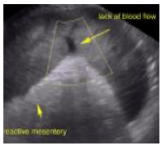
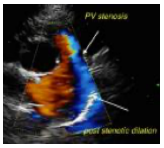
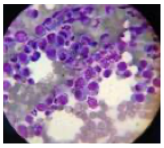
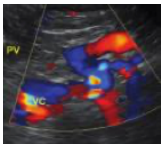

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1-800-838-4268 info@sonopath.com

PATIENT

Shadow Lamb

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

3 years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrianne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dale Ackler

INVOICE

12915

DATE

5.1.23

PRESENTING CLINICAL SIGNS

History: RDVM wanted to find out what large structure in ventral abdomen was.

This study was limited, as patient went into respiratory distress.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.60 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.20 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized in the available images.

Spleen

The spleen is normal in size (0.66 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 appears normal.

Liver

The liver appears prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. The parenchyma has a cystic/reticulated appearance. Hepatic vasculature throughout the organ appears dilated.

Gallbladder

(See “Other” category).

Gastrointestinal

Several small intestinal segments appear to be located within the thorax. In the visualized loops, the wall appears normal in thickness with a normal layering pattern (See also “Other” category).

Pancreas

The left limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. The right limb is not definitively visualized in the available images.

Free Abdomen

Trace free fluid is observed.

Lymph nodes

There is no obvious evidence of lymphadenopathy in the available images.

Other
The caudal vena cava is subjectively dilated.

A large, fluid-filled, thin-walled structure containing echogenic debris is observed in the cranioventral abdomen.

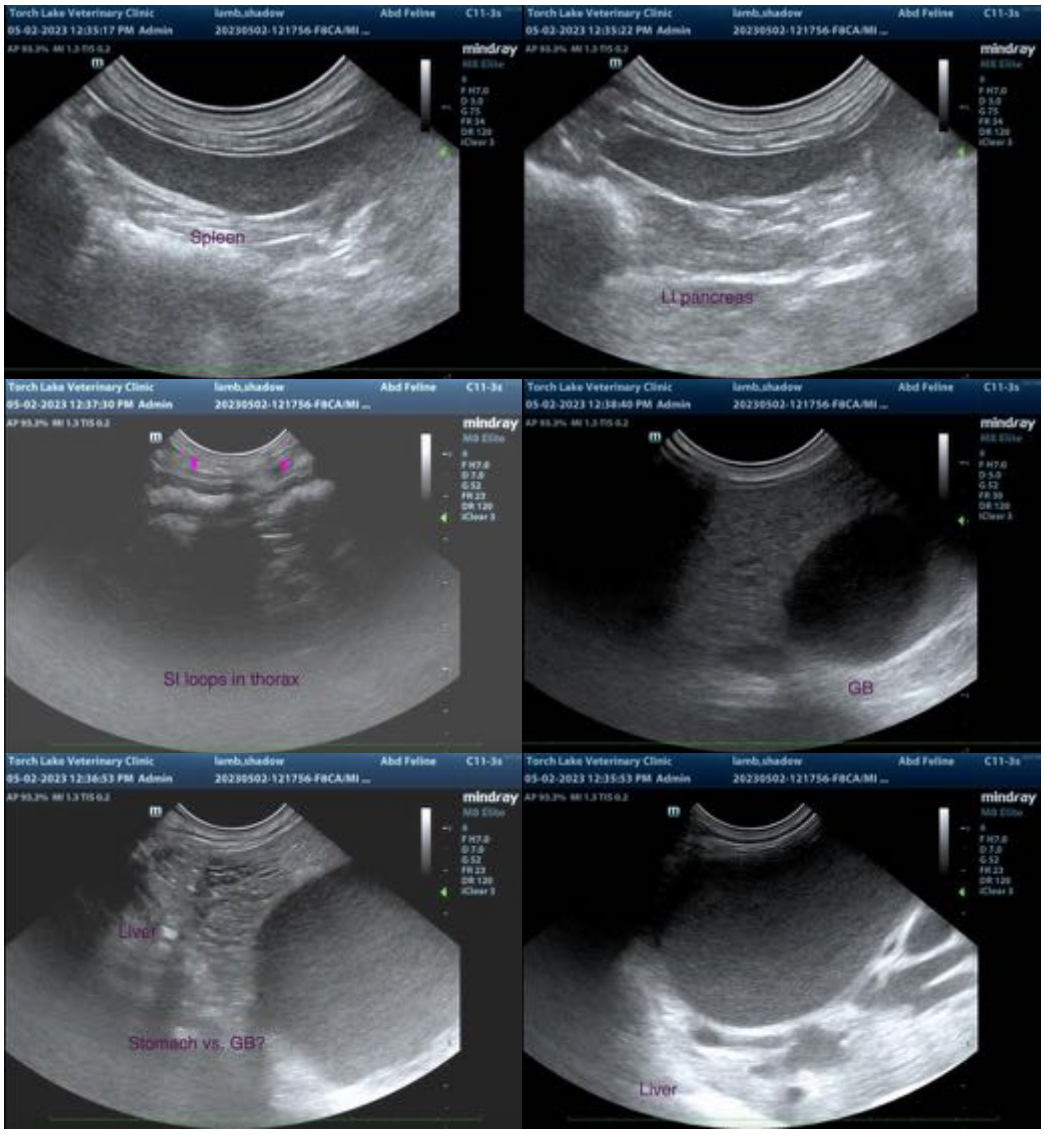
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected diaphragmatic hernia with displacement of several small intestinal segments into the cranial abdomen.
- The origin of the fluid-filled structure in the cranioventral abdomen is unclear. It may represent a severely dilated gallbladder, a fluid-distended stomach, other. Regardless, it appears slightly displaced cranially.
- Suspected hepatic vasculature and caudal vena cava dilation, possibly secondary to compression/obstruction of the caudal vena cava more cranially.
- Trace ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consultation with a board-certified surgeon is recommended to discuss diaphragmatic hernia repair. A thoracic/abdominal CT scan would be useful in presurgical planning.



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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info@SonoPath.com