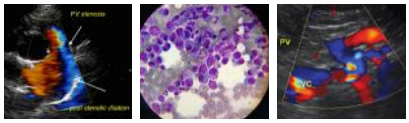
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/3/2022

PATIENT

Socks Brokenborough

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/3/11

WEIGHT

7.9 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

10488

PRESENTING CLINICAL SIGNS

Anorexia, regurgitation and cough; 1 week duration. Two visits to Urgent Vet Care 2-26-22 and 3-1-22. Treated symptomatically for GE.
Presented to CHAT 3-2-22, afebrile, possible splenic enlargement. Lab work revealed Leukopenia, decreased Creat, increased SDMA & hypoalbuminemia.

Current Medications: SQF and Maropitant.
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 (3.55 cm in length); normal shape and architecture with smooth peripheral margins. 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.

The right kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal size (0.33 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity dependent debris is observed within the lumen . The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A few small intestinal segments are mildly fluid distended and hypomotile. The remaining segments are not dilated. The small intestinal is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gas distended stomach. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

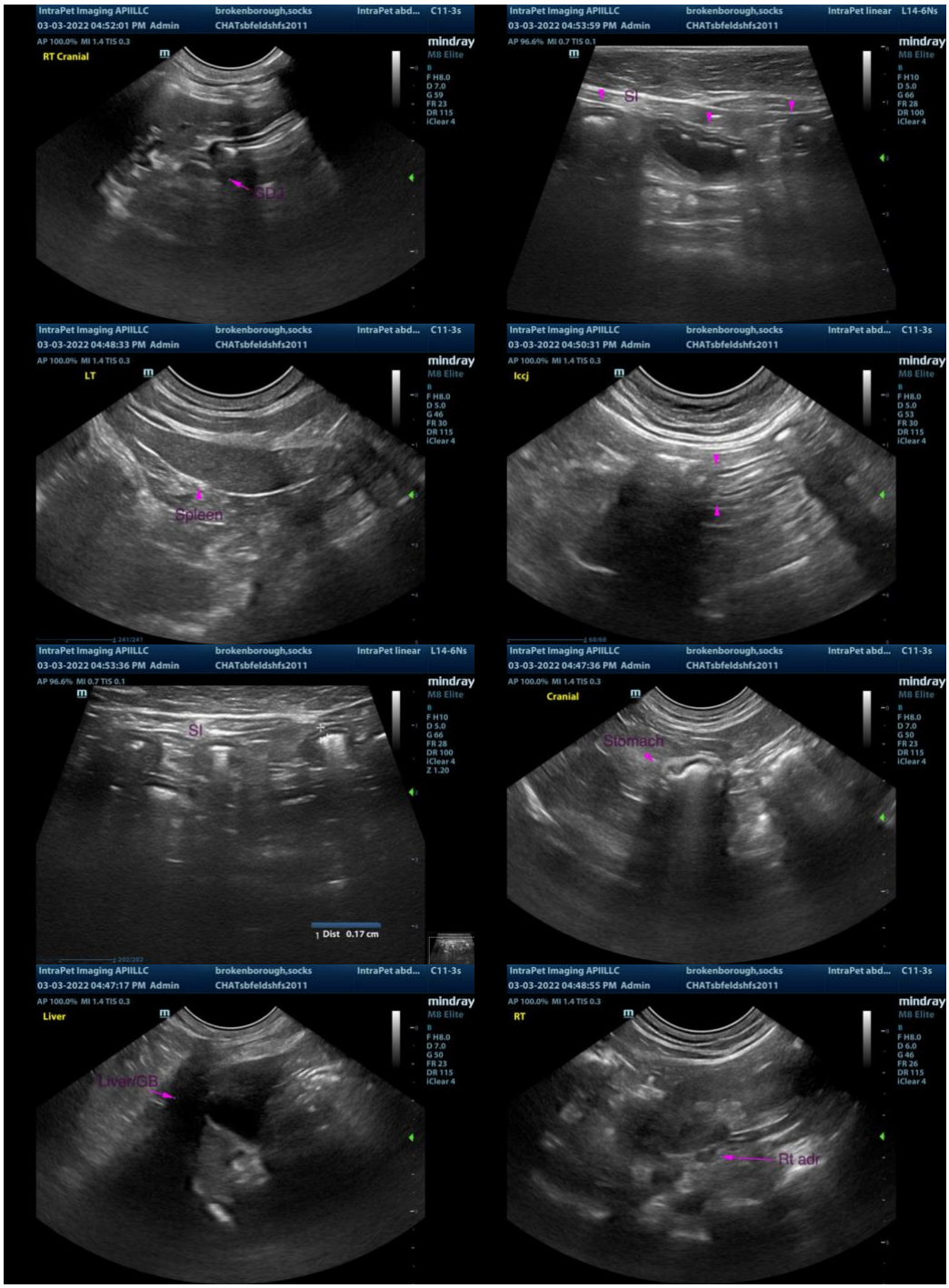
Primary Findings

- Bowel changes consistent with gastroenteritis
- Minor age-related renal changes

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of regurgitation and cough, three-view thoracic radiographs are recommended, if not already performed. Also consider a fecal evaluation for ova and Giardia and a GI Panel (send to Texas A&M)
- Given the presence of hypoalbuminemia, consider a UPC and pre-and postprandial serum bile acids to assess for renal and hepatic causes of the low albumen.
- If clinical signs persist and the above diagnostics are inconclusive, gastrointestinal biopsies (i.e., endoscopic or surgical), may be necessary to get a definitive diagnosis. However, the patient's respiratory status should be stabilized prior to any anesthetic event.



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.

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