Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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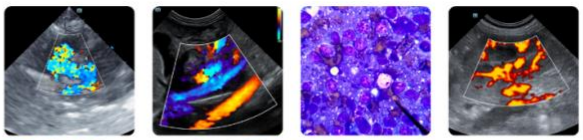

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Eli Tillman

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Male Neutered

AGE

10-28-2011

WEIGHT

9.5

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr Wiles

INVOICE

22640

DATE

3-2-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has a history of chronic vomiting, which has recently increased in frequency. BCS 5/9
EENT: Ears/eyes clean & clear. Periodontal disease stage 2/4. MMs pink & moist, crt <2s. No nasal discharge noted.
Integumentary: No external parasites noted.
Cardiovascular: No heart murmur ausculted, normal heart rate & rhythm. Lungs clear, normal respiratory rate.
Abdomen: Soft, nonpainful. No masses palpated.
Musculoskeletal: Ambulatory x 4
Neuro: Appropriate mentation.
Genitourinary: WNL.

Abnormal lab-work values: ALT 273. AST 72. CBC unremarkable. USG 1.025. Trace proteinuria. T4 in September was normal. (Emailing labs)
Current Medications: None

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the is normal.

The left kidney is normal in size (3.74 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.88 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a micronodular pattern is observed throughout the organ. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are

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anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.28 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 is diffusely thickened (up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in at least one segment. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

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

Lymph Nodes

A cluster of enlarged, irregular, slightly hypoechoic mesenteric lymph nodes are observed in the mid- to caudal abdomen (one measuring 2.93 x 0.83 cm). Surrounding mesentery is slightly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. Changes are similar to the previous sonogram.
- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis, or infiltrative neoplasia (i.e., lymphoma). Changes are similar to the previous sonogram.

Secondary Findings

- Age-related parenchymal remodeling Changes are similar to the previous sonogram.
- Mild bilateral nonspecific age-related renal changes with subtle dystrophic mineralization
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis, or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

* Ultrasound-guided fine-needle aspiration of a prominent mesenteric lymph node was performed at the end of this study without incident.

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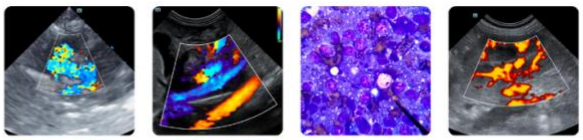

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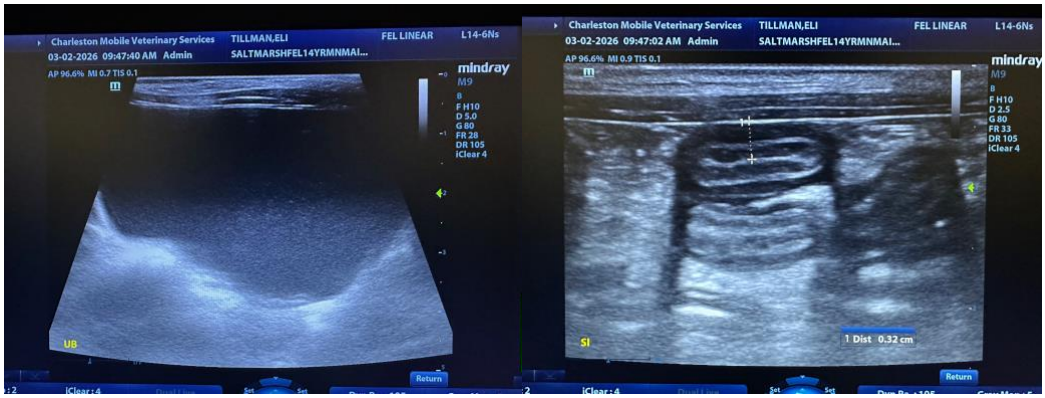
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a GI panel including serum cobalamin and folate, TLI and PLI (If not recently performed).
- Depending on GI panel and lymph node cytology results, further work-up may be indicated.



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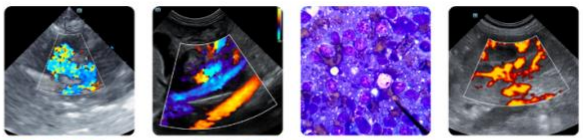

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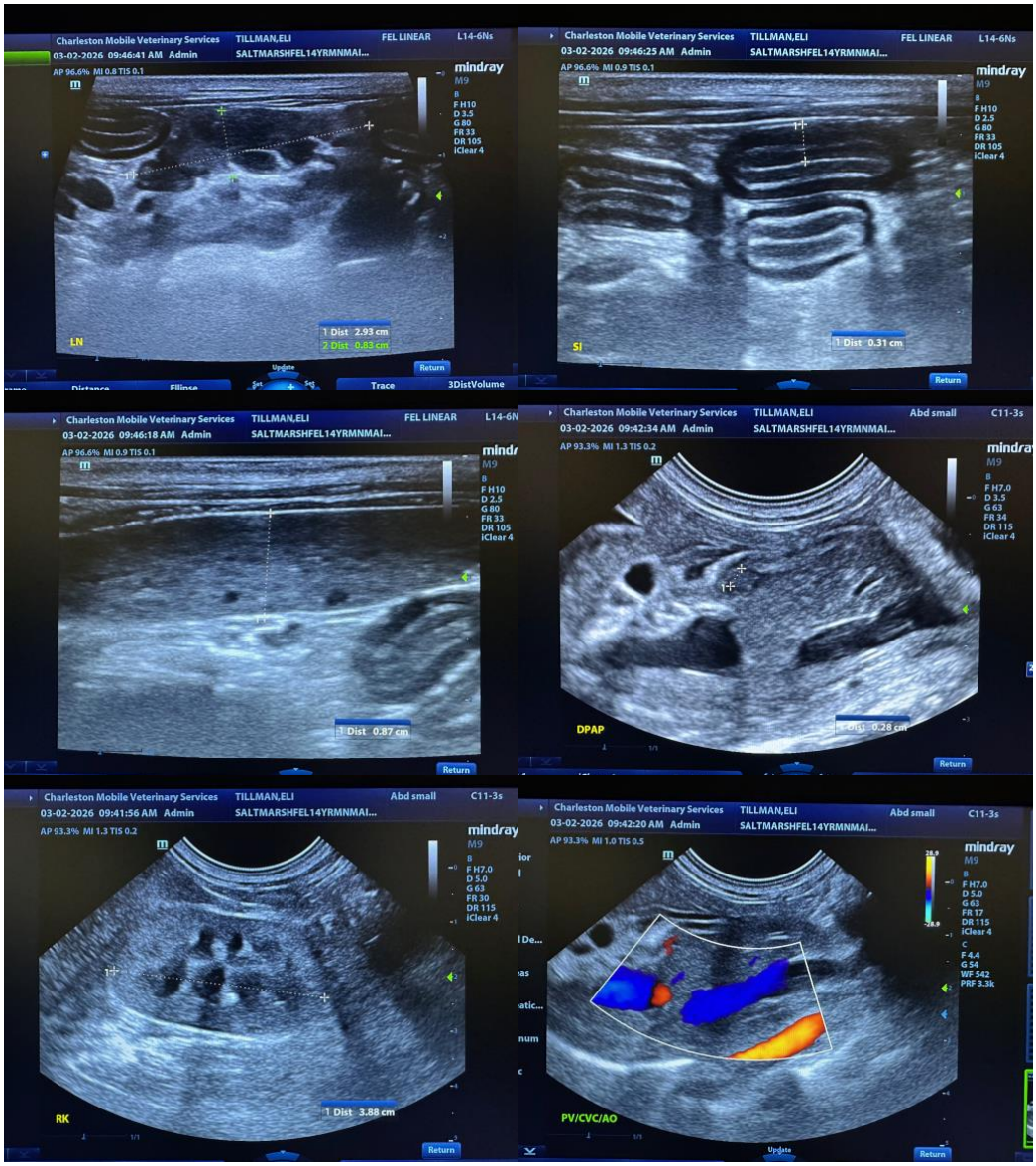

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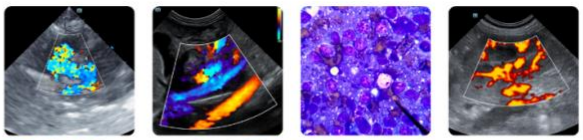

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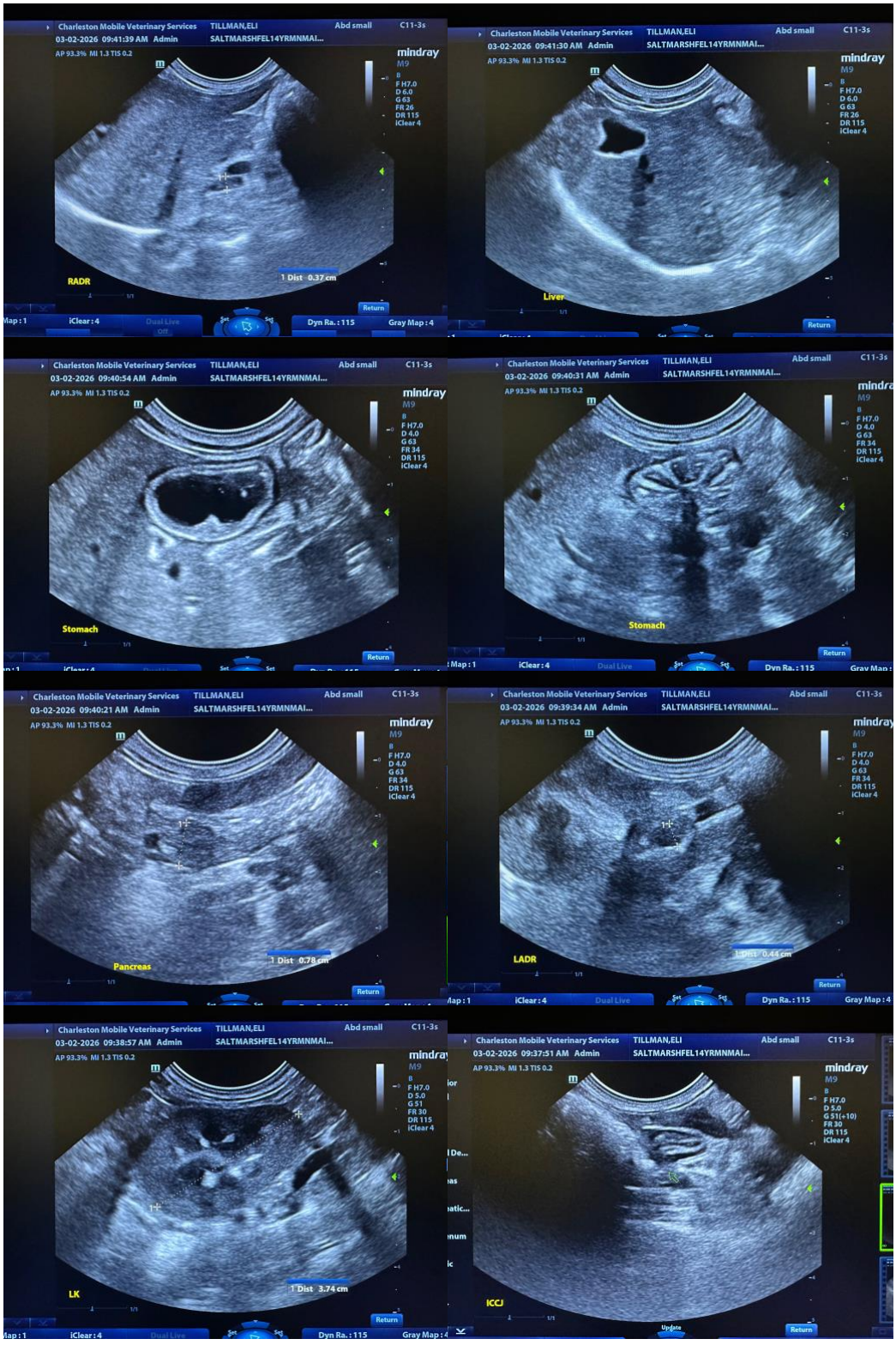

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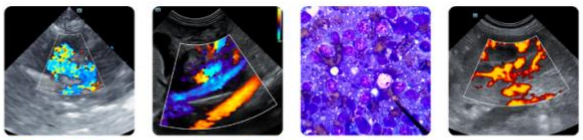

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com