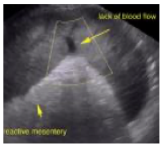
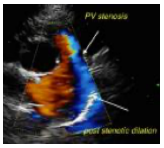
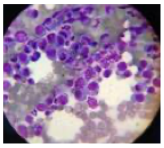
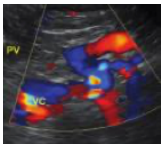
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Small Cat Brown

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
6 years

WEIGHT
5.6 kg

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

IMAGING PERFORMED BY
Dr. Callihan/Animal Emergency Care

HOSPITAL NAME
Animal Emergency Care

REFERRING VET
Dr. Jaeger/Animal Emerg Care

INVOICE
12804

DATE
4.21.23

PRESENTING CLINICAL SIGNS

History: Hx: Cholena brought Small Cat back for ultrasound as he started having profuse diarrhea this weekend progressing to vomiting, was examined early this morning by Dr. Jaeger and had radiographs which were unremarkable, and lab-work which was remarkable only for anemia 28%(nonregenerative), mild hypoproteinemia TP 5.0 (alb 3.0, glob 2.0), slight hypernatremia 167 and hypokalemia 3.3. Has history of urinary crystals, eats Royal Canin Calming Satiety Urinary canned food. He is indoor only, one other cat in household. We sedated with butorph 0.3 mg/kg, Midaz 0.3 mg/kg, alfax 3 mg/kg IM as he is quite feisty. He last ate about 1/2 tablespoon of food approx 11 hrs prior to scan.

Abnormal PE/Chem/CBC/UA Results: PE is fairly unremarkable other than mildly overweight BCS 6/9 Radiographs early morning were unremarkable, and labwork which was remarkable only for anemia 28%(nonregenerative), mild hypoproteinemia TP 5.0 (alb 3.0, glob 2.0), slight hypernatremia 167 and hypokalemia 3.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (4.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 in this region.

Spleen

The spleen is normal to slightly prominent in size (1.08 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

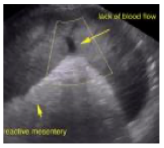
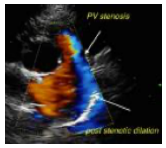
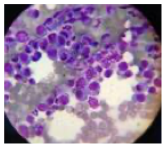
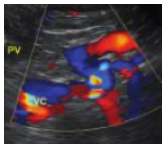
Liver

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 scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with

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chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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

There is no obvious evidence of free fluid. Several prominent mesenteric lymph nodes are visualized (the largest measuring 1.94 cm in length). Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma).
- The mild splenomegaly may be a normal variant for this larger breed cat, or may be secondary to antigenic stimulation, splenitis, lymphoid hyperplasia, extramedullary hematopoiesis, or less likely, emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the prominent mesenteric lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used. Other diagnostic considerations include the following:

1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole
3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
4. 2-4-week limited antigen or hydrolyzed protein diet trial
5. Initiation of a probiotic +/- a fiber supplement (i.e., Metamucil or Konsyl)
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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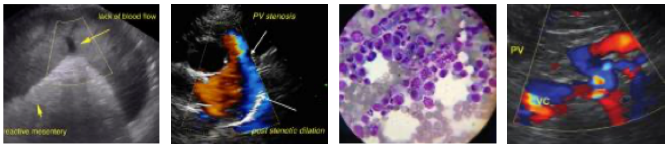

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com