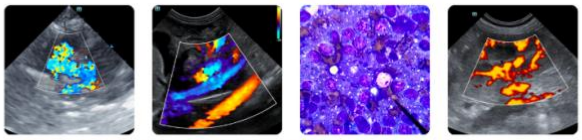


DATE

4-24-26

PATIENT

Cal English

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/5/2009

WEIGHT

6.7lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Jacksonville
Veterinary Hospital

REFERRING VET

Dr. Burk

INVOICE

22931

PRESENTING CLINICAL SIGNS

Patient History: Chronic vomiting and weight loss in a geriatric cat. Vomiting increasing in frequency recently. History of pancreatitis a year ago. History of epilepsy treated with zonisamide.

Current Medications: Zonisamide 25 mg q 24 hr, Gabapentin 25 mg q 12-24 hr
Labwork Results: Labwork not attached, reported as: hct 37%, wbc 27.6 increased, neutrophils 21804 increased, monocytes 1380 increased, eosinophils 1104 increased, bun 50 increased, creat 1.4, sdma 15.5 increased, glu 108, calcium 9.4, t4 1.1, ft4 31.7 normal, precision psl 28, mild increase
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.88 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (3.79 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.64 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

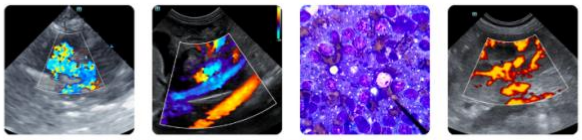
Spleen

The spleen is normal in size (0.61 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 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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are tortuous and borderline dilated (up to 0.35 cm). There is no obvious evidence of an intraluminal obstruction.



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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 normal to mildly-thickened (up to 0.34 cm). 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 base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is normal- to mildly dilated (up to 0.28 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A few prominent mesenteric lymph nodes are visualized (one measuring 1.12 x 0.58 cm).

Free Abdomen
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma (less likely), or normal variation for this older feline patient.
- The pancreatic changes are suggestive of chronic pancreatitis, with minor parenchymal remodeling
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The right adrenomegaly may be secondary to stress, hyperplasia, an emerging tumor, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
4. Initiation with a probiotic may also prove beneficial.
5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14–21-day course of

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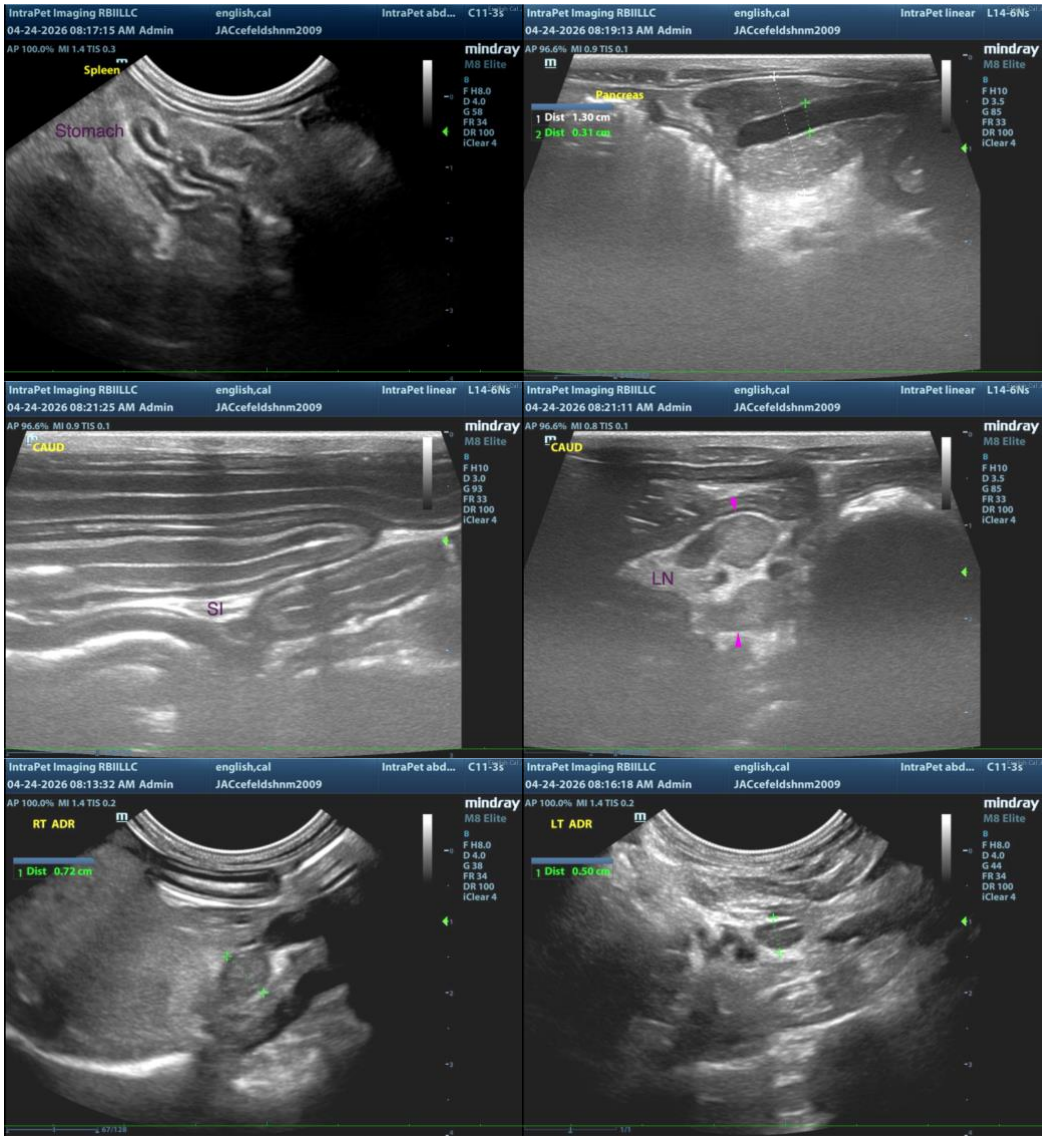
amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).

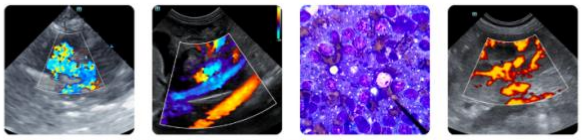
- Regarding the mild azotemia, consider the following:

1. Urinalysis with culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. Baseline blood pressure measurement
4. Serial monitoring of the patient's renal values to assess progression of the azotemia



Imaging performed by IntraPet Imaging

IntraPet.com



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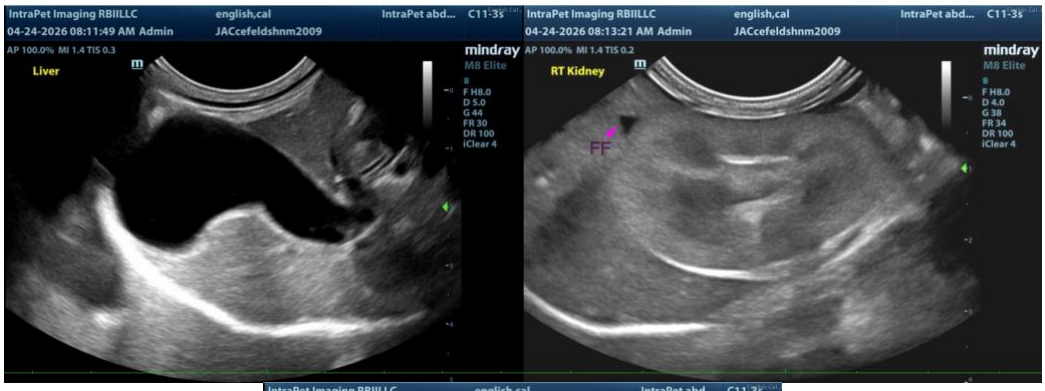

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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