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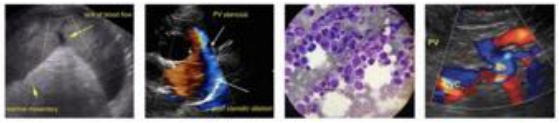


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Penny Brown

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4.1.2011

WEIGHT

12.7 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Jamie Carroll DVM

INVOICE

11479

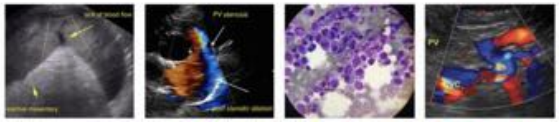
DATE

8.25.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: diarrhea for about 6 months - vomiting randomly - change of diet to Purina HA from Hills i/d - Vit B12 injections - convenia injs

Abnormal lab-work values:
38039999 - HC PLUS w/ STD FCL PNL
111 - CHEM 25 w/ SDMA
GLUCOSE 116 72 - 175 mg/dL
SDMA 9 0 - 14 ug/dL SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.
CREATININE 1.2 0.9 - 2.3 mg/dL
BUN 23 16 - 37 mg/dL
BUN/CREATININE RATIO 19.2
PHOSPHORUS 4.6 2.9 - 6.3 mg/dL
CALCIUM 9.0 8.2 - 11.2 mg/dL
SODIUM 151 147 - 157 mmol/L
POTASSIUM 4.4 3.7 - 5.2 mmol/L
CHLORIDE 117 114 - 126 mmol/L
NA/K RATIO 34 29 - 42
TCO2 (BICARBONATE) 21 12 - 22 mmol/L
ANION GAP 17 12 - 25 mmol/L
TOTAL PROTEIN 7.5 6.3 - 8.8 g/dL
ALBUMIN 3.1 2.6 - 3.9 g/dL
GLOBULIN 4.4 3.0 - 5.9 g/dL
ALB/GLOB RATIO 0.7 0.5 - 1.2
ALT 64 27 - 158 U/L
AST 28 16 - 67 U/L
ALP 28 12 - 59 U/L
GGT 1 0 - 6 U/L
TOTAL BILIRUBIN 0.2 0.0 - 0.3 mg/dL
BILIRUBIN UNCONJUGATED 0.1 0.0 - 0.2 mg/dL
BILIRUBIN CONJUGATED <0.1 0.0 - 0.2 mg/dL
CHOLESTEROL 196 91 - 305 mg/dL
CREATINE KINASE 400 64 - 440 U/L
HEMOLYSIS INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
LIPEMIA INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
804 - T4
T4 2.4 0.8 - 4.7 ug/dL
Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Older cats with consistent clinical signs and high normal (2.3-4.7) T4 may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be further assessed in these cats by adding on a free T4 or by performing a T3 suppression test. Following treatment for hyperthyroidism, T4 results will generally fall within the lower end of the reference interval. However, high normal T4 may be appropriate if concurrent kidney disease is present.
375 - IDEXX CBC



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WBC 6.2 3.9 - 19.0 K/uL
RBC 8.45 7.12 - 11.46 M/uL
HGB 12.8 10.3 - 16.2 g/dL
HCT 38.1 28.2 - 52.7 %
MCV 45 39 - 56 fL
MCH 15.1 12.6 - 16.5 pg
MCHC 33.6 28.5 - 37.8 g/dL
% RETICULOCYTE 0.6 %
RETICULOCYTE 51 3 - 50 K/uL HIGH
The appropriateness of the regenerative response should be evaluated considering the degree of anemia and reticulocytosis (see guidelines below).

Degree of bone marrow response (reticulocytes K/uL): Mild 50-75. Moderate 75-175. Marked >175

View the VetConnect Plus Differentials for additional information.
RETIC HGB 15.3 15.3 - 22.9 pg
% NEUTROPHIL 53.5 %
% LYMPHOCYTE 35.4 %
% MONOCYTE 1.3 %
% EOSINOPHIL 9.5 %
% BASOPHIL 0.3 %
PLATELET 354 155 - 641 K/uL
NEUTROPHIL 3317 2620 - 15170 /uL
LYMPHOCYTE 2195 850 - 5850 /uL
MONOCYTE 81 40 - 530 /uL
EOSINOPHIL 589 90 - 2180 /uL
BASOPHIL 19 0 - 100 /uL AUTOMATED CBC
5013 - FECAL DX PROFILE
OVA & PARASITES No ova or parasites seen.
HOOKWORM ANTIGEN NEGATIVE
WHIPWORM ANTIGEN NEGATIVE
ROUNDWORM ANTIGEN NEGATIVE
Radiographic Findings: poss metronidazole

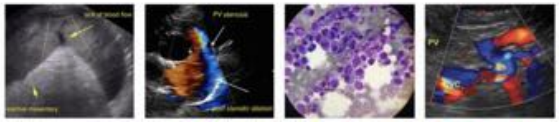
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary



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distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.65 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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 moderately distended with ingesta. 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 in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The left and right limbs of the **pancreas** are normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

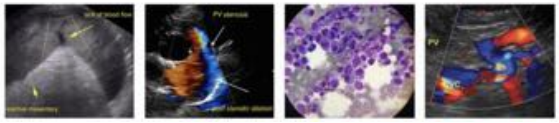
Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.



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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

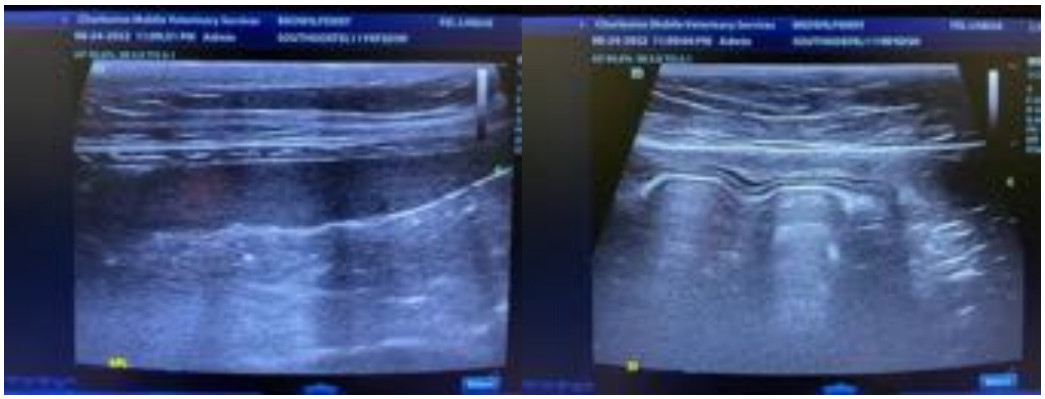
- Minor, age-related degenerative renal changes
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

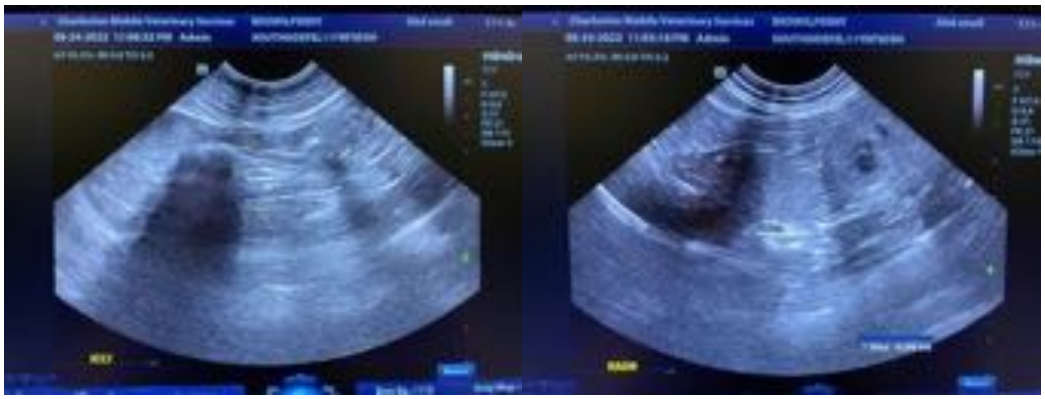
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Despite the negative fecal examination, consider prophylactic deworming with Fenbendazole.
2. Also consider empirical treatment for small intestinal bacterial overgrowth with a 2-4-week course of Tylosin, along with supplementation with a probiotic with a high colony count (i.e., Proviable Forte).
3. A malabsorption panel including serum cobalamin and folate, TLI and PLI is recommended.
4. Consider a 6-week novel protein diet trial

Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, novel protein diet), as long as the client understands the risks of treatment without a definitive diagnosis.





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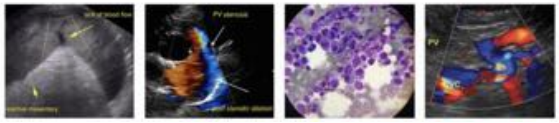

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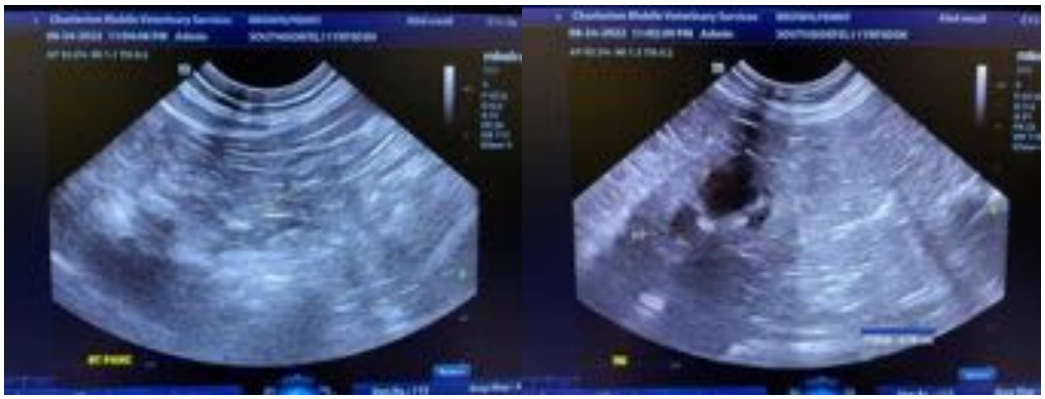

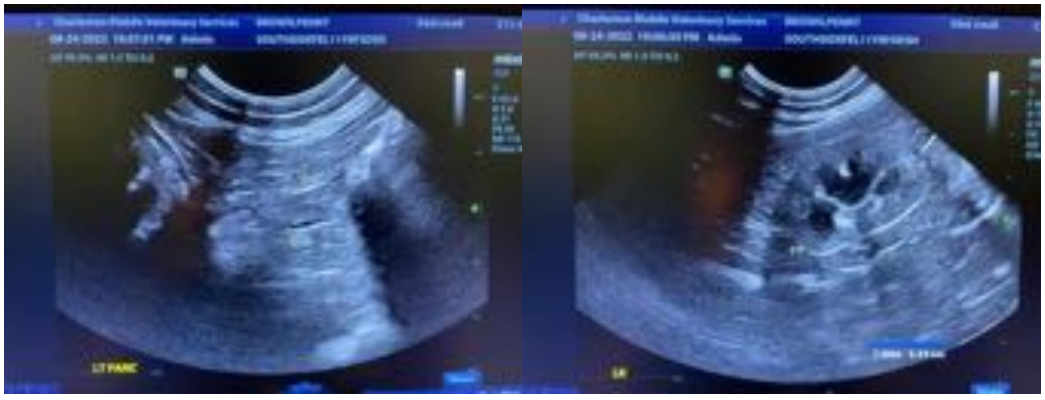

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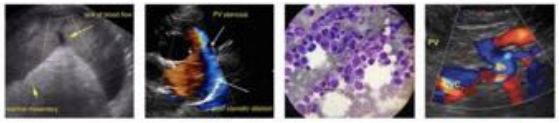

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info@SonoPath.com

PRESENTING CLINICAL SIGNS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

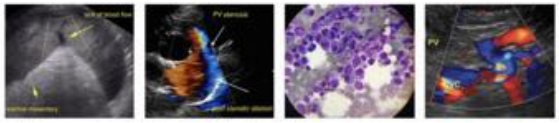
Urinary System

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 normal size (xxx 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.

The right kidney is normal size (xxx 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



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

Spleen

The spleen is normal in size (xxx 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.

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/not seen.

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 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 evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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

Secondary Findings

- The

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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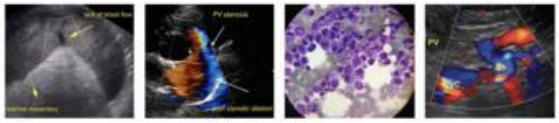

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