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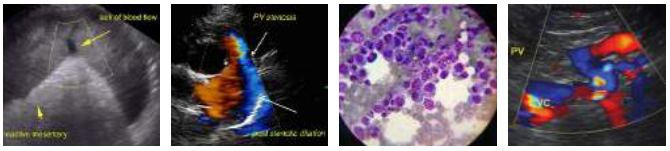

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1-800-838-4268 info@sonopath.com

PATIENT
Mittens Wallace

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female spayed

AGE
10 Years

WEIGHT
3.23 lbs.

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

IMAGING PERFORMED BY
Dr. Bell

HOSPITAL NAME
Cedarview AH

REFERRING VET
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INVOICE
11684kk

DATE
8/20/21

PRESENTING CLINICAL SIGNS

History: History of severe pyelonephritis around 2015. Chronic intermittent vomiting / hairballs. Recent Grade 2-3 LS HM noted. Upper respiratory signs noted last week and are improving. Today: Seems really uncomfortable since the owner has come back. Didn't want to eat this morning and abdomen seems uncomfortable/tense. Owner unsure if drinking but thinks yes. Seems to be a normal amount in the litter box.

Abnormal PE/Chem/CBC/UA Results: Total Protein 60 63 - 88 g/L (low but both albumin / globulins wnl) Platelets 97 155 - 641 x10^9/L - estimate adequate on manual count Hematocrit 0.47 0.29 - 0.45 L/L - stable from previous year Cobalamin (B-12) 1,223 204 - 1,051 pmol/L -high which is not clinically significant. BUN and Creatinine were high normal in March but were back mid normal range last week. Cardiopet Pro BNP WNL.

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 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 small in size (2.07 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction and disruption of the normal medullary architecture. Mineralized foci are visualized. There is no evidence of pyelectasia or hydroureter.

The right kidney is normal size (4.20 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one small nephrolith is visulzied. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in width (0.73 cm at the level of the hilus) with an elongated contour and scalloping of the medial aspect. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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. The gall bladder is moderately distended. A bi-lobed confirmation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are visible and tortuous but not overtly dilated. The common bile duct measures 0.14 cm at the level of the duodenal papilla. The duodenal papilla itself is mildly thickened at 0.53 cm in width. There is no obvious evidence of a luminal obstruction.

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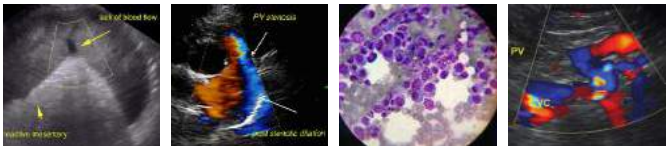

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Gastrointestinal

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 segmentally dilated with chyme (mild). A short segment of jejunum is hyperperistaltic. 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. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of mild acute or chronic, active pancreatitis.

Secondary Findings:

- Bilateral, age-related renal pathology with dystrophic mineralization and right non-obstructive nephrolith. Renal pathology is more severe on the left side.
- The elongated spleen may be a normal variant for this patient or may be secondary to extramedullary hematopoiesis, lymphoid hyperplasia, or less likely, infiltrative neoplasia.
- The segment of hyperperistalsis within the jejunum may be secondary to low-grade inflammation (i.e., secondary to pancreatitis). There is no obvious evidence of a foreign body/obstruction.
- The cystic/common bile duct changes are likely a benign, incidental, age-related finding. However, previous passage of a choledocholith cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for pancreatitis/gastroenteritis is recommended including fluid therapy, gastroprotectants, antiemetics, pain medication +/- fresh frozen plasma. Nutritional support (i.e., via syringe feeding or temporary feeding tube) should also be considered to help prevent/treat hepatic lipidosis.
2. Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
3. If the patient does not improve within 48-72 hours of supportive care, consider a repeat abdominal sonography to assess for progressive disease.

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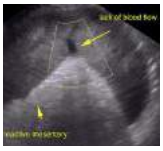
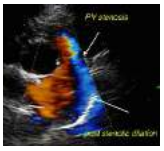
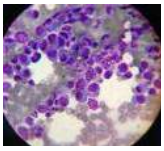
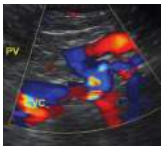

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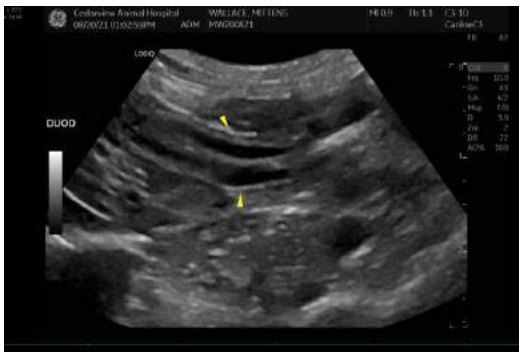

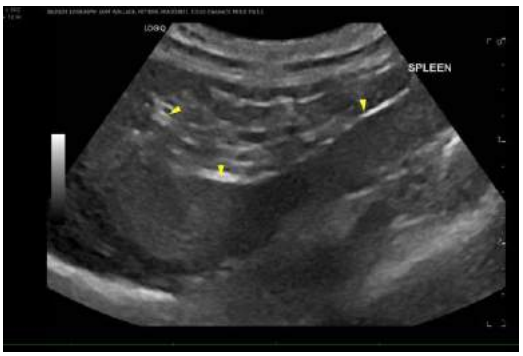

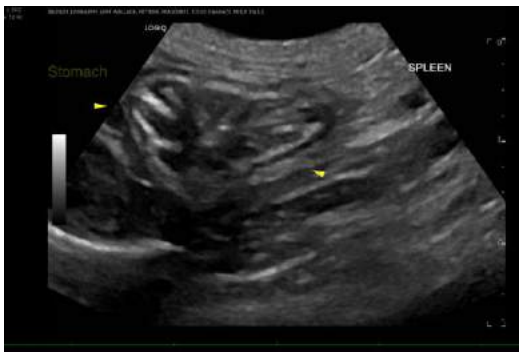

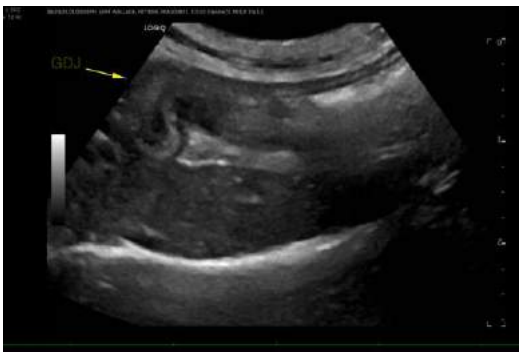

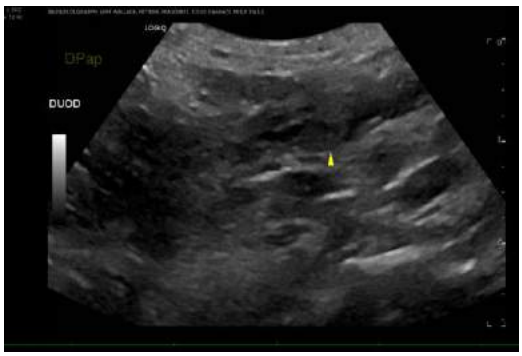

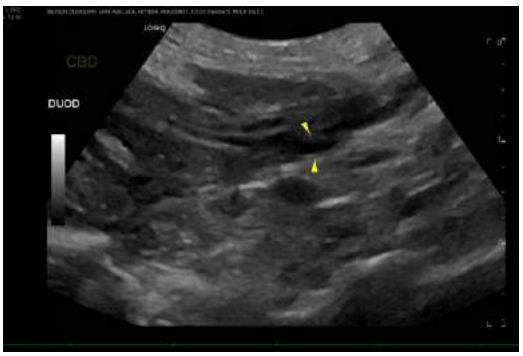

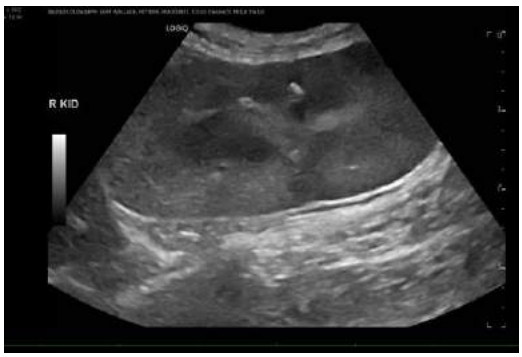

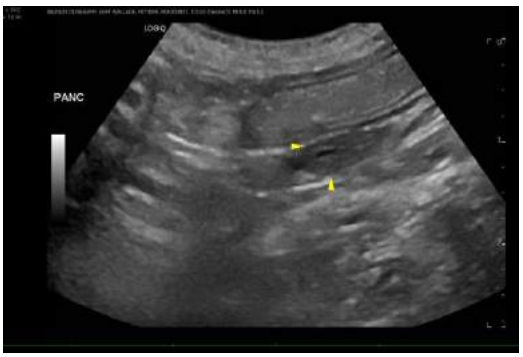

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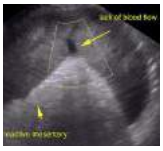
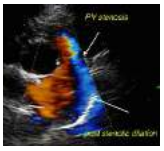
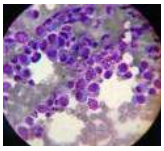
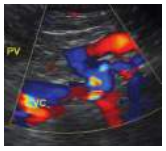

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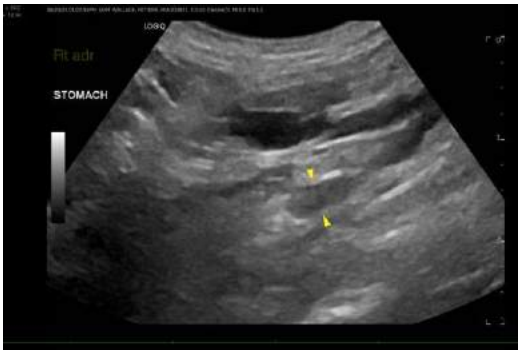

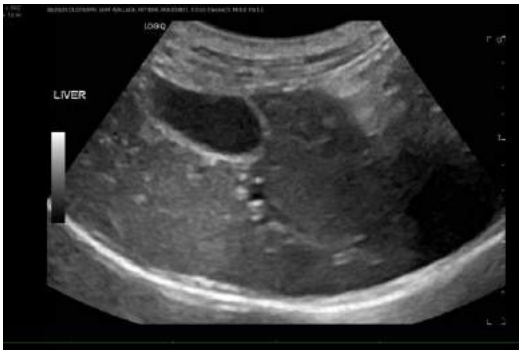

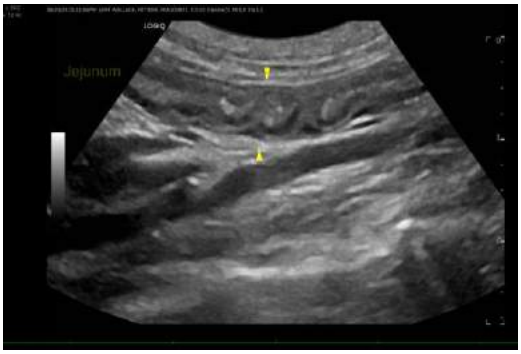

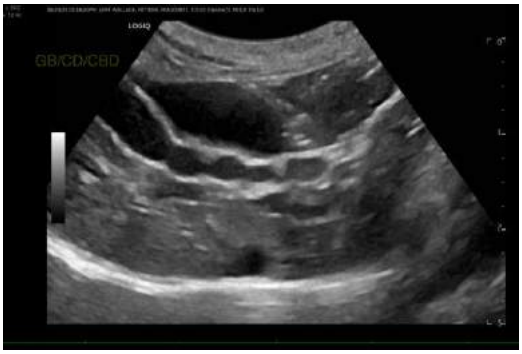

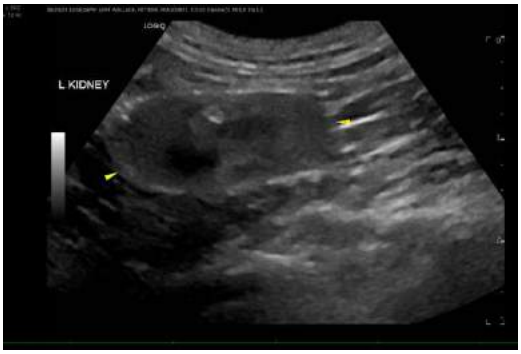

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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