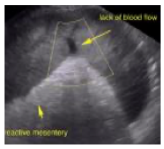
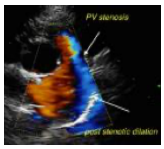
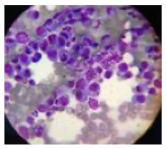
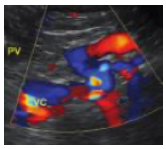
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Penelope Niement

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

11424

DATE

8/18/22

PRESENTING CLINICAL SIGNS

History: Presented 8/18 for walking wobbly since Saturday night, occasionally holding up RF paw, but no pain or lameness while walking. Decreased appetite. Occasional twitching. Indoor only, one other cat in household (acting normal). No known toxin or FB ingestion.

Abnormal PE/Chem/CBC/UA Results: Exam: QAR, sedate after Gabapentin. MM pink, slightly tacky. Moderate dental tartar w/ gingivitis. Thoracic auscultation tachycardic with intermittent gallop rhythm, no murmur noted, lungs clear. Abd soft, non-painful. Overnight we have seen occasional facial or forelimb twitching. CBC: HCT 50.6%, WBC 21.71k, Neutrophilic 10.49k, Lymphocytosis 9.43k, Monocytosis 0.83k, Basophilia 0.34k, rest wnl. Blood smear = confirms automated CBC leukogram differential including presence of lymphocytosis (all mature lymphocytes). Chem17: ALT 146, Crea 1.5, rest wnl. TT4 = 2.9, SDMA = 15 EPOC: HCT 43%, Cl 131, iCa 1.04, Crea 1.67, K 3.7, rest wnl. UA (cysto): USG >1.050, pH 6.5, Pro 30, WBC 9/hpf, RBC 2/hpf, cocci present, rest wnl. Bacterial confirmation = NEG. VCheck proBNP <50 (wnl) Radiographs: 2 view body (set for chest) - normal cardiac silhouette. NSF in lungs or abdomen.

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 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 1-2 cm, are normal.

The **left kidney** is subjectively normal size, with a 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 (3.43 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 (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

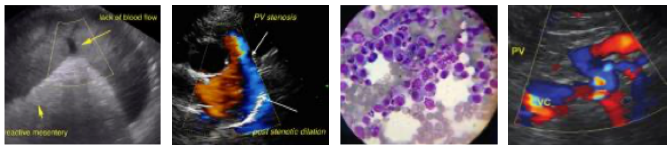
Spleen

The **spleen** is normal in size (0.67 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 of congestion. No pathological hepatic lymphadenopathy observed.

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



PATIENT
Penelope Niement

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
9 years

WEIGHT
8.4 lbs

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

IMAGING PERFORMED BY
Dr. Couser

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Couser

INVOICE
11424

DATE
8/18/22

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 not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. There is also mild thickening of the submucosal layer. 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
There is no evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.61 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

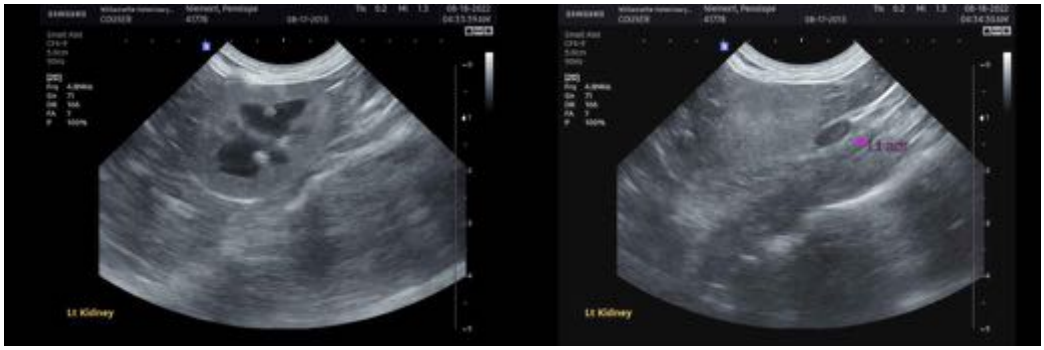
Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

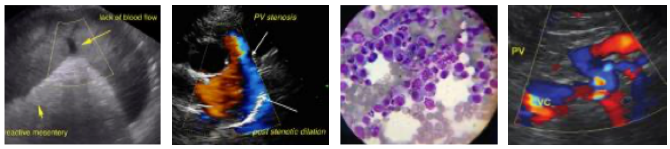
*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A baseline blood pressure measurement is recommended to assess for systemic hypertension.
- Consider pre-and postprandial serum bile acids and/or a blood ammonia level to rule out hepatic encephalopathy as a possible cause for the patient's neurologic symptoms.
- Depending on the results of the above diagnostics, referral to a board-certified neurologist should be considered for a possible brain MRI/CSF Tap.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Penelope Niement

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

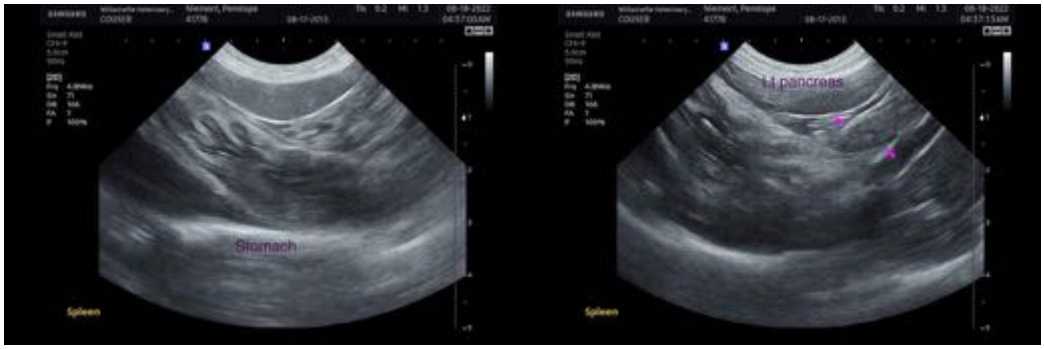
Dr. Couser

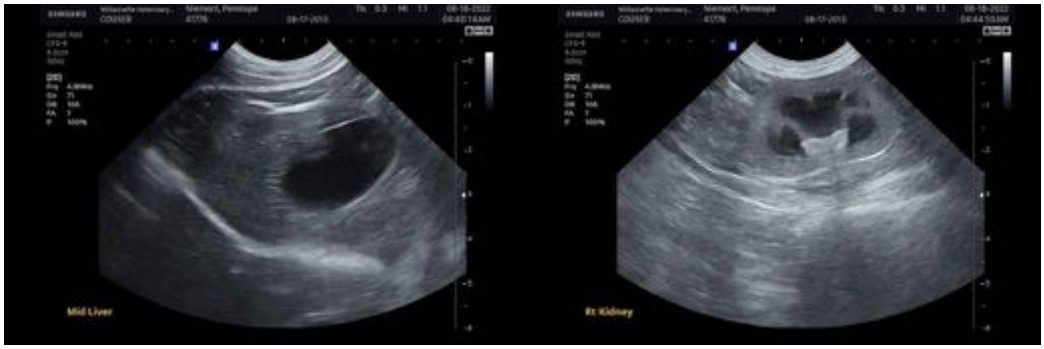
INVOICE

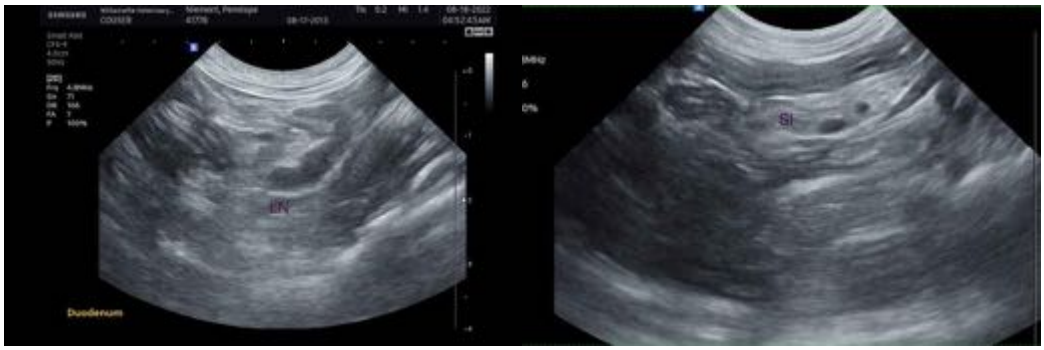
11424

DATE

8/18/22







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