**PATIENT**

Jingle Prido

PRESENTING CLINICAL SIGNS

History: Vomiting and weight loss. Currently on Cerenia.
 Abnormal PE/Chem/CBC/UA Results: toxic neutrophils

SPECIES

Feline

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. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

BREED

Domestic Shorthair

SEX

Female, spayed

The left kidney is normal size (3.15 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

AGE

6 Yrs,

The right kidney is normal size (3.25 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

WEIGHT

7 Pounds

Adrenal Glands

The left adrenal gland is small in size (0.32 cm width) with a relatively normal shape. A 0.332 x 0.14 cm irregular hyperechoic to mineralized area is observed within the parenchyma. Surrounding vasculature appears normal.

INTERPRETED BY

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

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

Spleen

The spleen is normal in size (0.94 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.

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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; caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly to moderately distended. The wall is slightly thickened (up to 0.22 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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REFERRING VET

Dr. Cathy Jarrett

Gastrointestinal

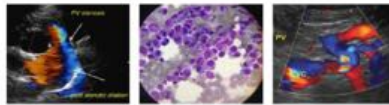
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not

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identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

Pancreas**SPECIES**

Feline

The left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic Shorthair

Free Abdomen

There is no evidence of free fluid. 1-2 jejunal lymph nodes are visualized, the largest measuring 0.72 cm in length. A few colic lymph nodes are also seen, the largest measuring 0.69 cm in length. Surrounding mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings:**

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue (i.e., hypoadrenocorticism), low-grade pancreatitis, other.

Secondary Findings:

- The small adrenal glands may be a normal variant for this patient or may be secondary to atrophy resulting from hypoadrenocorticism. The hyperechoic to mineralized area in the left adrenal gland is likely a benign incidental finding.
- The gallbladder wall changes could be consistent with benign age-related hyperplasia and/or cholecystitis. Correlation with the patient's bloodwork is recommended.
- Minor pancreatic remodeling. Low-grade pancreatitis may also be present, particularly if the patient exhibits a positive Murphy's sign.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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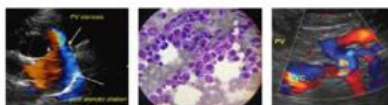
1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. Consider further testing for hypoadrenocorticism (ACTH stimulation test).

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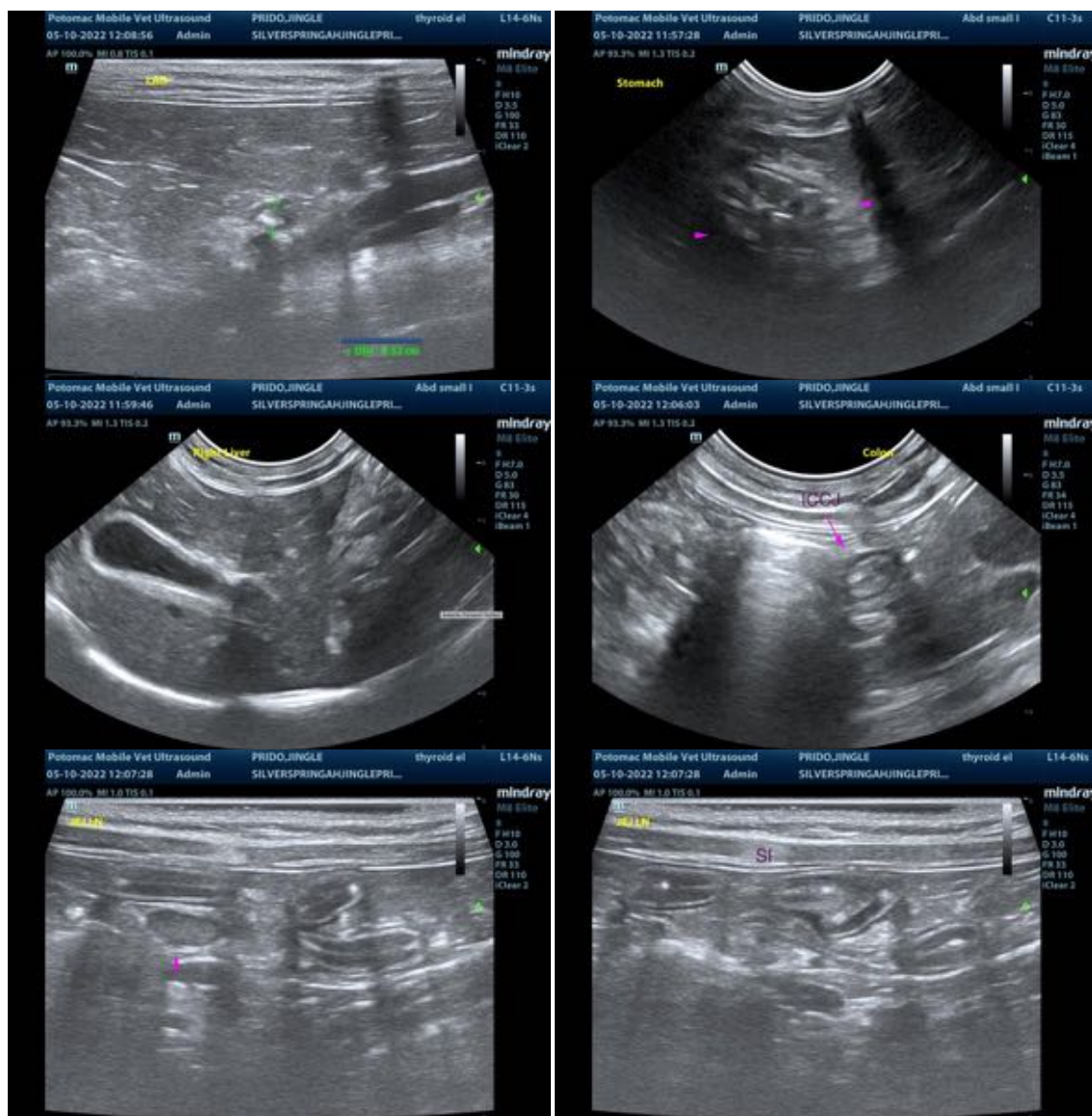
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5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
6. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
7. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.



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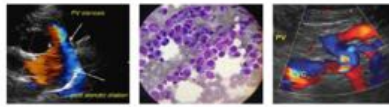
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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