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Clinical Sonography & Telecytology
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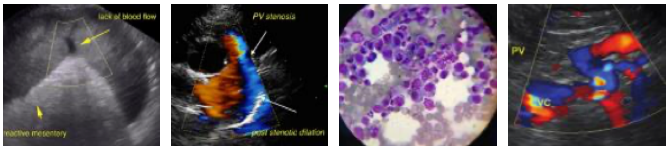

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sasha Heimbaugh

SPECIES
Feline

BREED
Siamese

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
4.82 lbs.

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

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Bethany Family Pet Clinic

REFERRING VET
Dr. Rodriguez

INVOICE
13080

DATE
3/2/22

PRESENTING CLINICAL SIGNS

History: Seen for first time in January. Has supposedly been diagnosed as chronic kidney disease prior and on renal food. Has had a history of constipation in past. Feels constipated tody. been on fiber response food and gets miralax every day cuz other cat has chronic constipation. Did bw which showed elevated free t4 ed..suspected hyperthyroidism. Placed on methimazole oral...1/2 way through treatment another doc switched her to transdermal. It was mentioned she was losing weight and that doctor told her to start pred L transdermal gel. Saw her yesterday, bw showed elevated alt/ast and she had lost ~1.5 lbs in 1.5 months and is quite skinny. Difficulty eating.
Abnormal PE/Chem/CBC/UA Results: Moderate tartar, went from 6.46 to 4.8 lbs since january 19th

SDMA 22, ALT 222, normal in January.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Due to the large amount of shadowing fecal material within the colon, portions of the abdomen were obscured/not visualized. Some pathology may have been missed due this issue.

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is small in size (2.67 cm in length) with a slightly irregular shape. 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 or hydroureter. Renal vasculature is normal.

The right kidney is small in size with a normal shape and smooth peripheral contours. 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

No images provided.

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 distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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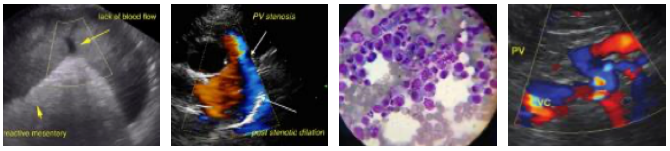

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Gastrointestinal

The stomach is not visualized in its entirety. In the visualized portion, the 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 a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen is diffusely distended with shadowing fecal material.

Pancreas

A portion of the pancreas is obscured by imaging artifact from the fecal material within the colon. In the visualized portion, no obvious pathology is seen.

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Fecal distended colon. Idiopathic megacolon is a consideration. However, other underlying pathology cannot be completely excluded due to the imaging artifact created by the fecal material.

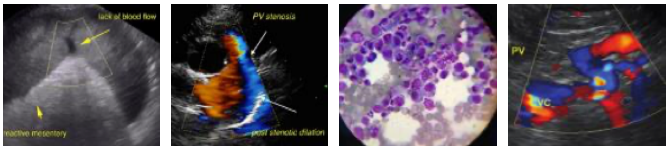
Secondary Findings:

- Bilateral, non-specific age-related renal changes.

*An obvious cause for the patient's elevated ALT is not identified in this study. Considerations include hepatic lipidosis, inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (less likely), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat abdominal ultrasound after the colon has been completely evacuated.
- If idiopathic megacolon is suspected, consider initiation of cisapride once the colon has been evacuated along with the current treatment regimen. If medical management is ineffective, a subtotal colectomy can be considered.
- Regarding the renal disease, consider the following:
  1. UPC (if proteinuria is present)
  2. Urine culture and sensitivity
  3. Baseline blood pressure measurement
- Regarding the elevated ALT, consider the following: Fine needle aspirate of the liver (if clotting status is appropriate). A surgical liver biopsy can also be considered along with aerobic and anaerobic bile cultures. However, the patient's concurrent conditions must be considered when deciding whether or not to pursue an anesthetic procedure. If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis with



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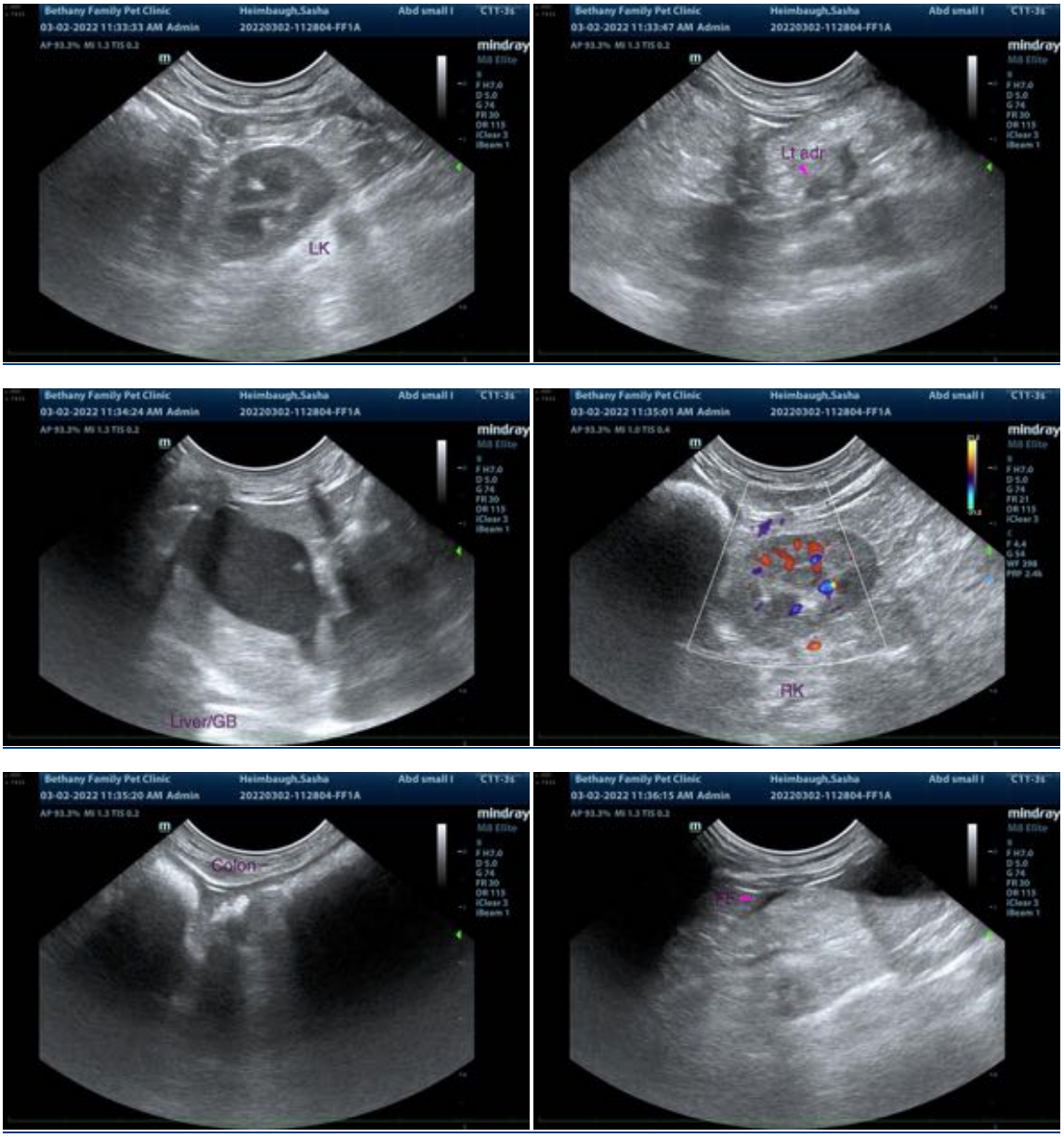
broad spectrum antibiotics and nutritional support. A temporary feeding tube (i.e., esophagostomy) may be necessary if the patient's caloric intake is inadequate.

- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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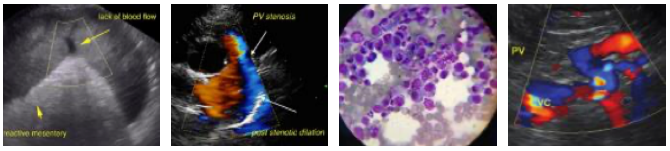

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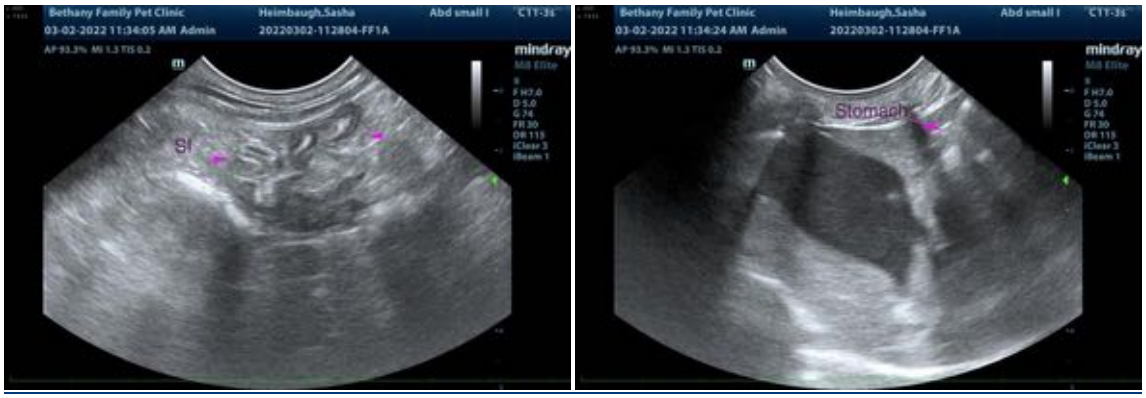

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

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