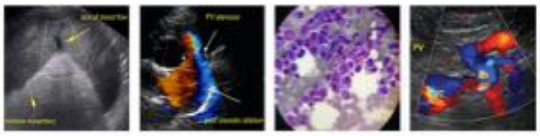


PATIENT

Prince Praetorius

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7 years

WEIGHT

13.4 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal

IMAGING PERFORMED BY

Rebekah Jakum, CVT RDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

INVOICE

11964

DATE

8.26.2021

PRESENTING CLINICAL SIGNS

History: Vomiting

Medication: Cerenia, Metronidazole

Abdominal radiographs show mineralizations within the gallbladder and bile ducts.

CBC and chemistry unremarkable.

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. A small amount of stranding 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 2 cm, are normal.

The left kidney is normal size (4.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

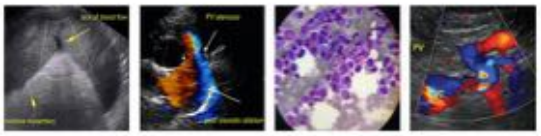
The region of the right adrenal gland is visualized. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.01 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary stones are visualized throughout the organ. Vascular is of normal



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volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is normal in thickness. Gravity-dependent mineralized sand (+/- small choleliths) is observed within the lumen. The cystic and common bile ducts are visible/tortuous/mildly dilated with several choledocoliths present within the lumen. The common bile duct can be followed to the level of the duodenal papilla and is not overtly dilated at the distal aspect (0.28 cm in diameter). The duodenal papilla is normal 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 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. No obstructive disease is noted.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

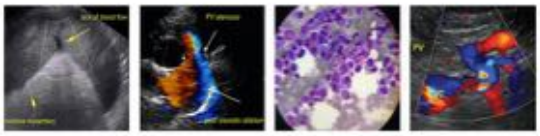
Primary Findings:

- Intrahepatic biliary stones/mineralized gallbladder debris/choledocoliths. In light of the normal liver values, these findings are likely incidental. However, low-grade cholecystitis/cholangitis cannot be excluded.

Secondary Findings:

- Bilateral age-related renal changes.
- Urinary bladder debris.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include low-grade hepatobiliary inflammation, microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, other.



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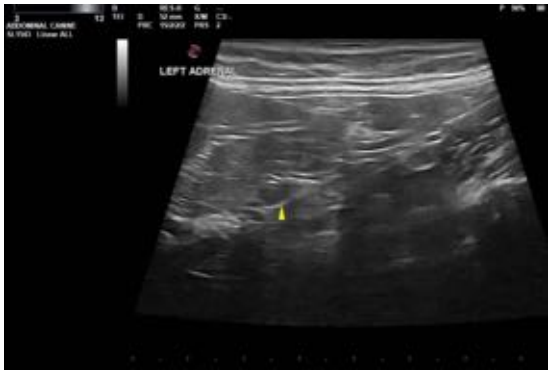
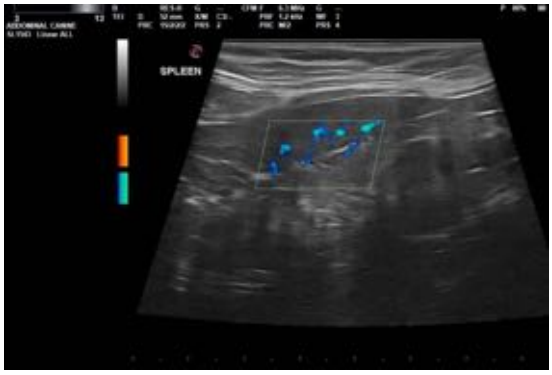
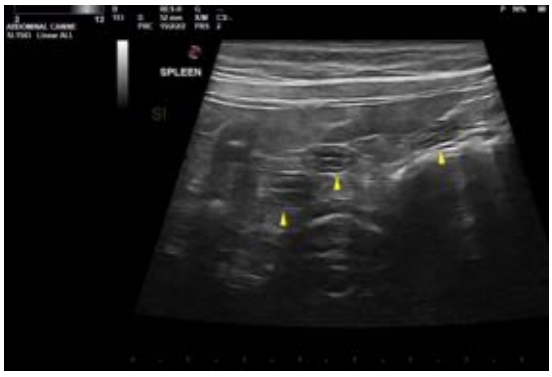
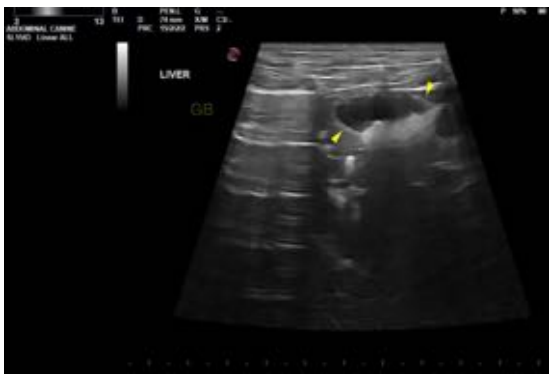
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A T4/free T4 by equilibrium dialysis is recommended if not already performed.
- Other diagnostic considerations include the following:
  1. Three-view thoracic radiographs to assess for occult esophageal disease.
  2. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
  3. Fecal evaluation for ova and giardia.
  4. A 6-week limited antigen diet trial to assess for food allergies
  5. +/- endoscopic or surgical gastrointestinal biopsies.









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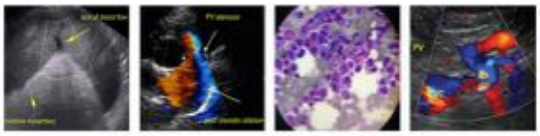

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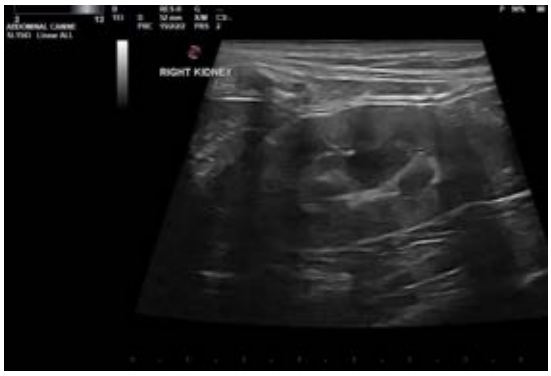

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com