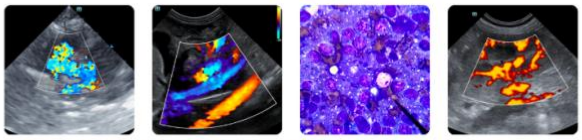


DATE

6-1-26

PATIENT

Jynx O'Hearn

SPECIES

Feline

BREED

Siamese Mix

SEX

Neutered Male

AGE

6/2/2014

WEIGHT

12.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

Dr. Notarangelo

INVOICE

23101

PRESENTING CLINICAL SIGNS

Patient History: Long-standing murmur, pet currently on atenolol and clopidogrel. Chronic cough and asthma but not currently receiving treatment. Previous echocardiogram at veterinarian in Texas and diagnosed with hypertrophic cardiomyopathy. Pet appears stable but has not been scanned in over a year. Also, intermittent vomiting and new ALT elevation, pet otherwise asymptomatic. Murmur grade: _2/6 systolic, PMI L apex___

Current Medications: Atenolol 6.25 mg SID, clopidogrel 18.75 mg SID
Labwork Results: Labwork attached, reported as: 5/6/26: ALT 130, eos 1677
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. A small amount of 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.

The left kidney is normal in size (4.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic- to hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic- to hyperechoic relative to the spleen. Trace pyelectasia is present There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

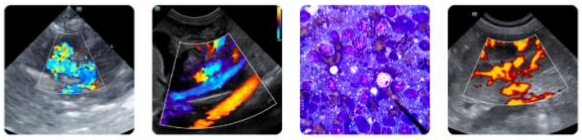
Spleen

The spleen is normal in size (0.79 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 peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.5 x 0.8 cm hyperechoic- to heterogenous cystic nodule is observed on the right side, adjacent to the diaphragm. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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



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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with gas and chyme. The small intestinal wall is normal- to mildly-thickened (up to 0.32 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 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
One- to two prominent mesenteric lymph nodes are visualized (one measuring 0.73 x 0.58 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, emerging lymphoma, or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral nonspecific age-related renal changes
- The cystic hepatic nodule is most consistent with a biliary cystadenoma or less likely biliary cystadenocarcinoma, with a lower possibility of other pathology.

* An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, reactive hepatopathy, emerging hepatic lipidosis, infiltrative neoplasia (less likely)) is possible.

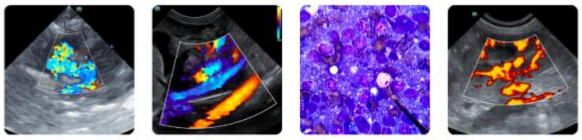
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the elevated ALT, if an aggressive approach is desired, consider hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures. If a more conservative approach is desired, consider initiation of a hepatic antioxidant, along with serial monitoring of the patient's liver values to assess progression. If liver values continue to increase, hepatic tissue sampling may be warranted.

Imaging performed by

IntraPet Imaging

IntraPet.com



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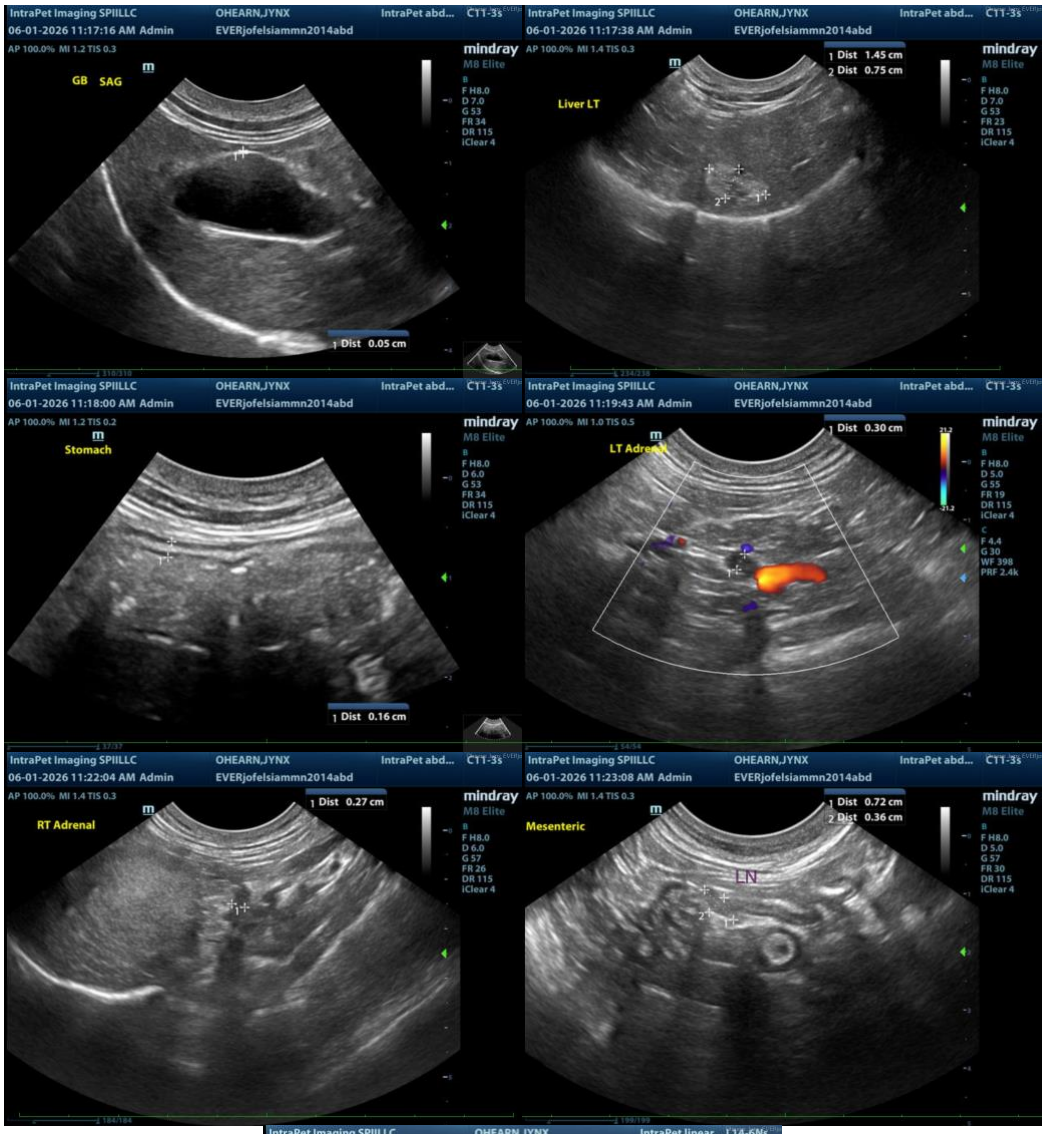

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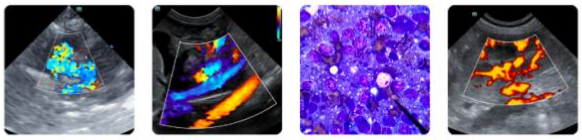

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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