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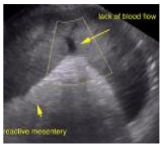
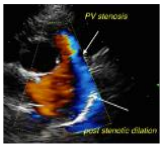
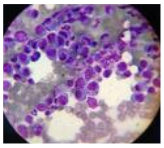
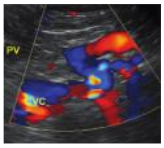

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1-800-838-4268 info@sonopath.com

PATIENT

Brambleberry Dadelahi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 years, 11 mos

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14194

DATE

8.21.23

PRESENTING CLINICAL SIGNS

History: Over the last 1-2mo P has been losing weight but acting normally Last 72hr P has been more lethargic Over the last 24hr P has V+ a few times, thinks some D+ Not grooming himself well right now E/D- slightly less than normal Meds- fluoxetine SID and gabapentin BID PRN PE notes: General Appearance: BAR, potentially fractious, vocal in handling; BCS 4/9, lost weight from Feb 2023 CRT/MM: pale mm, <3 secs Eyes: iris atrophy, age-related changes, PLRs are consensual and intact but sluggish Ears: No exudate observed, no redness present Oral Cavity: Grade 2 calculus Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates tensed; no pain, tenderness or masses on palpation,vocal upon palpation Rectal: Did not perform rectal exam Musculoskeletal: severe sarcopenia over the dorsum and dorsal thighs, long and overgrown claws Integument: unkempt appearance Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: uncoordinated at some point, seemingly entirely not visible, little bit mentally slow to respond Assessment: IRIS stage 2 weight loss RO secondary to renal dz vs GI infiltrative dz like IBD vs neoplasia vs other cachexic condition azotemia vomiting and diarrhea- open given torb before the ULTRASOUND

Abnormal PE/Chem/CBC/UA Results: IDEXX SDMA 28 µg/dL, AMY 1545 * U/L, BUN 35 *mg/dL, CRE 2.4 * mg/dL, TP 8.5 * g/dL, PLT 628 10^9/l

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. The region of the trigone is normal.

The left kidney is normal in size (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

The right kidney is normal in size (3.43 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.49 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.

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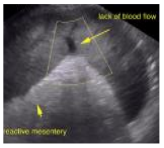
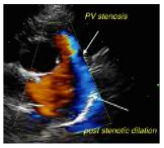
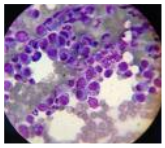
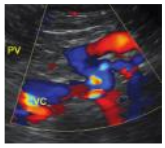

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary tracts are mildly dilated. Several intrahepatic biliary stones are seen. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A moderate amount of echogenic debris, along with several varying-sized choleliths are observed within the lumen. The cystic and common bile ducts are tortuous and dilated (up to 0.72 cm). Choledocoliths are observed within the lumen. The duodenal papilla is normal in size (0.42 cm in width).

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. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is diffusely dilated (up to 0.63 cm) and tortuous with several stones observed within the lumen. There is no evidence of peripancreatic effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nonspecific age-related renal changes
- The pancreatic changes are consistent with chronic pancreatitis with pancreatolithiasis, age-related remodeling +/- fibrosis.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

Secondary Findings

- Choleliths/choledocoliths/intrahepatic biliary stones, The hepatic changes are suggestive of cholangitis.

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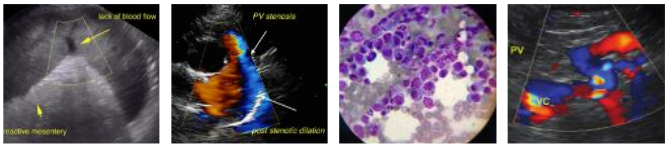

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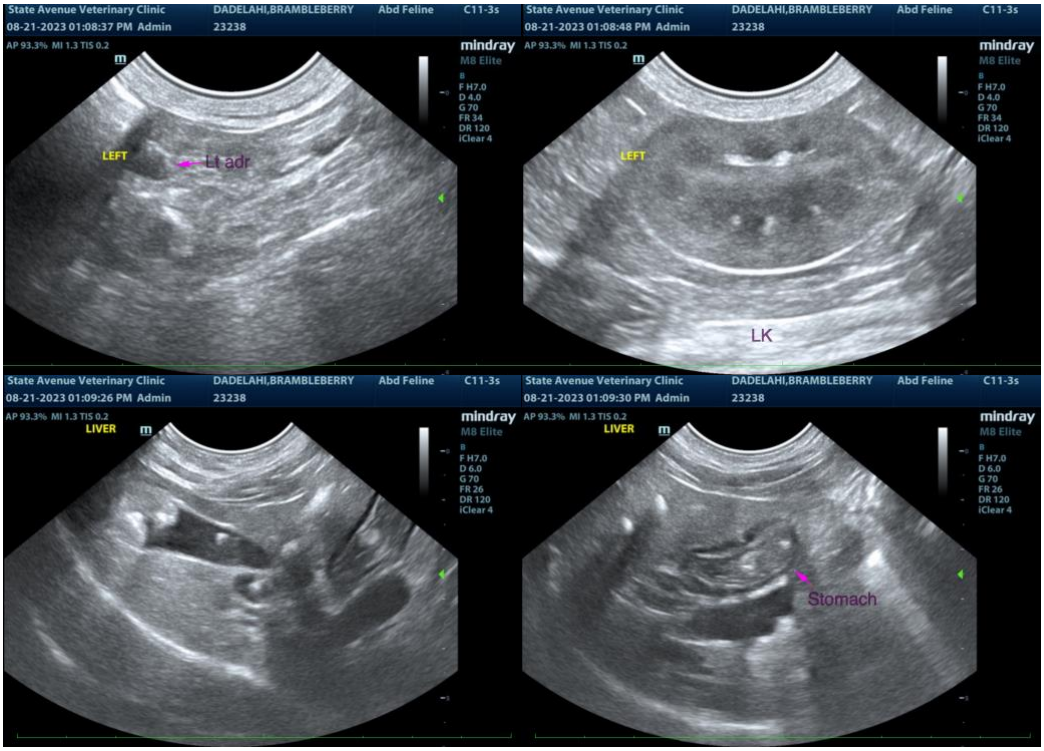
*Given the sonographic change, "triaditis" is a consideration for this patient. It is unclear whether the patient's weight loss is secondary to hepatic, pancreatic, bowel, or renal disease, or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, consider the following:
  1. Urinalysis with culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)
  3. Baseline blood pressure measurement

- Regarding the GI signs, the following diagnostics/treatments can be considered:
  1. Fecal evaluation for internal parasites
  2. Texas GI panel including serum cobalamin and folate, TLI and PLI
  3. Initiation of a probiotic +/- fiber supplement (i.e., psyllium)
  4. Consider a limited antigen or hydrolyzed protein diet trial, if the patient's appetite is normal.
  5. Ultimately, GI +/- hepatic, +/- pancreatic biopsies may be necessary to get a definitive diagnosis. Thoracic radiographs should be performed prior to any anesthetic event.



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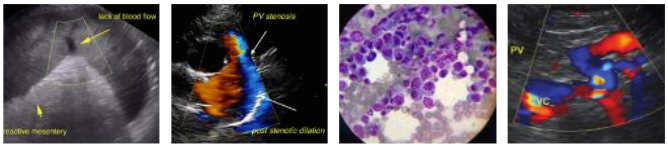

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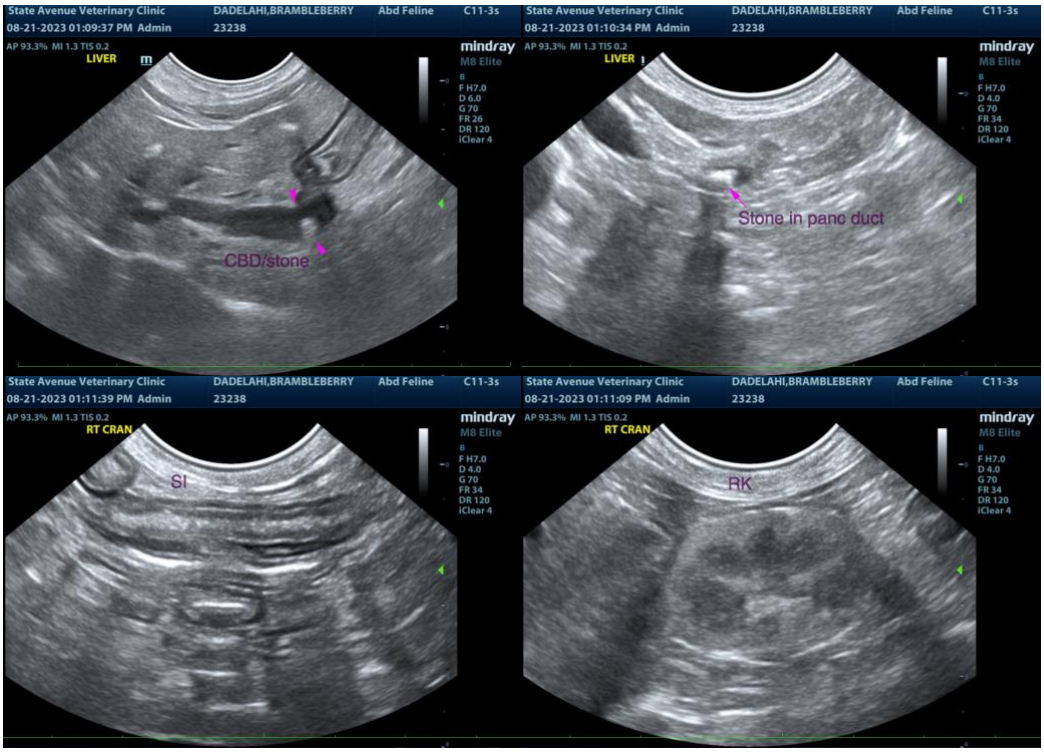

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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