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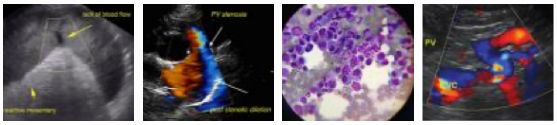


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Atlas Wood

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 year

WEIGHT

11.35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks

REFERRING VET

Dr. Samuel

DATE

6/21/22

INVOICE

11152

PRESENTING CLINICAL SIGNS

History: Seen at emergency clinic (EVH) for vomiting/straining to eliminate/hematuria. - EVH started on abx and buprenorphine, P seemed to be doing better Recheck at Delta Oaks on 5/31/22 - Anxious and seems painful per O (no V or hematuria since EVH) - BAR/energetic - Small urinary bladder (~2 cm lumen), possibly thickened walls but difficult to evaluate due to mostly empty bladder - urine culture/sensitivity negative - Started on c/d + stress diet, recommended stress relief (recreation at home) - Starting a few days ago, has been more pain and occasionally fractious. O would like abd US to more fully evaluate abdomen/urinary tract Current Medications buprenorphine, gabapentin Primary Question/Differential to Be Answered in This Exam Any indications for either urinary tract disorders (stones?) or other causes of pain in the abdomen.
Abnormal PE/Chem/CBC/UA Results: Urinalysis unremarkable / culture negative

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (1.09 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

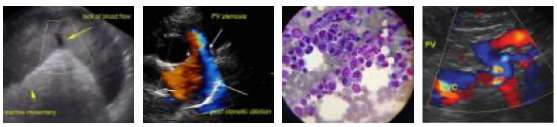
The right adrenal gland is normal size (1.16 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.92 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



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of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly fluid 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 identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few mesenteric lymph nodes are visualized, the largest measuring 0.98 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

  *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include idiopathic cystitis, occult urinary tract infection, gastrointestinal disease, orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of pain/discomfort.

Consider whole-body radiographs to evaluate for bony lesions that may be causing patient discomfort.

Given the history of vomiting, further GI work-up (i.e., malabsorption panel and a fecal evaluation for ova and Giardia) can be considered.

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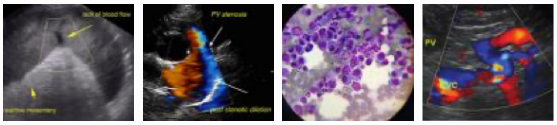

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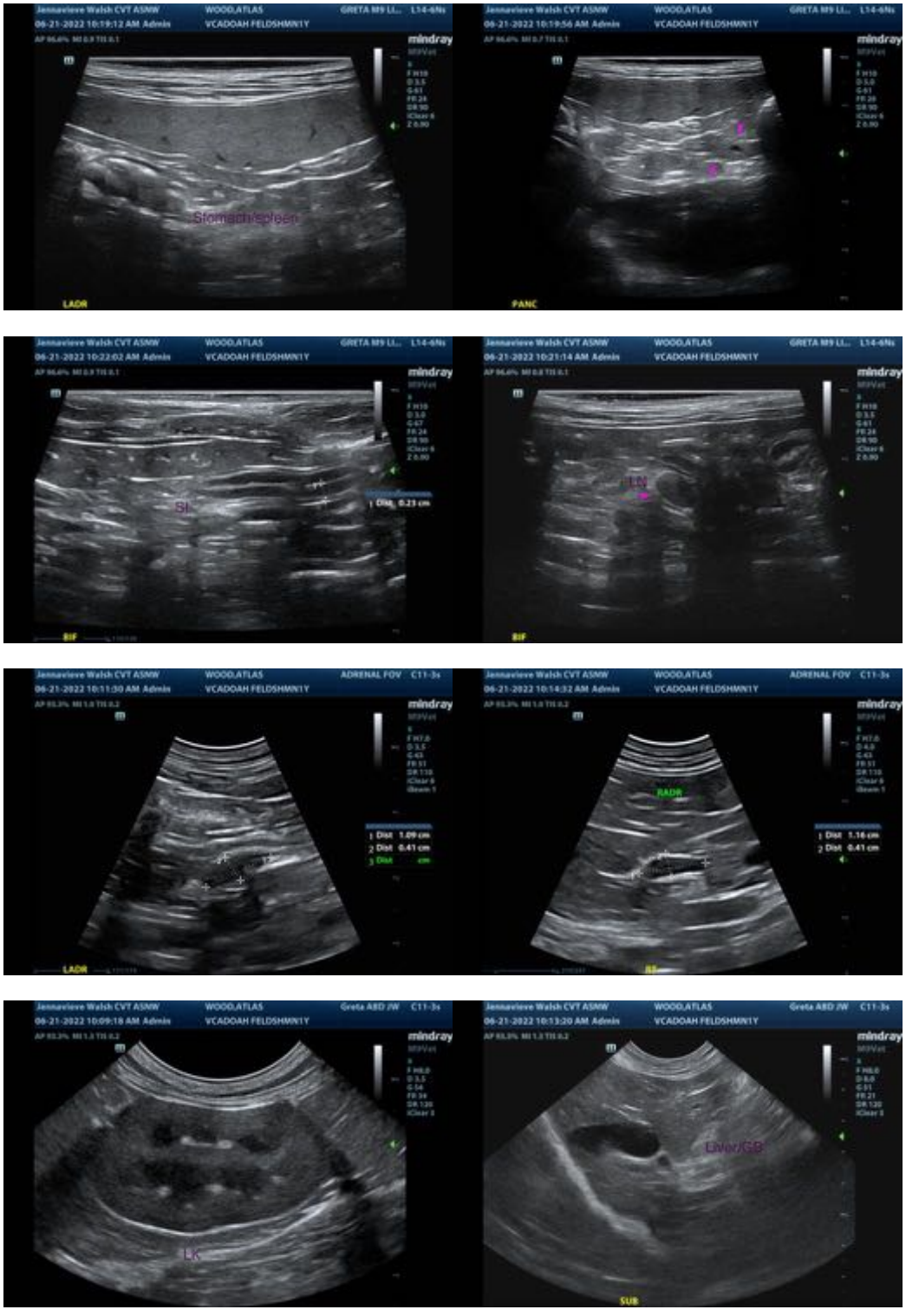

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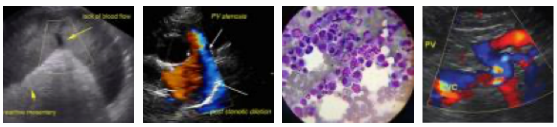

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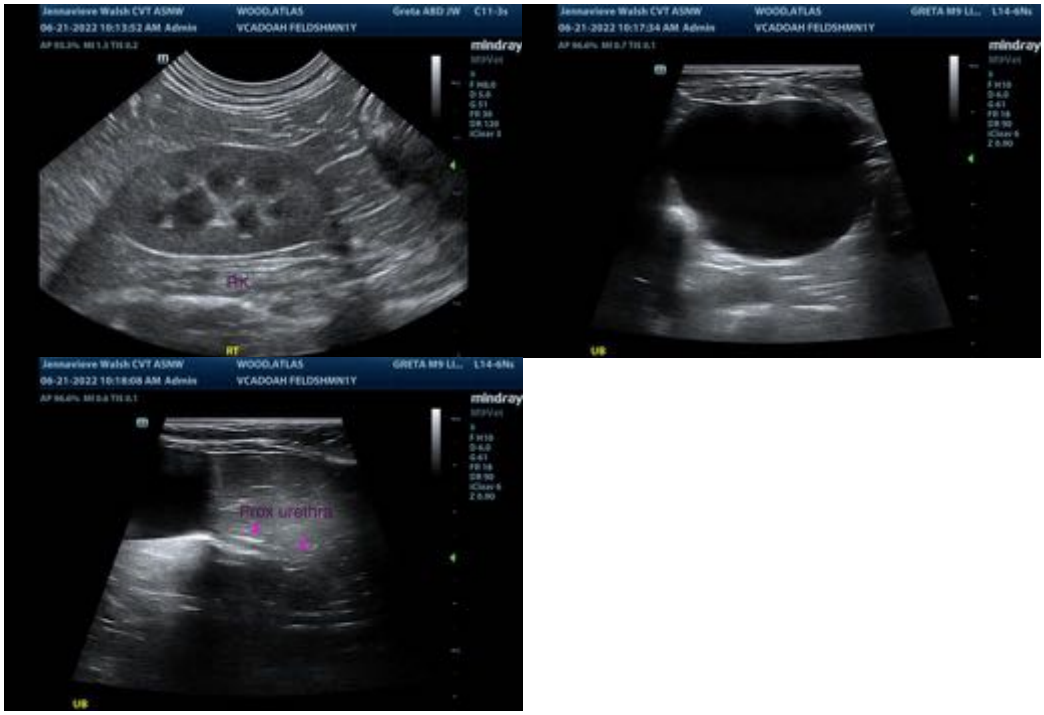

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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