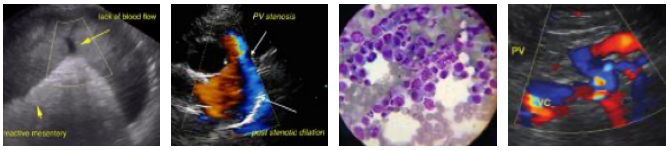
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Callie Hickey

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
20.5 yrs.

WEIGHT
6.7 lbs.

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

IMAGING PERFORMED BY
Dr. Emily Kirk

HOSPITAL NAME
Shiloh AH

REFERRING VET
Dr. Emily Kirk

INVOICE
14732

DATE
3/13/23

PRESENTING CLINICAL SIGNS

History: Presented 3/4/23 for vomiting and diarrhea. Has previously had trouble with constipation and vomiting but vomiting had acutely increased. PE: possibly thickened intestines. Formed stool in ascending colon but not overly distended. Blood work revealed mild azotemia that is stable for patient. Vomiting responded well to supportive care (subcutaneous fluids and Cerenia). An ultrasound was recommended to further rule out gastrointestinal disease. CBC chem unremarkable, UPC 0.3, USG 1.018, T4 2.8.

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 and the visible portion of the proximal urethra are normal.

The left kidney is normal size (2.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

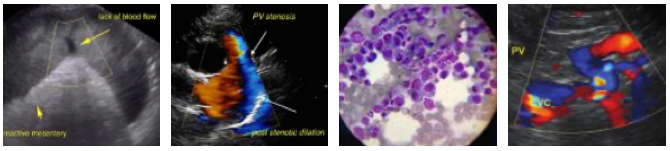
The spleen is normal in size (0.50 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.05 cm heterogeneous multi-septated cystic nodule is observed in the region of the right medial lobe. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 with a normal layering pattern and appropriate mural detail. There is disruption in



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

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent colic lymph nodes are visualized, the largest measuring 0.71 cm in diameter. Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- Bilateral, chronic age-related renal changes.
- The cystic hepatic nodule is most consistent with a biliary cystadenoma with a lower possibility of biliary cyst adenocarcinoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs and sonographic changes, consider the following:

1. A fecal evaluation for ova/Giardia
2. Prophylactic deworming with Fenbendazole
3. Malabsorption panel including serum cobalamin, folate, TLI and PLI
4. 2-3 week limited antigen or hydrolyzed protein diet trial
5. Initiation of a probiotic +/- fiber supplement (i.e., Metamucil)
6. +/- endoscopic or surgical GI biopsies. If biopsies are pursued, thoracic radiographs should be performed prior to anesthesia.

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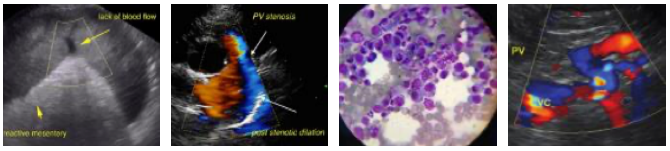

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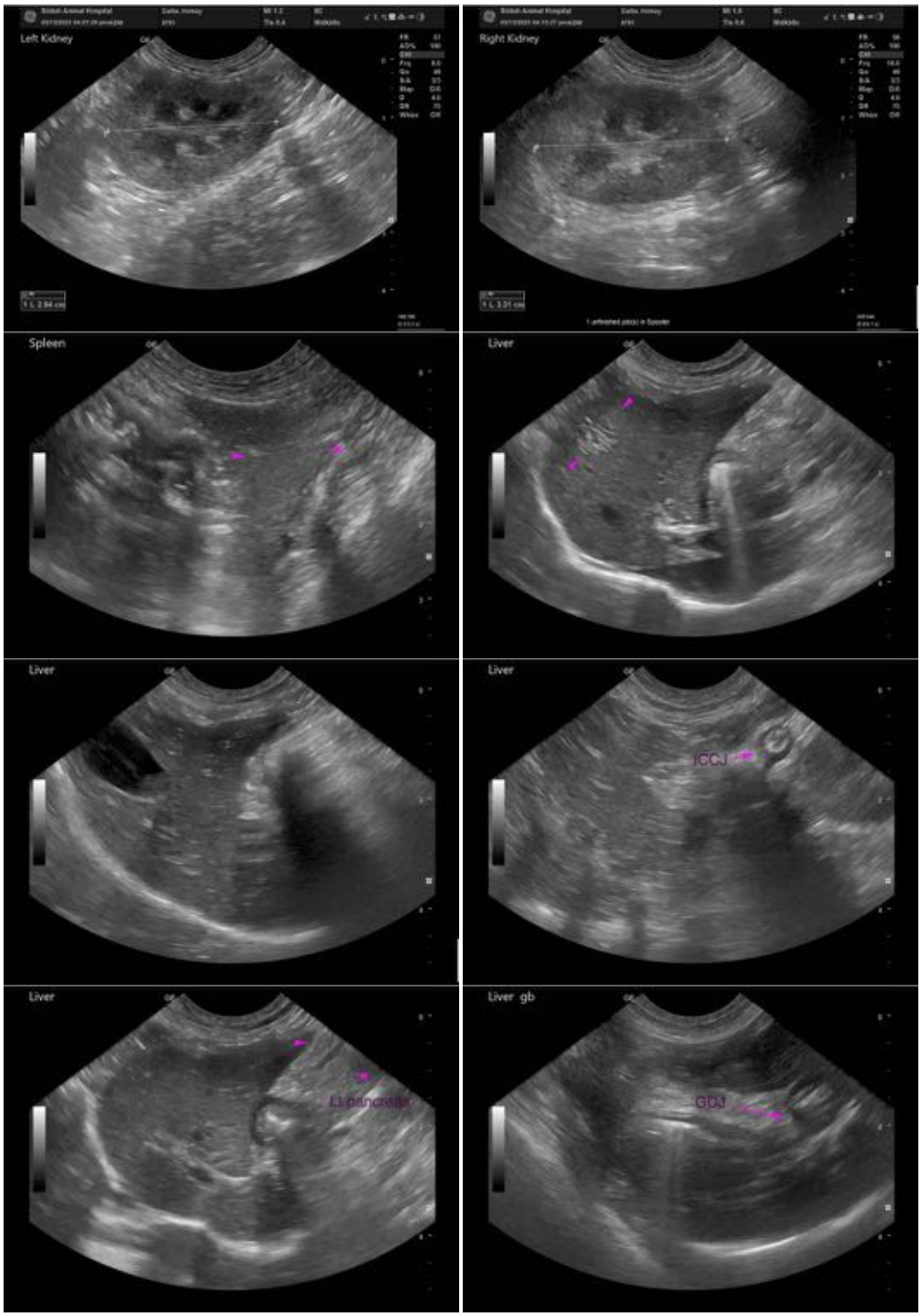

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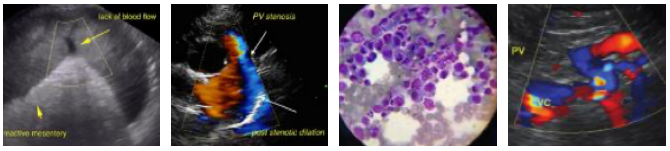

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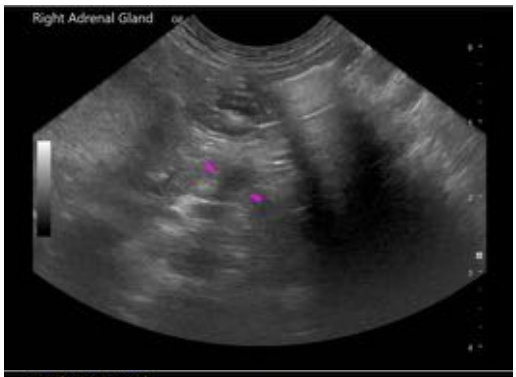

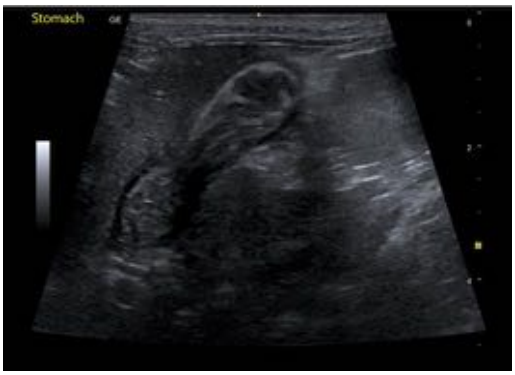

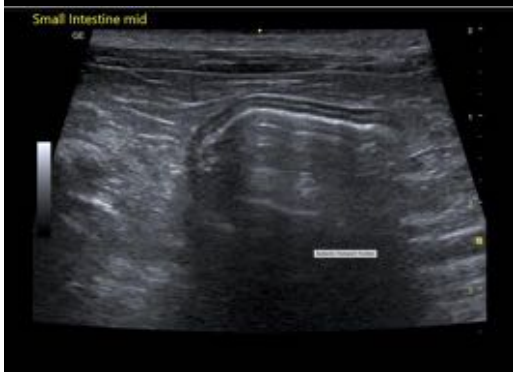

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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