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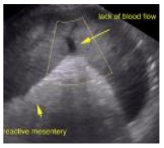
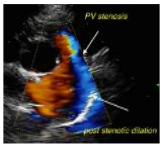
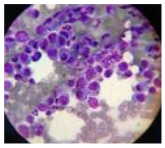
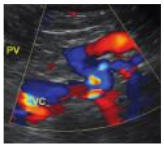

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1-800-838-4268 info@sonopath.com

PATIENT
Henrietta Smith

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
16.5 years

WEIGHT
6 lbs

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

IMAGING PERFORMED BY
Amy Priest

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Stephanie Welch

INVOICE
14161

DATE
8.17.23

PRESENTING CLINICAL SIGNS

History: Pet has had history of ongoing weight loss. Presented 2 days ago for decreased appetite and lethargic. Still eating after getting some supportive care and treatments. Urine returned today -consistent with current UTI - had Convenia, culture pending. HX low grade HM, hx weight loss, hx kidney disease/elevations, hx dental disease. Had UTI within last year but resolved w/tx . Pet will not eat kidney diets - has tried many. O did not pursue previously recommended u/s or imaging for weight loss. No changes to drinking/ua habits Here for decreased appetite/pickiness. Indoor only but other cat goes outdoor - other cat does hunt for mice but does not bring them in Pet does not generally get into anything per O. X-ray on 8/15 had some unusual material or soft tissue opacity in stomach/fundus potentially, mass vs FB vs other? O elected abdominal ultrasound over repeat rads

Abnormal PE/Chem/CBC/UA Results: UTI - marked rods, hematuria, pyuria, Culture pending RBC = 6.6 HCT = 27 HBG = 9.2 WBC - 27 Neut = 22.45 Mono =1.92 Platelets 65 - but clumping noted SDMA - 21 Creat - 3.0 BUN - 62 T4 = 1.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 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 (3.49 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.18 cm in the transverse plane). A cortical infarct is suspected at the lateral aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (3.35 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature appears normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (0.72 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 appears normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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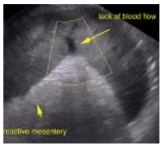

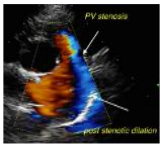

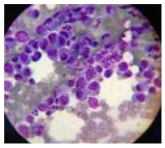
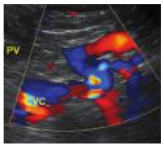

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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.29 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. There is also thickening of the submucosal layer in some regions. Discreet masses are not identified. The colonic lumen is normal. No obstructive disease is noted.

Pancreas
The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). The mesentery effacing the serosal surface of the left limb is slightly hyperechoic.

Free Abdomen
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic +/- active pancreatitis with mild age-related remodeling.
- Bilateral chronic renal changes with suspected cortical infarcts and trace left pyelectasia.

Secondary Findings

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bowel changes and the history of weight loss, consider the following:
  1. Fecal evaluation for internal parasites
  2. Texas GI panel including serum cobalamin and folate, TLI and PLI
  3. Consider transitioning to a hydrolyzed protein or limited antigen diet.
  4. +/- endoscopic or surgical GI biopsies
  5. If the patient is to undergo anesthesia, IV fluid diuresis is recommended before, during and post-procedure to help promote renal perfusion (given the azotemia)
- The urinary tract infection should be treated based on urine culture and sensitivity results.
- Given the presence of a low-grade heart murmur, consider three-view thoracic radiographs as well as an echocardiogram, a baseline blood pressure measurement, +/- ECG. This will be helpful in determining if cardiac disease is present and will also help to guide fluid therapy if needed in the future.

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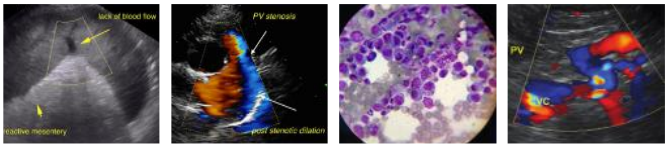

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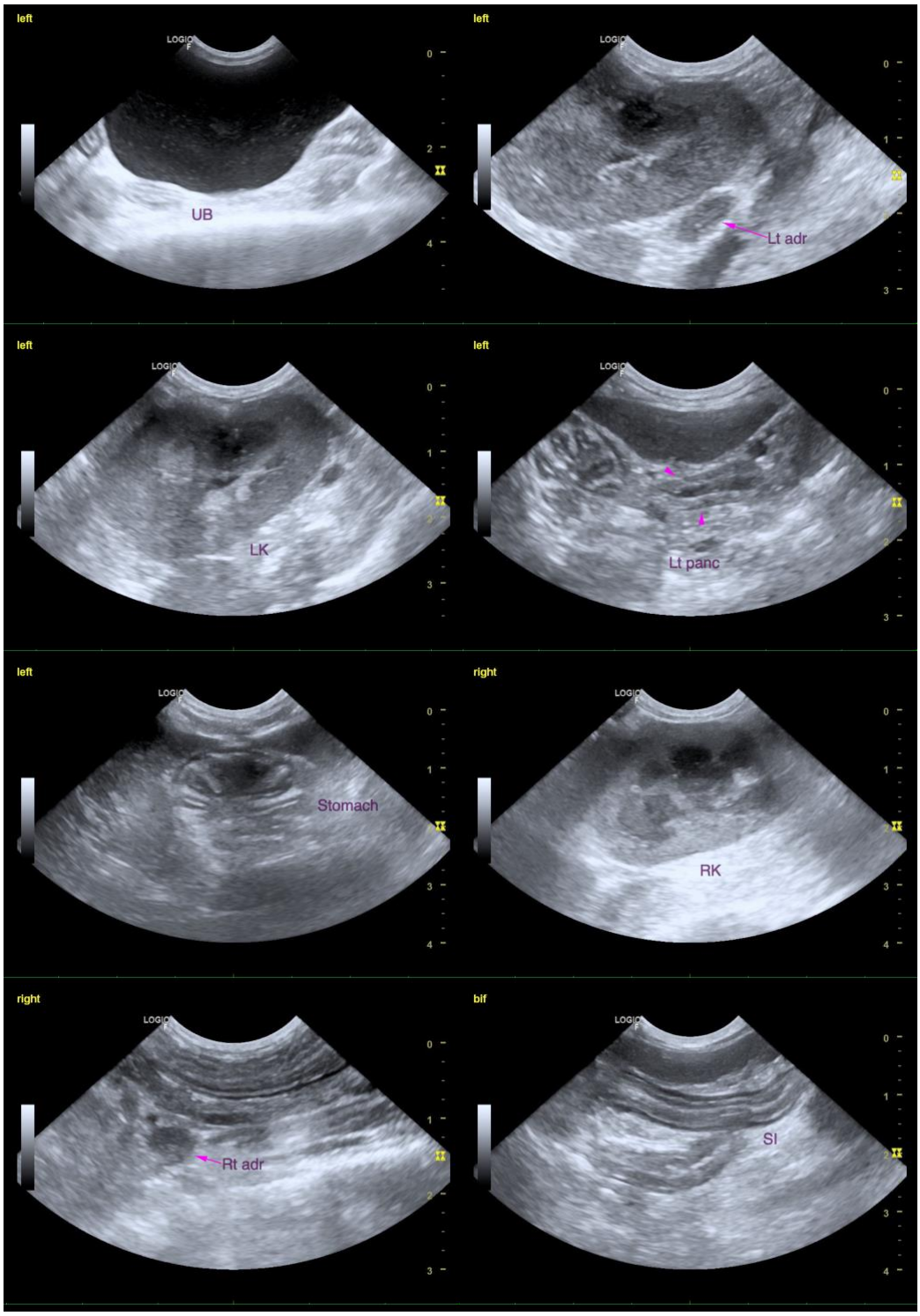

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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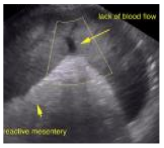

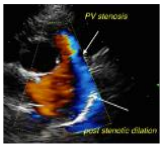

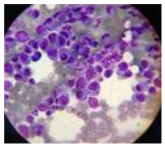
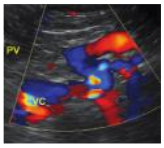

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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