IMAGING PERFORMED BY

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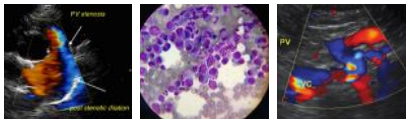

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

3/28/2022

**PATIENT**

Tux Simpson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2/1/2010

**WEIGHT**

8 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Mount Airy Animal Hospital

**REFERRING VET**

Dr. Riley

**INVOICE**

10617

## PRESENTING CLINICAL SIGNS

Lethargy, inappetence, howling meow, weight loss.

Current Medications: None listed.
Lab Results: HCT 30%, Low platelets, elevated SDMA, BUN, Crea, Phos, NA, ALT, SAP, Tbili.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *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 normal size (3.81 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.

The right kidney is normal size (3.92 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 adrenal glands is evaluated. No obvious pathology is observed.

### *Spleen*

The spleen is normal in size (0.63 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 slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 is thickened (up to 0.36 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal

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

***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.

***Free Abdomen***

A small amount of anechoic free fluid is present. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.87 cm in length. The mesentery surrounding the nodes is slightly hyperechoic.

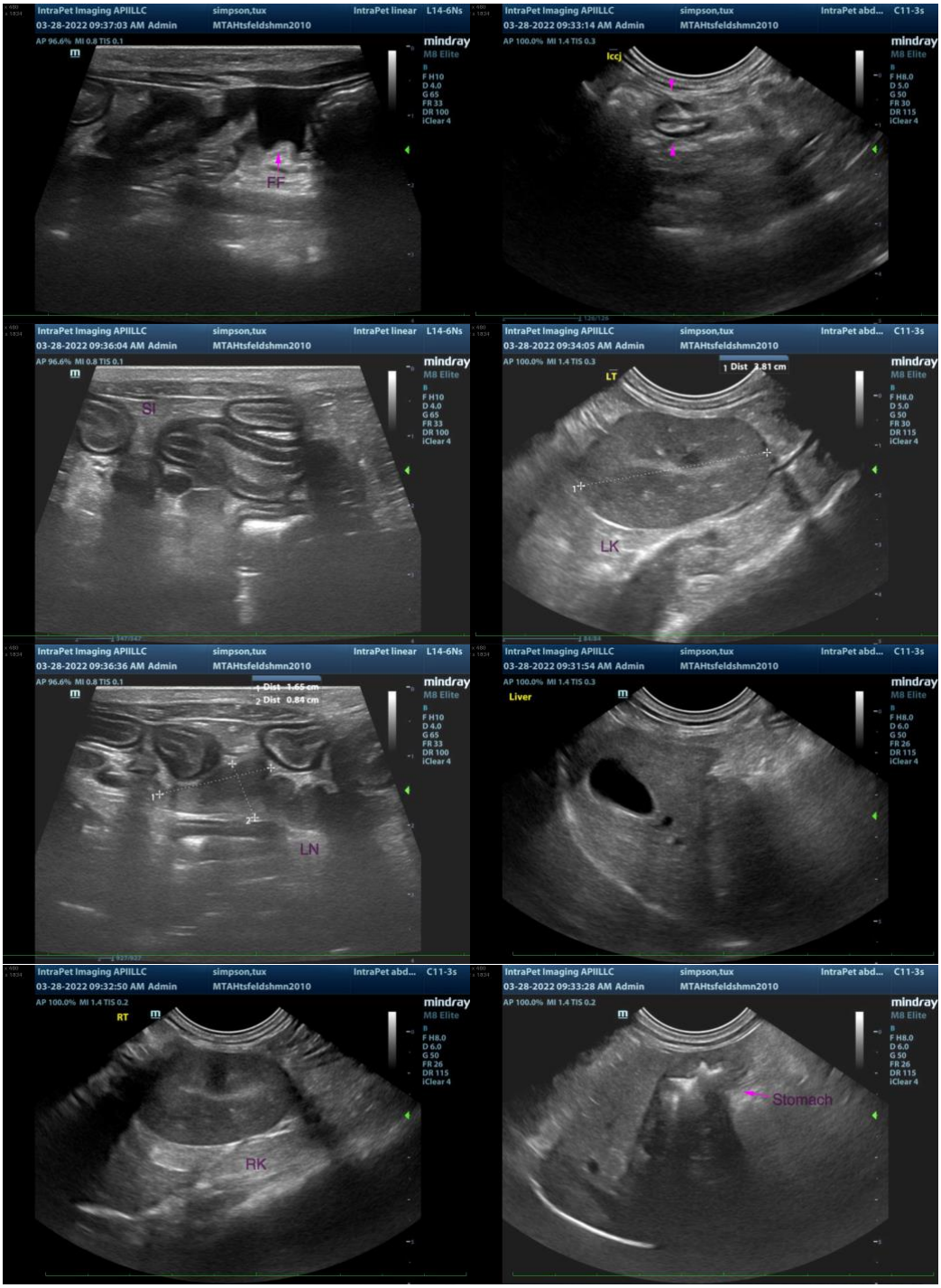
## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is also some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral, nonspecific chronic renal changes
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, and the patient's clotting status can be stabilized, surgical biopsies of the liver, gastrointestinal tract and abdominal lymph nodes can be considered.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended as well as a urinalysis, urine culture and sensitivity, UPC (if proteinuria is present), and baseline blood pressure measurement.
- Depending on the degree of azotemia, fluid therapy (i.e., subcutaneous or IV) may be warranted. Given the elevated liver values, also consider empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis (i.e., broad-spectrum antibiotics, hepatic antioxidants, nutritional support) while awaiting test results.
- Thoracic radiographs are also recommended, particularly if fluid therapy is to be initiated.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1 Dist 3.81 cm
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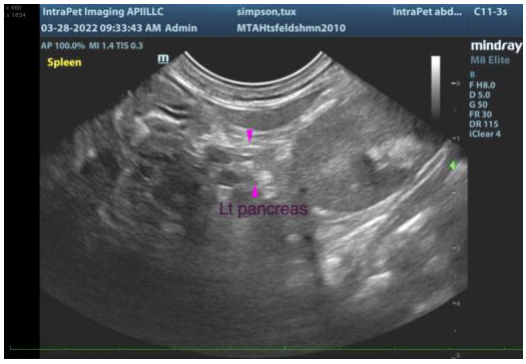
Stomach




**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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com