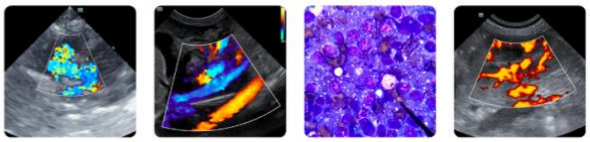


PATIENT

Chewy Sanderson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13

WEIGHT

12.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

23095

DATE

6-1-26

PRESENTING CLINICAL SIGNS

History of 1 to 1 1/2 weeks of not wanting to eat or drink. Hx of HCM; no longer on cardiac medication as patient will not allow owner to give. Dehydration noted on exam. Gallup rhythm noted on cardiac auscultation, no obvious murmur appreciated. Increased respiratory rate and effort. Painful with palpation of the mid abdomen. Diarrhea noted.
Bloodwork: mild hypoalbuminemia

Radiographs of the chest/abdomen CONCLUSION:
1. Cardiomegaly
- This is consistent with the history of hypertrophic cardiomyopathy.
-There is no evidence of left heart failure.
2. Diffuse bronchial pattern with nodules
- Differentials include metastatic or fungal/parasitic disease versus chronic lower airway disease (feline asthma, heartworm disease) with concurrent bronchial plugging.
3. The soft tissue in the right cranial abdomen is concerning for pancreatitis or a pancreatic mass with a peritoneal mass, pedunculated hepatic or splenic mass considered less likely.
4. The segment of bowel in the right caudal abdomen may represent a portion of the colon, however segmental small intestinal distention due to mechanical ileus is also considered.
5. Small left kidney
- This is consistent with chronic renal degeneration.
6. Cystic calculus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.21 cm cystic calculus is observed within the lumen, along with a scant amount of echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is borderline small-in-size (3.12 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild 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 (4.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

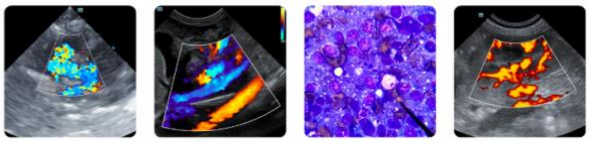
The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.57 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 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.



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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta, gas, and irregular shadowing material. The gastric wall is normal in thickness with a normal layering pattern. Numerous bowel segments are fluid-distended and hypomotile. Small fragments of shadowing material are observed within the lumen in some regions. In a bowel segment thought to represent the ileocecocolic junction, the wall appears thickened (up to 0.35 cm) with a trend toward a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The lumen of the descending colon appears normal.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

At least one prominent mesenteric lymph node is visualized (measuring 0.73 x 0.26 cm).

Free Abdomen

A small amount of free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse intestinal ileus with focal bowel wall thickening (thought to be located at the ileocecocolic junction) that are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a focal inflammatory process cannot be excluded. The shadowing material within the gastrointestinal tract may represent normal ingesta and/or foreign material.
- Cystic calculus

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The prominent mesenteric lymph node trends toward the benign (i.e., reactive node) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider submission of abdominal fluid for cytologic evaluation (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. Alternatively, consider an abdominal exploratory to evaluate the bowel and obtain biopsies of any thickened areas. If foreign material is present, it should be removed at the time of surgery. If surgery is pursued, consider a cystotomy with stone removal, analysis and culture.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.

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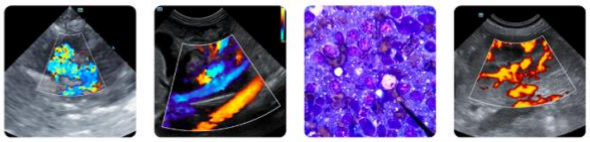

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Educational Teleconsultation Services™

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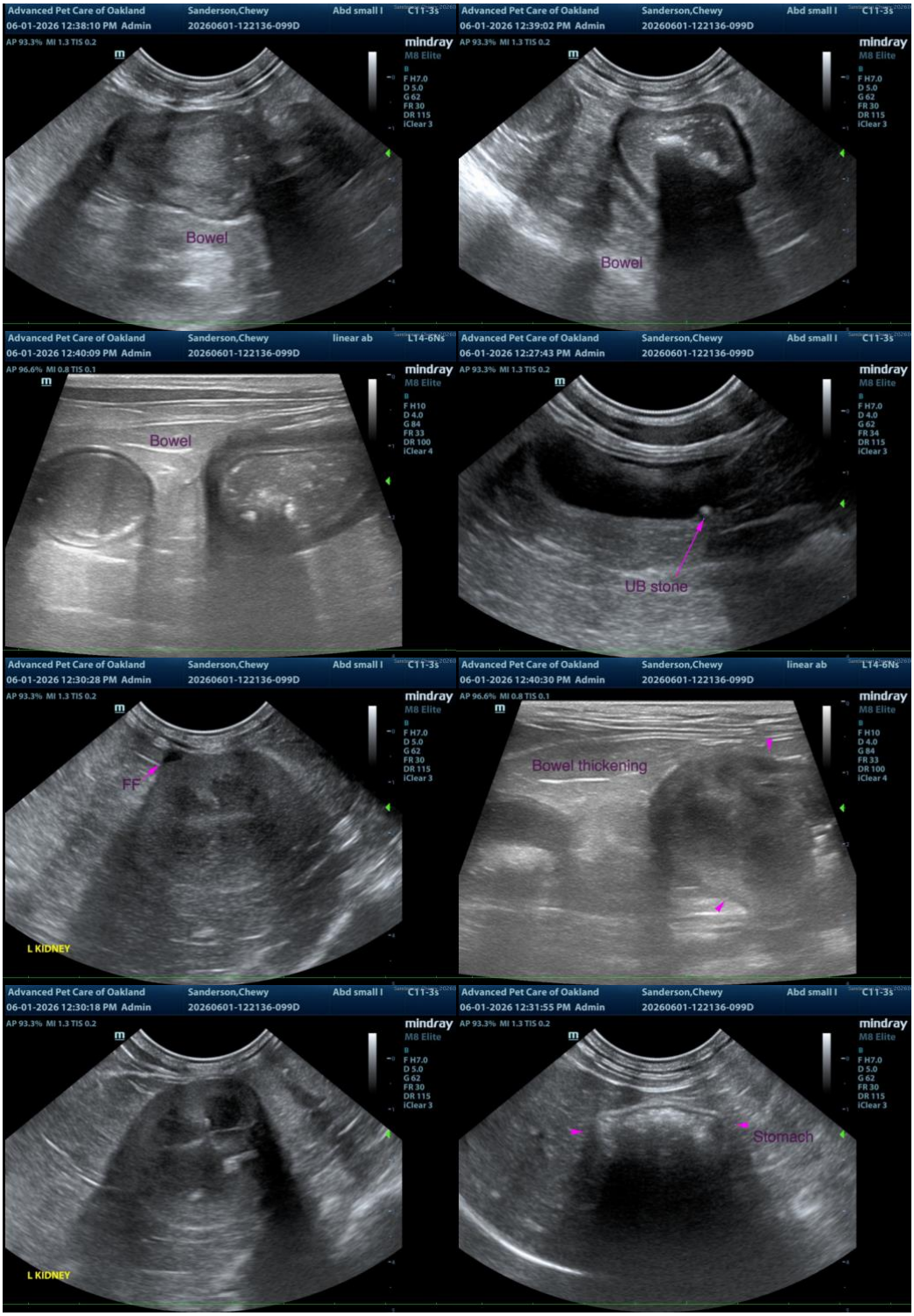

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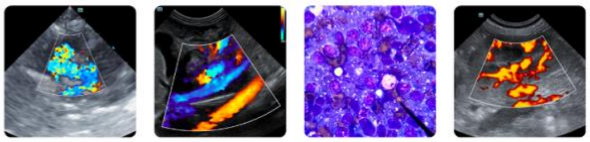

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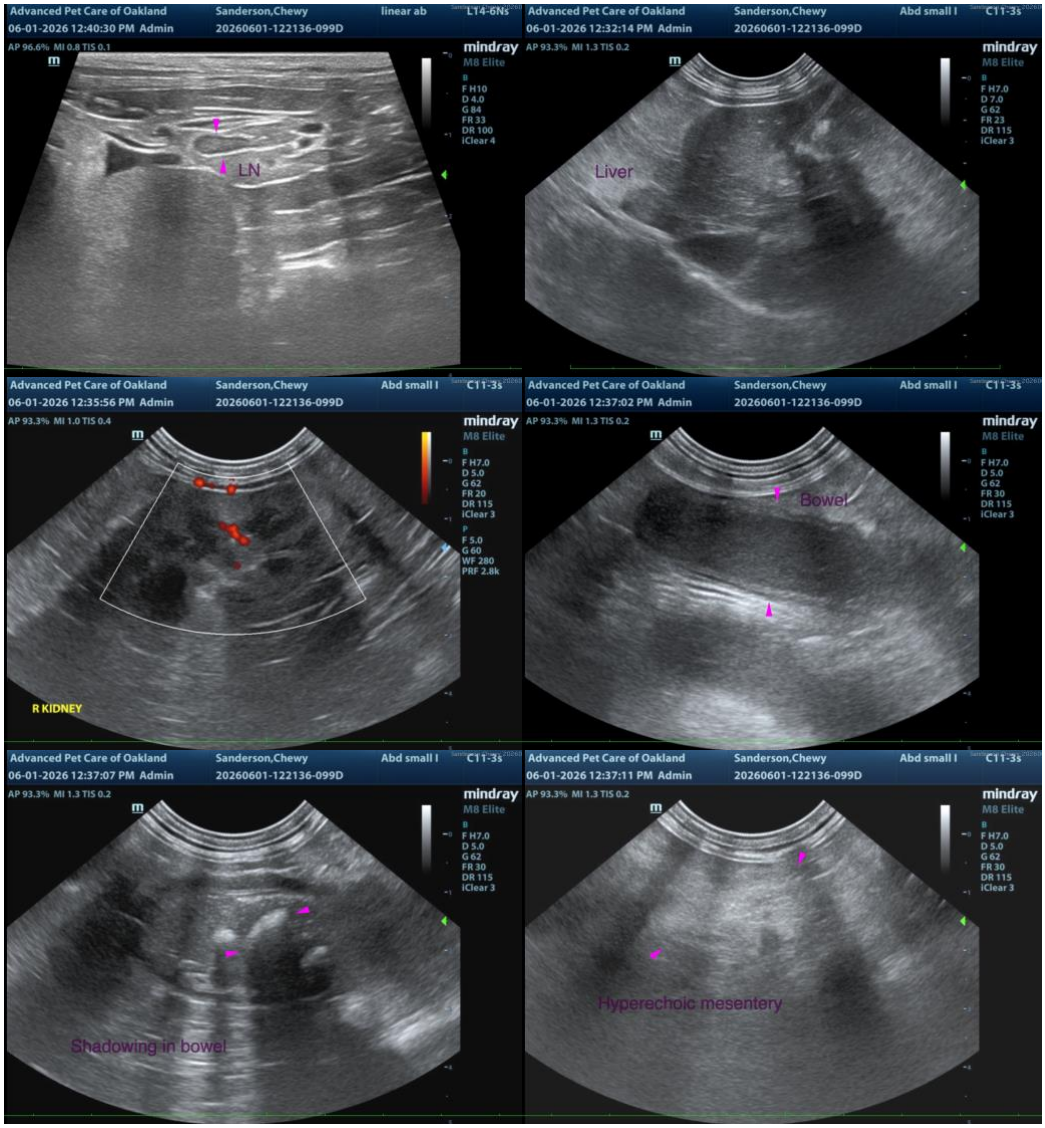

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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