IMAGING PERFORMED BY

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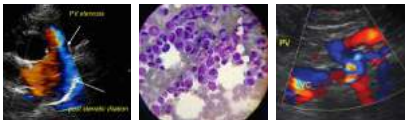

SonoPath
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DATE

8/12/21

PATIENT

Mia Davila

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

2013

WEIGHT

9.92 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Deininger

INVOICE

11630kk

PRESENTING CLINICAL SIGNS

History: Presented for two-week history of progressive vomiting and hyporexia with occasional scooting. Owner notes patient very fussy with trying new foods at home. No current medications. Thinning haircoat on dorsal trunk, moderate dental tartar, and empty anal glands noted on exam.

Current Medications: No current medications.

Lab Results: FIV/FeLV SNAP test done 8/03/2021 was negative/negative. CBC/chemistry/T4 done 8/03/2021 was unremarkable.

Date of Previous IntraPet Ultrasound: No previous

Sedation: 0.1ml Torbugesic IV.

Stat Report: Not requested.

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

The right kidney is normal size (3.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 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 slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.14 x 1.17 cm heterogeneous, cystic structure is observed on the right side. In addition, a 1.03 x 0.95 cm cystic structure is observed on the left. The remaining parenchyma is homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is mildly distended. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with soft shadowing material. 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 chyme. 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. 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric luminal contents are concerning for foreign material (i.e., large hairball).

Secondary Findings:

- The cystic hepatic lesions could be consistent with benign cysts, biliary cystadenomas, or biliary cystadenocarcinomas.
- Minor, age-related renal pathology.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider abdominal radiographs to better identify gastric luminal contents. If a large trichobezoar is suspected, initiation of medical therapy if recommended, although sometimes surgical removal is necessary.
2. Other diagnostic considerations include a malabsorption panel, fecal evaluation for ova and Giardia and heartworm antigen and antibody testing.
3. Also consider three-view thoracic radiographs, particularly if the patient is to undergo any anesthetic event.
4. Regarding the hepatic lesions, serial sonographic monitoring (i.e., every 3-4 months) is recommended to assess for progression.


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
08-12-2021 12:50:46 PM Admin EAHmdfeeldshfs2013abd
Cranial lt Liver
1 Dist 0.95 cm
2 Dist 1.03 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
08-12-2021 12:55:35 PM Admin EAHmdfeeldshfs2013abd
RT
1 Dist 0.39 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
08-12-2021 12:56:15 PM Admin EAHmdfeeldshfs2013abd
RT LIVER
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2 Dist 1.17 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
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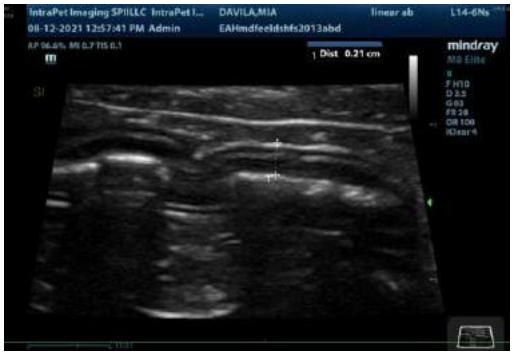
Stomach
1 Dist 4.58 cm
mindray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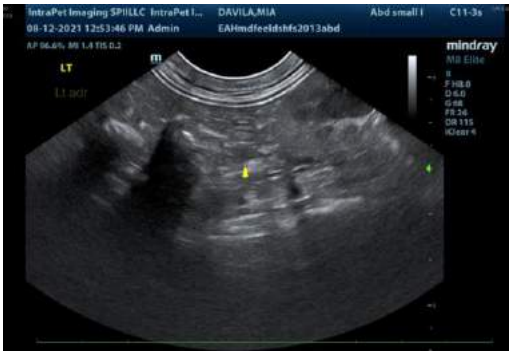
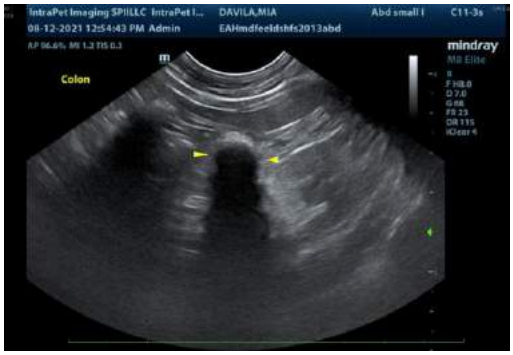
08-12-2021 12:57:41 PM Admin EAHmdfeeldshfs2013abd
1 Dist 0.21 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
08-12-2021 12:50:05 PM Admin EAHmdfeeldshfs2013abd
Liver
mindray


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
08-12-2021 12:52:03 PM Admin EAHmdfeeldshfs2013abd
Spleen
mindray


IntraPet Imaging SPIILLC IntraPet I... DAVILA,MIA Abd small i C11-3s
08-12-2021 12:53:46 PM Admin EAHmdfeeldshfs2013abd
LT
mindray



The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)
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