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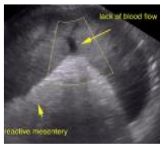
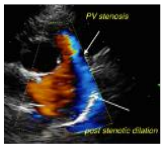
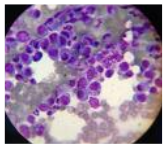
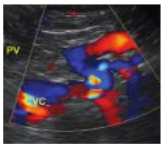

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mira Orien

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 years

WEIGHT

6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Sitton

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Christina Sitton

INVOICE

10796

DATE

4/22/22

PRESENTING CLINICAL SIGNS

History: persistent weight loss - concern for GI disease (IBD/lymphoma) intermittent (q6m) vomiting, lethargy wheezing (reported but not observed)

Abnormal PE/Chem/CBC/UA Results: FORLs/perio disease severe hypertension 230-260mmHg novel murmur, R/O physiologic, secondary to hypertension, HCM, other recent chem GLUCOSE (blood) = 157 mg/dL 71 - 159 CREA = 1.8 mg/dL 0.8 - 2.4 BUN = 34 mg/dL 16 - 36 BUN/CR = 19 PHOS = 4.7 mg/dL 3.1 - 7.5 Ca = 9.1 mg/dL 7.8 - 11.3 TP = 8.5 g/dL 5.7 - 8.9 ALB = 3.2 g/dL 2.3 - 3.9 GLOB = 5.3 g/dL 2.8 - 5.1 ALB/GL = 0.6 ALT = 87 U/L 12 - 130 ALKP < 10 U/L 14 - 111 GGT = 0 U/L 0 - 4 TBIL = 0.6 mg/dL 0.0 - 0.9 CHOL = 124 mg/dL 65 - 225 Sodium = 163 mmol/L 150 - 165 Potassium = 3.3 mmol/L 3.5 - 5.8 Na/K = 49 Chloride = 111 mmol/L 112 - 129 OSM ca = 330 mmol/kg PCV 34 % fpl normal amlodipine started

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.65 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the right renal cortex 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic and common bile ducts are normal.

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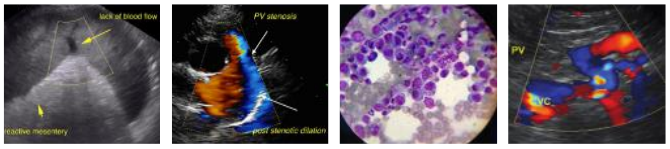

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Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas
The left limb is visible/prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
Trace free fluid is observed. few prominent mesenteric lymph nodes are visualized, the largest measuring 0.35 in width.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes could be consistent with chronic pancreatitis or may be a normal variant for this patient. Pancreatitis is favored.
- The splenic parenchymal changes are nonspecific and could be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or emerging neoplasia (i.e., round cell tumor).
- Trace free fluid

Secondary Findings

- Bilateral nonspecific age-related renal changes
- Urinary bladder debris
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue, primary neurologic disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider a neurologic examination as weight loss is occasionally the sole clinical sign in patients with primary brain tumors.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended to further assess for underlying gastrointestinal and pancreatic disease.
- Ultimately, gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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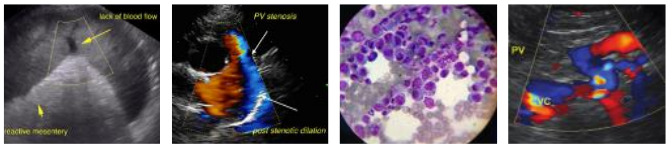

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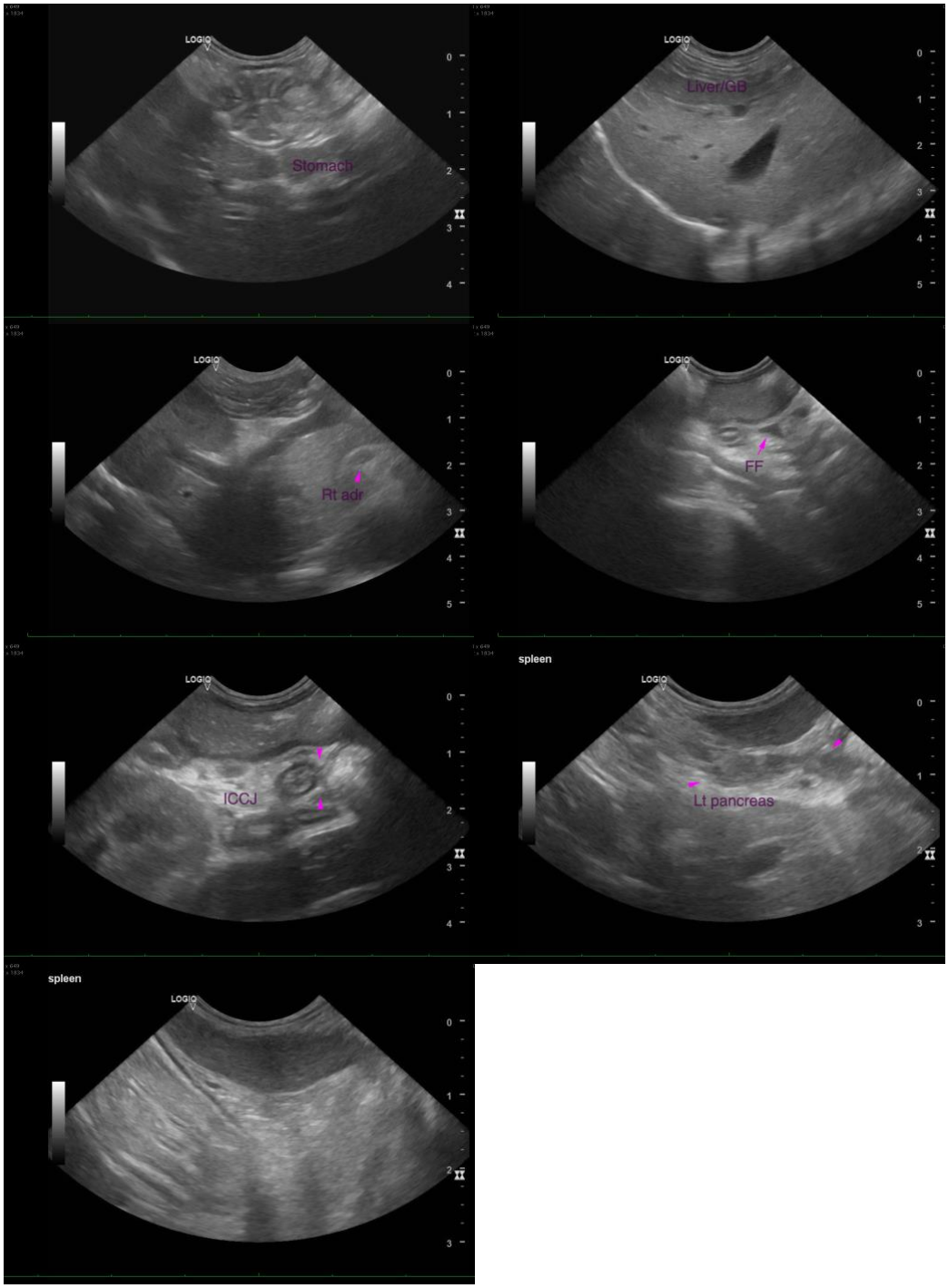

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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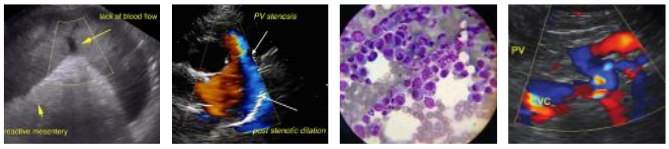

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