

DATE

5-18-26

PRESENTING CLINICAL SIGNS

Patient History: Not Eating, Lethargic, Vomiting. Eosinophilia and monocytosis. BUN 55. SDMA 21. GGT 52. T4 1.1.

PATIENT

Scooter Allen-Tefke

Current Medications: Unasyn, Buprenorphine, Ondansetron.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

DSH

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. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The left kidney is enlarged (4.91 cm in length) with smooth peripheral contours. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

5/17/2016

The right kidney is normal-in-size (4.12 cm in length) with smooth peripheral contours. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.4lbs

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is normal size (0.46 cm width) with a normal shape. Pinpoint hyperechoic- to mineralized foci are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The spleen is normal in size (0.70 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.

REFERRING VET

Dr. Rodriguez

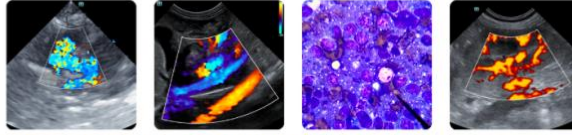
Liver

The liver is normal to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary ducts are dilated. Intrahepatic biliary vascular is of normal volume with no evidence of congestion.

INVOICE

23036

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are tortuous and dilated (up to 0.46 cm). Echogenic debris is observed within the cystic and common bile ducts. The duodenal papilla is mildly-thickened (up to 0.46 cm).



DATE

5-18-26

PATIENT

Scooter Allen-Tefke

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/17/2016

WEIGHT

7.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Rodriguez

INVOICE

23036

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 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most 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 isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is normal to mildly dilated (up to 0.29 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 3.38 x 0.52 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The intrahepatic and cystic/common bile duct changes are suggestive of cholangitis.
- The gall bladder sludge may be secondary to cholestasis, fasting, or an emerging mucocele.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.

Secondary Findings

- Bilateral nonspecific age-related renal changes with left renomegaly
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hyperechoic- to mineralized foci observed within the right adrenal gland likely represent a benign age-related incidental finding.

*Given the sonographic changes, "triaditis" is a consideration.

Imaging performed by



Clinical Sonography & Telectylogy
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

DATE

5-18-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

Scooter Allen-Tefke

The following diagnostic/treatment recommendations can be considered:

SPECIES

Feline

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,

BREED

DSH

SEX

Neutered Male

AGE

5/17/2016

WEIGHT

7.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

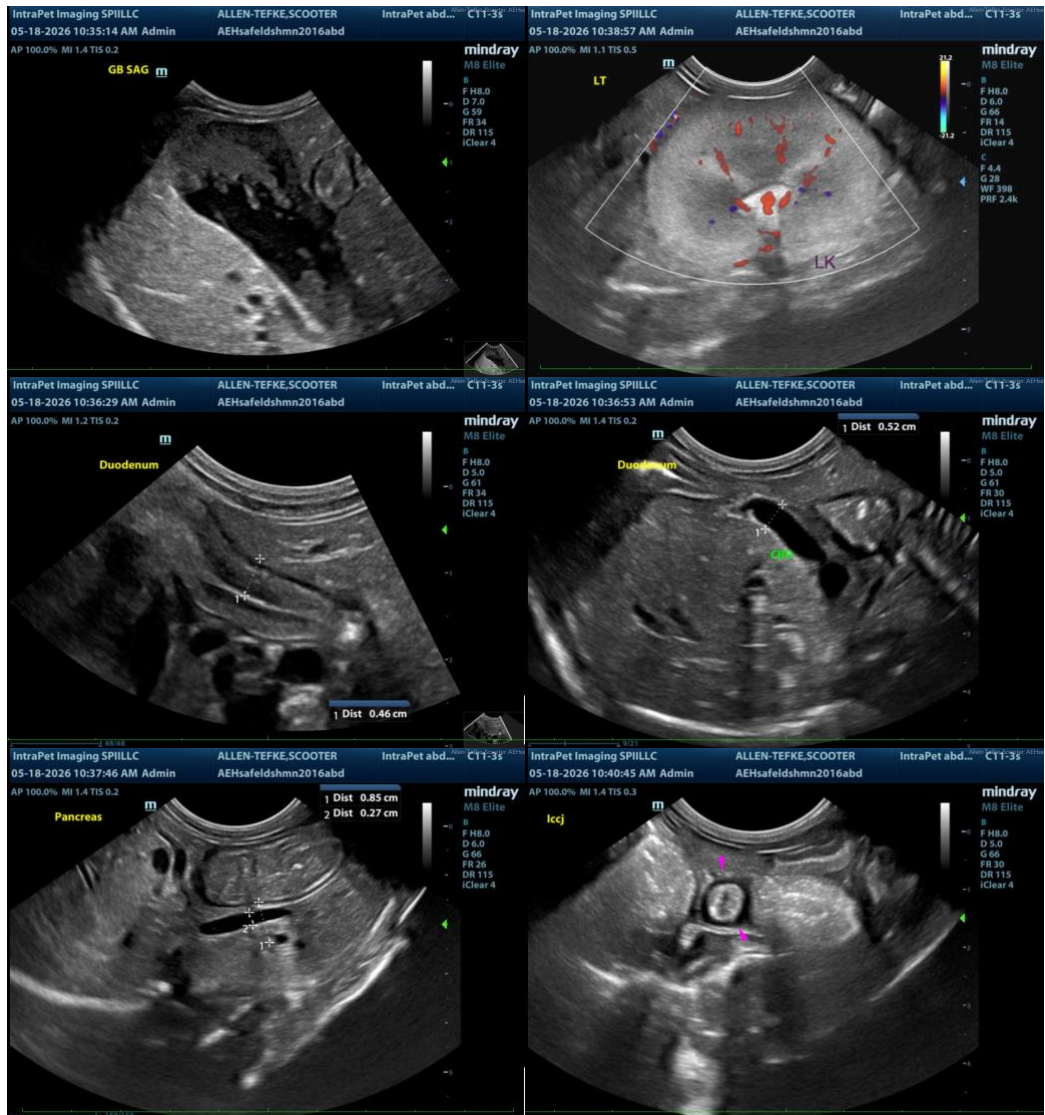
Animal Emergency
Hospital

REFERRING VET

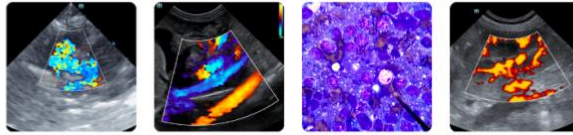
Dr. Rodriguez

INVOICE

23036



Imaging performed by



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

DATE

5-18-26

PATIENT

Scooter Allen-Tefke

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/17/2016

WEIGHT

7.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

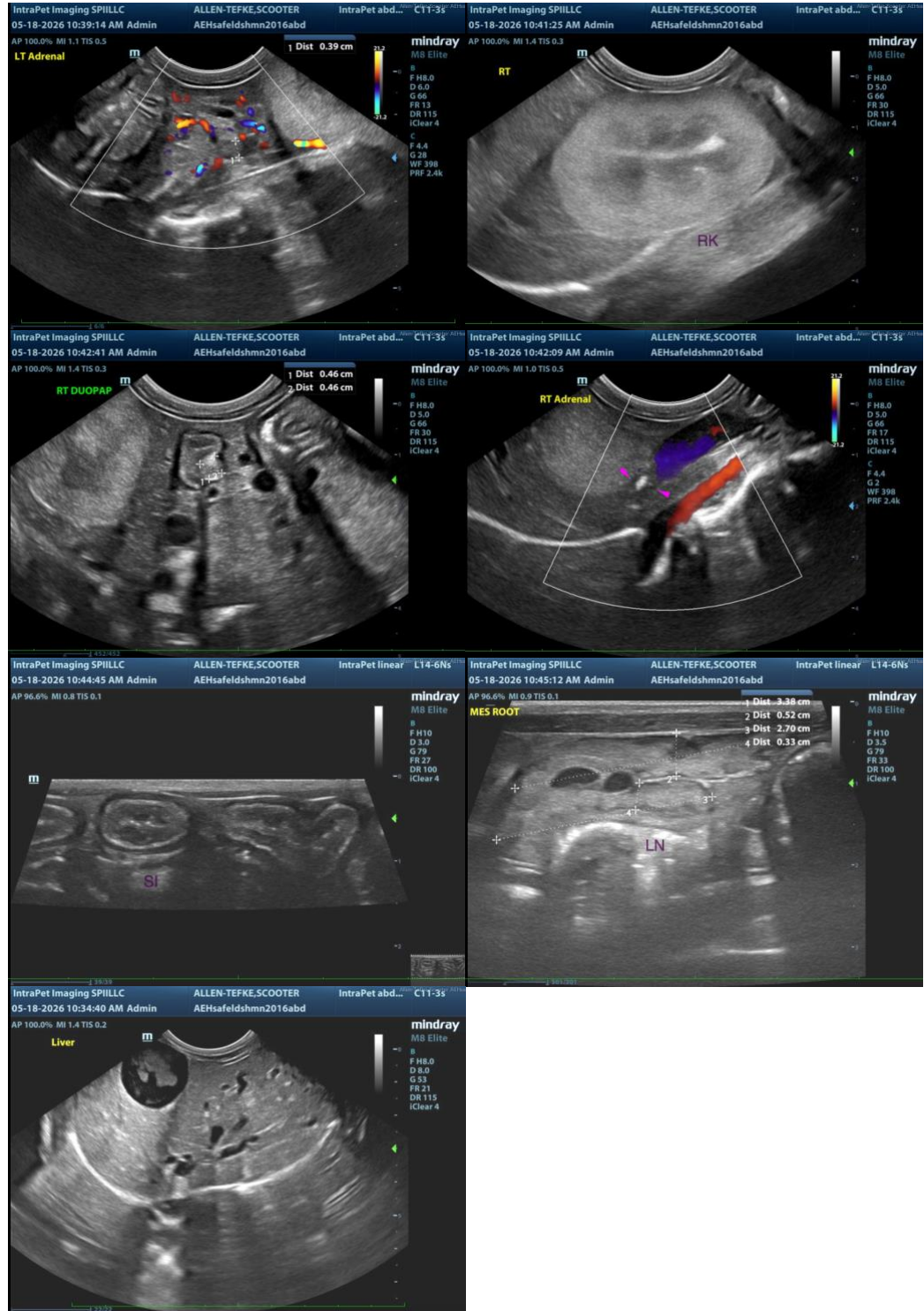
Animal Emergency
Hospital

REFERRING VET

Dr. Rodriguez

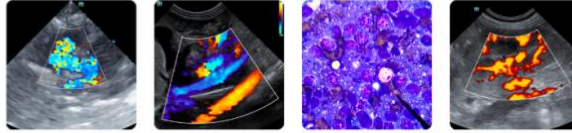
INVOICE

23036



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.

Imaging
performed by



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com  info@sonopath.com  1.800.838.4268

DATE

5-18-26

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.

PATIENT

Scooter Allen-Tefke

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

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/17/2016

WEIGHT

7.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Rodriguez

INVOICE

23036