SonoPath
Clinical Sonography & Telecytology
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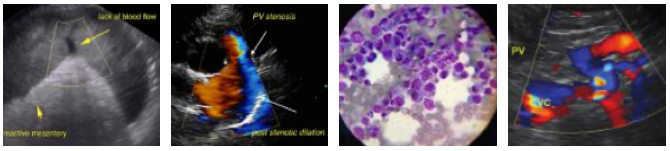


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Vlad Haerer

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male Neutered

AGE
8 Years 11 Months

WEIGHT
4.63 kgs.

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

IMAGING PERFORMED BY
Dr. Tracie Jones

HOSPITAL NAME
Generations Mobile Imaging

REFERRING VET
Dr. Langston

INVOICE
11988

DATE
8/31/21

PRESENTING CLINICAL SIGNS

History: Evaluated by rDVM on 8/30/21 on recheck from local ER. Went to ER on 8/28/21 for not eating since 8/26/21. Patient will drink water but will not eat any food. No vomiting or diarrhea at that time. Typical weight around 12 lbs per owner memory. Current weight is 10.18 lbs.

Abnormal PE/Chem/CBC/UA Results: PE: Temp 102.9; mild gingivitis; no other abnormalities on exam Chemistry panel showed increased BUN 53 and increased CREA 4.0 U/A: SG 1.038 with 30 protein Lab work from ER was supposedly normal but rDVM does not have records from ER Radiographs taken showed increased opacity caudal to heart and rDVM was concerned for possible PPDH Patient has been hospitalized on IV fluids, mirtazapine, and sucralfate at rDVM. Developed diarrhea overnight last night with some blood present Temp 102.4 today.

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 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 2 cm, are normal.

The left kidney is small in size (2.64 cm in length) with a slightly irregular shape. The cortex is variable in thickness and there is mild to moderate loss of corticomedullary distinction. Multiple cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (4.04 cm in length) with a slightly irregular shape. The cortex is variable in thickness. Multiple cortical infarcts are visualized. A thick irregular hyperechoic medullary band is observed at the corticomedullary junction. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. There is suspected trace subcapsular fluid. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

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

Spleen

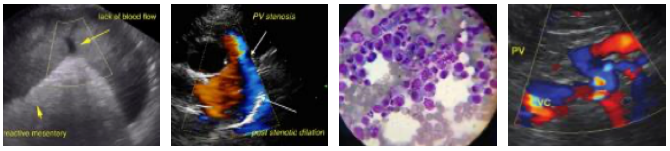
The spleen is normal in size (0.98 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid 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



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normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The muscularis layer of the distal ileum at the level of the ileocecal colic junction is disproportionately thickened. The colonic wall is normal. The colonic lumen contains liquid appearing fecal material. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible 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

There is no evidence of free fluid. A few prominent lymph nodes are observed at the ileocecal colic junction, the largest measuring 1.15 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

A peritoneal-pericardial diaphragmatic hernia cannot be definitively diagnosed in the available images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral nephropathy with cortical infarcts and right retroperitonitis.

Secondary Findings:

- Urinary bladder debris.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider the following diagnostics to further evaluate the GI signs:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  3. +/- endoscopic or surgical gastrointestinal biopsies (if patient does not respond to supportive care)
- Regarding the renal changes, a urine culture and sensitivity, UPC and baseline blood pressure measurement are recommended along with serial monitoring of the patient's kidney values to assess for progression.

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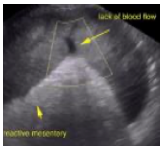
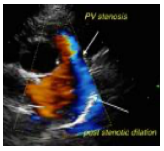
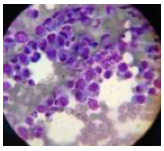
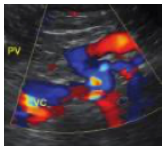

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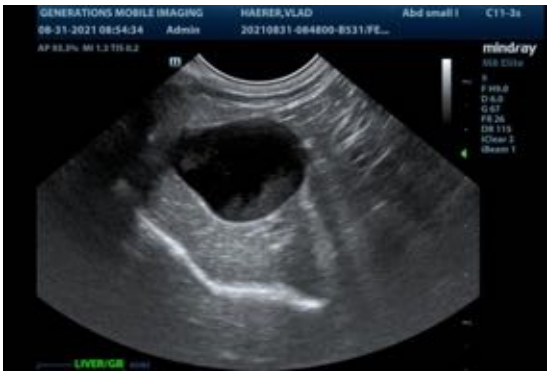
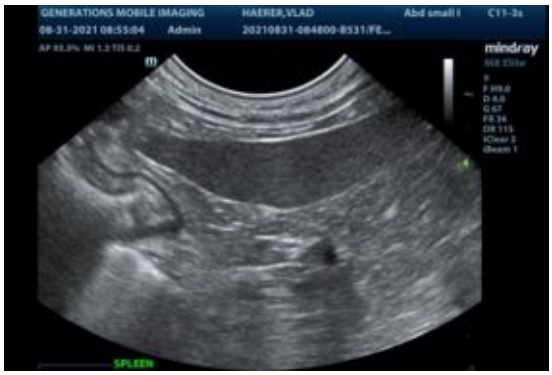
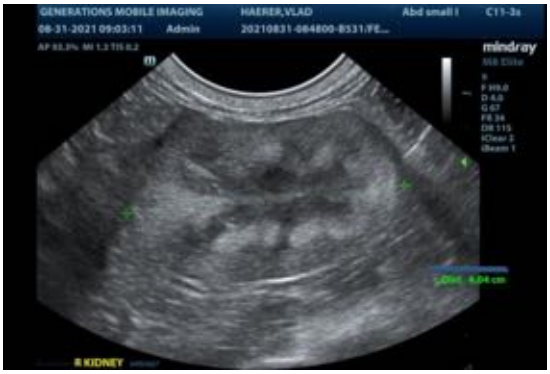
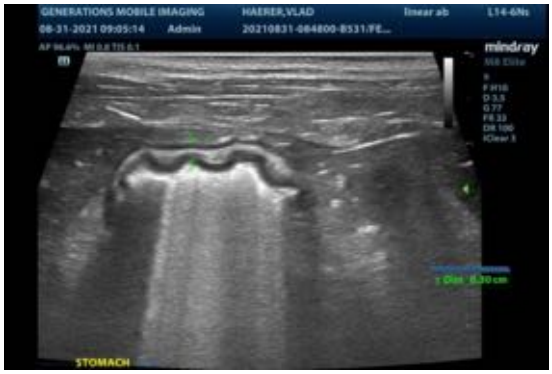
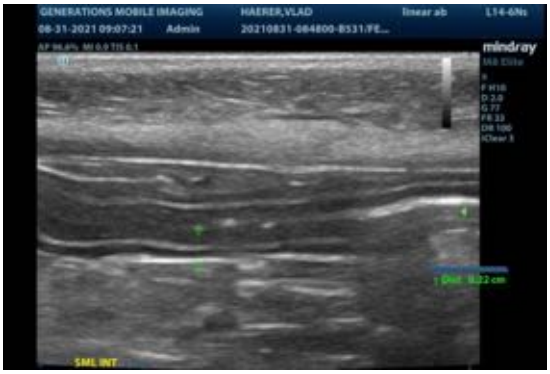
- To further assess for a peritoneal-pericardial diaphragmatic hernia, consider repeating thoracic sonography while applying pressure to the abdomen +/- full echocardiogram.

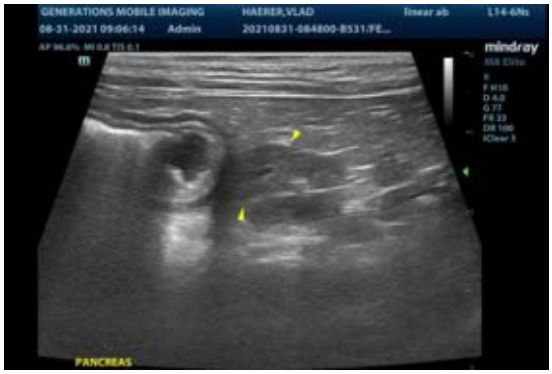


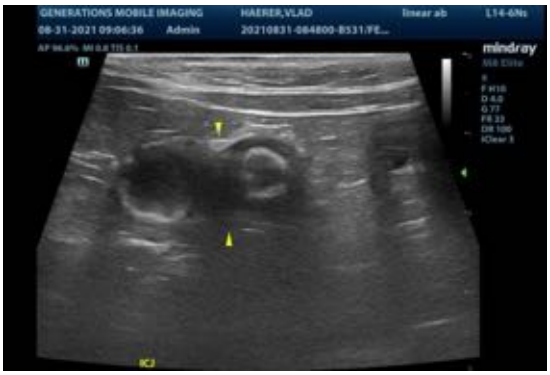


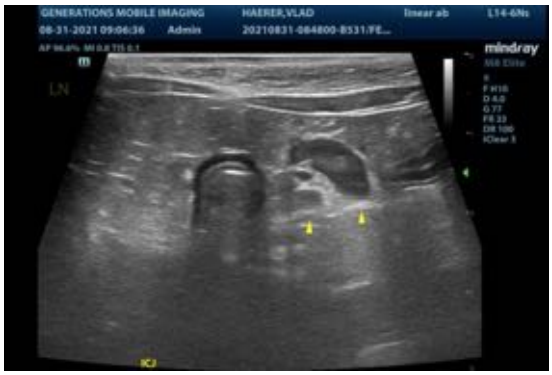












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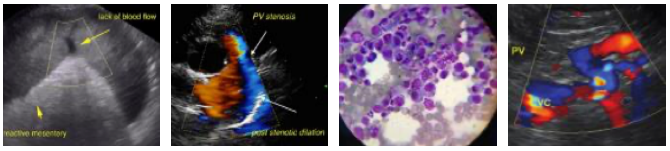

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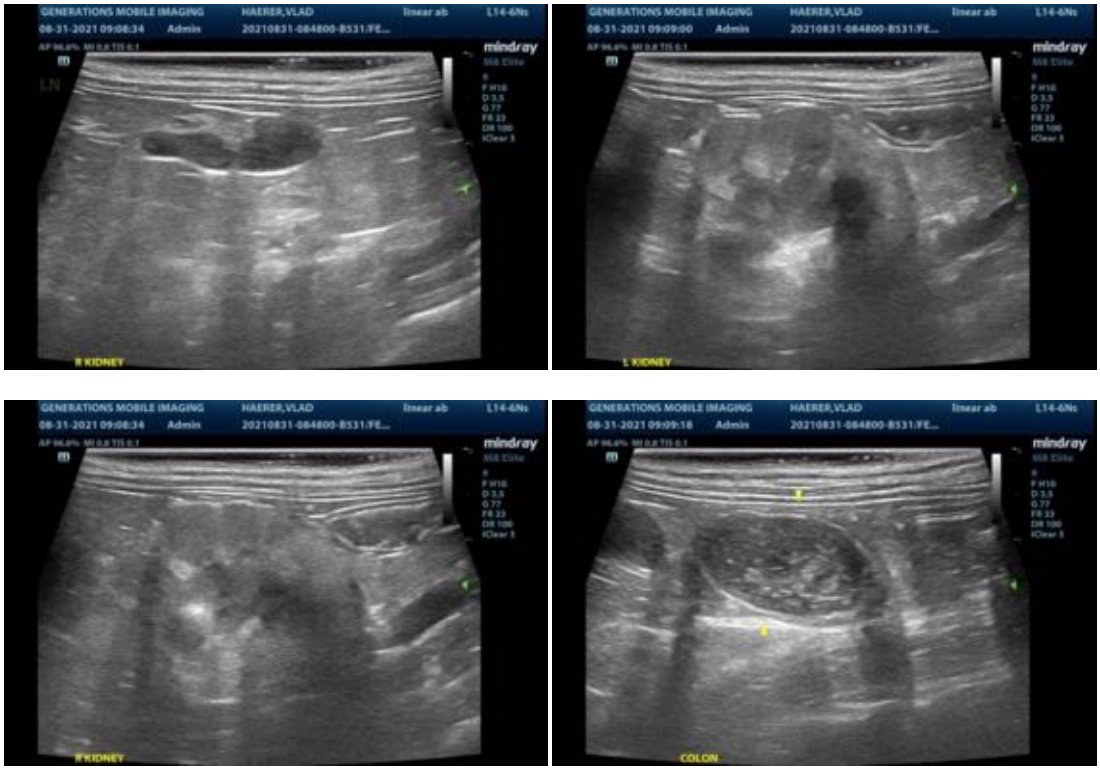

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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