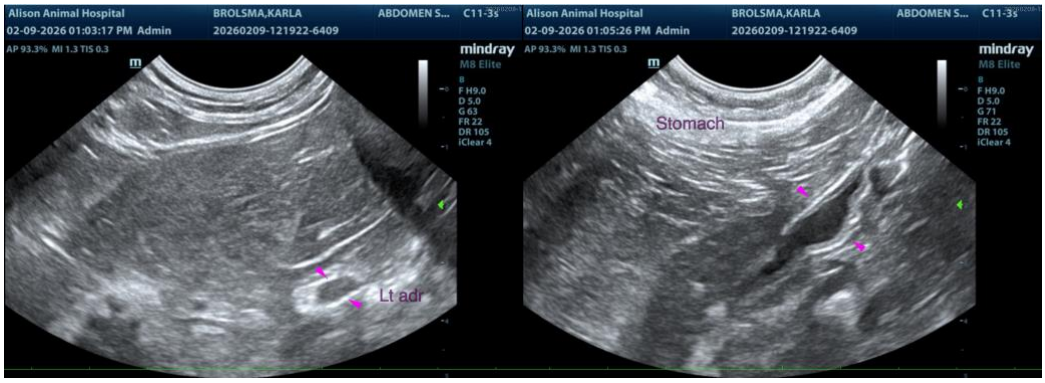
ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- Minor retained gastric fluid
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with a T4 and urinalysis to complete the minimum database.
- Supportive care for acute gastroenteritis is recommended. If clinical signs persist despite medical management, further GI work-up (i.e., GI panel, +/- GI biopsies) may be indicated.



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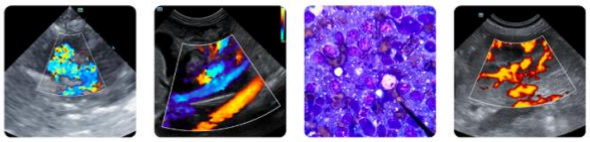

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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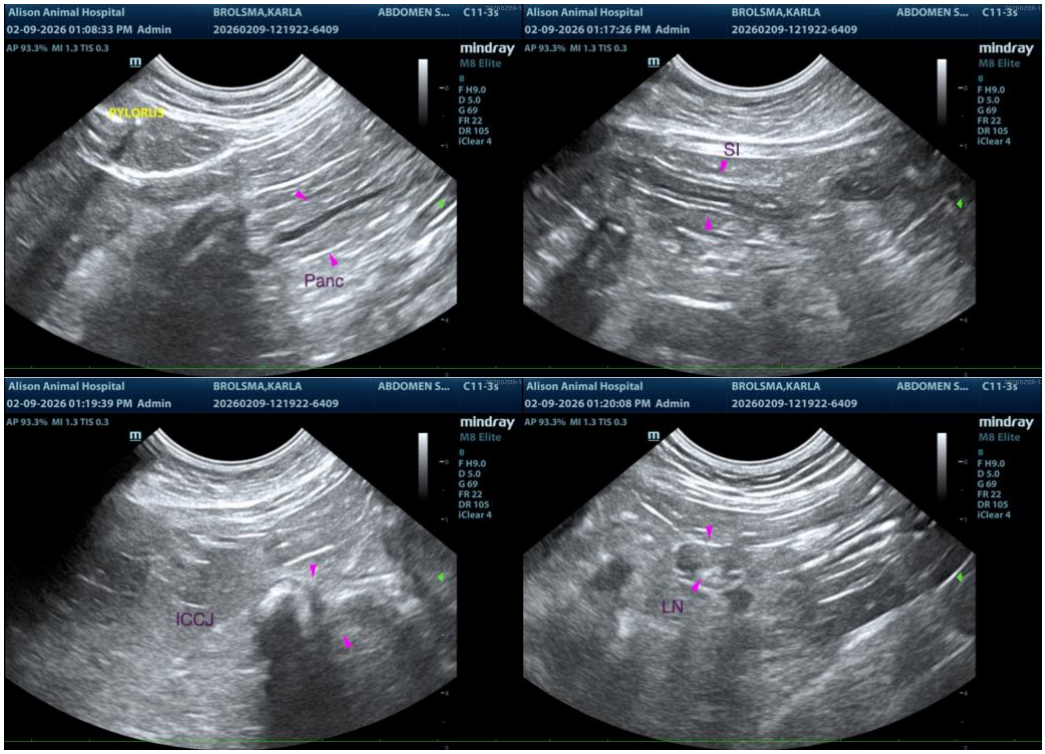

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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