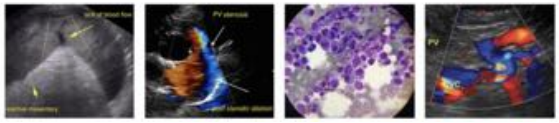


PATIENT

Honey Johnson

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.29.2006

WEIGHT

7.98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kaitlin Guffey

INVOICE

11205

DATE

7.7.22

PRESENTING CLINICAL SIGNS

Approximately one week history of lethargy, not eating or drinking, minimal bowel movements.

CBC unremarkable. Glubulin 5.8. T4 is normal. USG 1.025. Trace proteinuria. Inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is 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 borderline small in size (3.05 cm in length); wotj a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of 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 (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is prominent in size (0.93 cm in width at the level of the hilus) with a folded contour and rounding at the poles. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

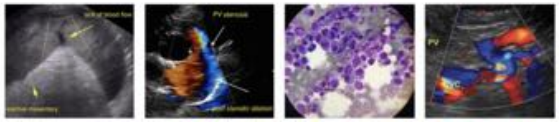
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

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 diffusely and mildly distended with fluid/chyme and is hypomotile. The small intestinal wall is diffusely thickened (mild); up to 0.30 cm. There is retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Honey Johnson

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.29.2006

WEIGHT

7.98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kaitlin Guffey

INVOICE

11205

DATE

7.7.22

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 mesentery in the midabdominal region is hyperechoic. Several prominent, slightly rounded mesenteric **lymph nodes** are visualized, the largest measuring 1.72 cm in length.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- Midabdominal peritonitis, likely secondary to bowel pathology.
- The abdominal lymphadenopathy could be consistent with reactive lymphadenits, lymphoid hyperplasia, or infiltrative neoplasia (i.e., lymphoma).
- The splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia (i.e., lymphoma), splenitis, antigenic stimulation, other.

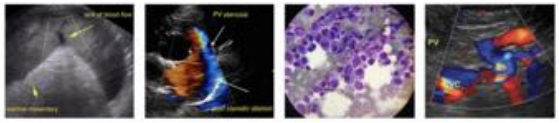
Secondary Findings

- Bilateral nonspecific renal changes
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, normal variant or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the spleen +/- enlarged mesenteric lymph nodes (if accessible) can be considered if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical, gastrointestinal and abdominal lymph node biopsies may be necessary to get a definitive diagnosis. If tissue sampling is not to be pursed, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- hypoallergenic diet) as long as the client understands the risks of treatment without a definitive diagnosis.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
- Symptomatic care along with nutritional support should also be initiated.
- Consider thoracic radiographs to assess cardiopulmonary status, particularly if corticosteroids are to be used.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Honey Johnson

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.29.2006

WEIGHT

7.98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

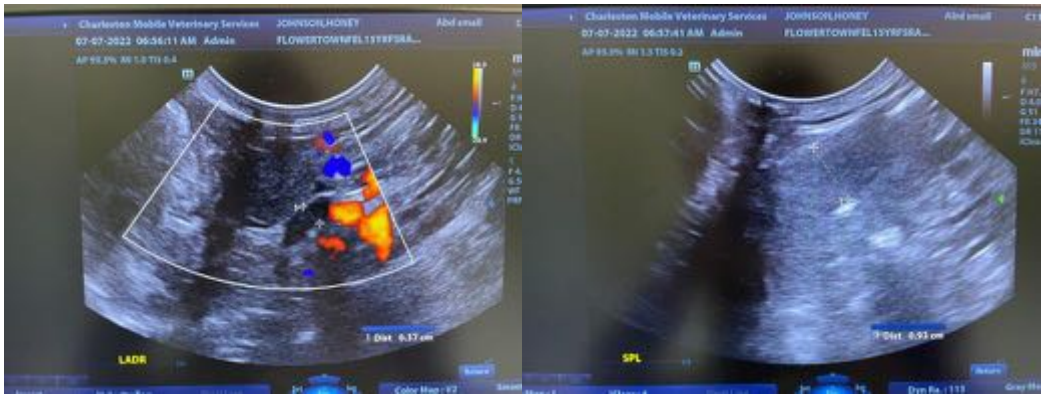
Dr. Kaitlin Guffey

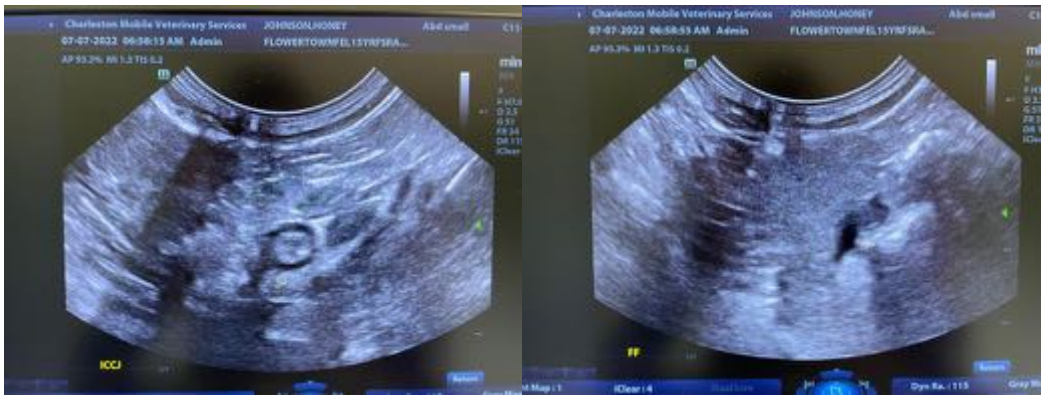
INVOICE

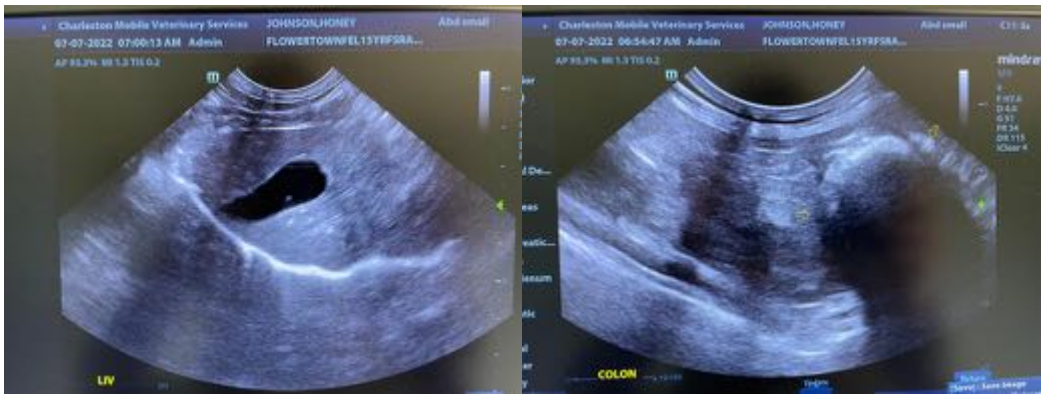
11205

DATE

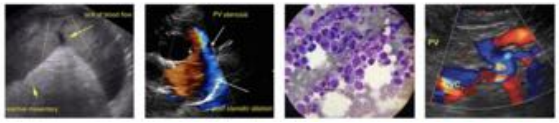
7.7.22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Honey Johnson

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.29.2006

WEIGHT

7.98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

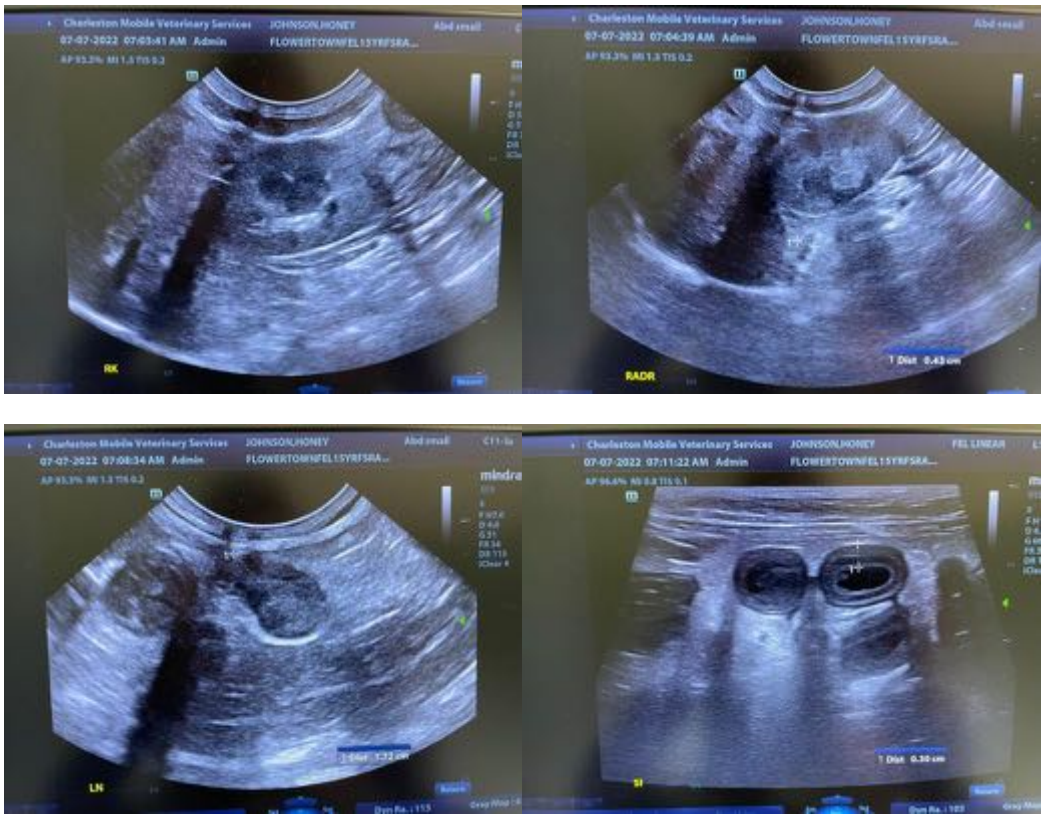
Dr. Kaitlin Guffey

INVOICE

11205

DATE

7.7.22



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