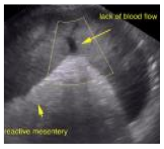
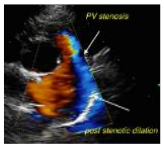
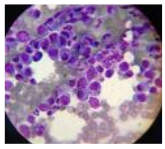
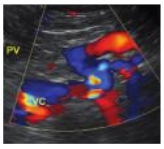
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lexie Williamson

SPECIES
Feline

BREED
Birman

SEX
Spayed Female

AGE
3 years

WEIGHT
8.14 lbs

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

IMAGING PERFORMED BY
Charlie Rodriguez

HOSPITAL NAME
Bethany Family PC

REFERRING VET
Dr. Charlie Rodriguez

INVOICE
11047

DATE
6/8/22

PRESENTING CLINICAL SIGNS

History

Sunday afternoon P started vomited and P was lethargic Monday and then P has been eating less and less. Yesterday was in with another doc and abd rads taken which were boring and given cerenia and fluids. Seems perkier today and exam is unremarkable. Has a history of foreign body in past...2 in same week! No more vomiting and probably getting better but, o wanted u/s for safety's sake.

Abnormal PE/Chem/CBC/UA Results

CBC/Chem were unremarkable. UA just collected today for completion.

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 is moderately distended. A small to moderate amount of suspended, echogenic debris is observed 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 2 cm, are normal.

The left kidney is normal size (3.27 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 (3.47 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 region of the left adrenal gland is evaluated. No obvious pathology is observed.

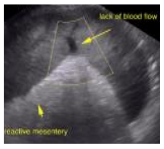
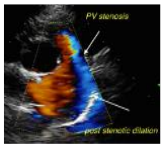
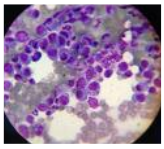
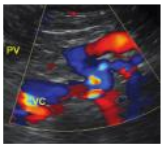
The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is mildly enlarged (1.06 cm in width at the level of the hilus) with a slightly swollen peripheral contour. The parenchyma appears homogenous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lexie Williamson

SPECIES

Feline

BREED

Birman

SEX

Spayed Female

AGE

3 years

WEIGHT

8.14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Charlie Rodriguez

INVOICE

11047

DATE

6/8/22

The gall bladder is moderately distended. The wall is slightly thickened (up to 0.14 cm) with a subtle "double-walled" effect. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

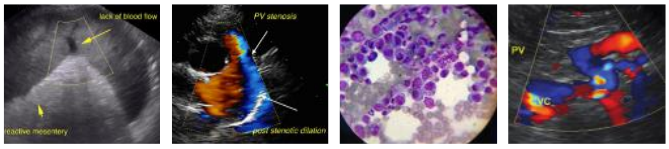
Primary Findings

- Bowel pattern suggestive of acute gastroenteritis. There is no evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Trace ascites

Secondary Findings

- The prominent portal markings could be consistent with inflammatory hepatopathy. However, this may be a normal variant for this patient. Correlation with the patient's liver values is recommended.
- The "double-walled" effect seen in the gall bladder could be consistent with anaphylaxis, low oncotic pressure, increased hydrostatic pressure, cholecystitis, immune-mediate hemolytic anemia, other.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lexie Williamson

SPECIES

Feline

BREED

Birman

SEX

Spayed Female

AGE

3 years

WEIGHT

8.14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Charlie Rodriguez

INVOICE

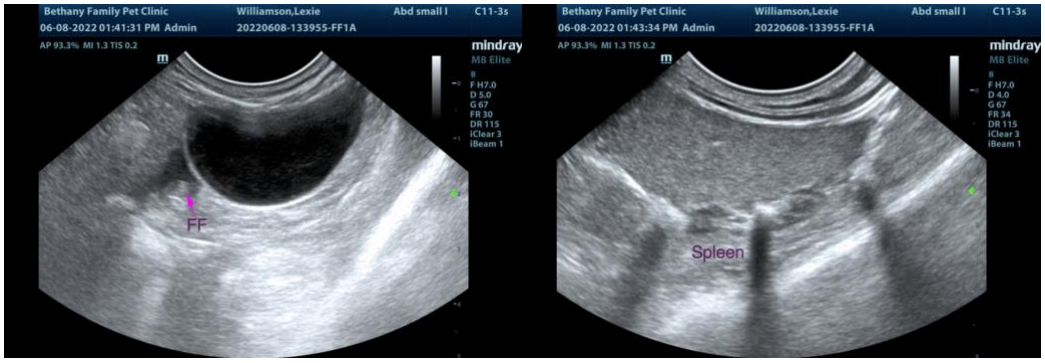
11047

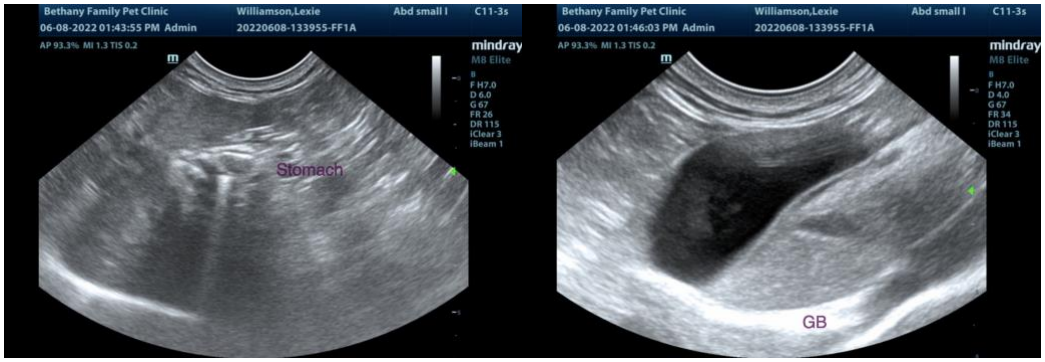
DATE

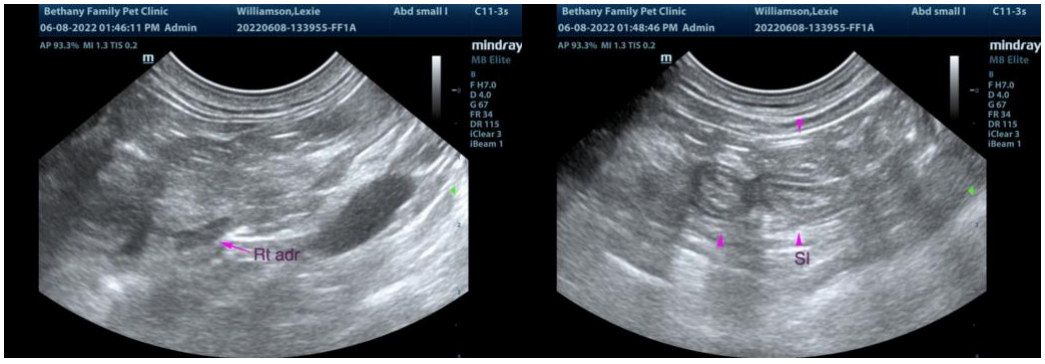
6/8/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute gastroenteritis is recommended.
- Given the splenomegaly, consider a fine-needle aspirate of the spleen if clotting status is appropriate. A 25-gauge needle should be used.
- If the patient's gastrointestinal signs persist despite appropriate medical management, a more advanced GI work-up may be warranted.







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