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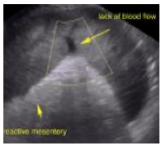
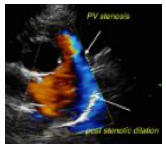
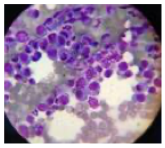
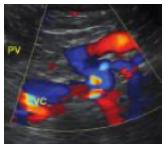
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ash SPCA

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Field w/ Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Laura Field

INVOICE

11553

DATE

8.31.22

PRESENTING CLINICAL SIGNS

History: Prior history of abnormal FPl snap test 1 mo ago. Recent history of vomiting seemed to improve with Hydrolyzed diet
Abnormal PE/Chem/CBC/UA Results: CBC CHEM T4 normal 1 mo ago. Abnormal snap fpl in house

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is mildly enlarged (4.85 cm in length); with a normal shape and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is mildly enlarged (4.73 cm in length); with a normal shape and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, 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 (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.71 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and relatively homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is mildly distended. The wall is normal in thickness. A scant amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal.

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 is normal to borderline thickened (up to 0.27 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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
There is no evidence of free fluid. A 1.33 cm mesenteric **lymph node** is visualized. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 1.35 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.

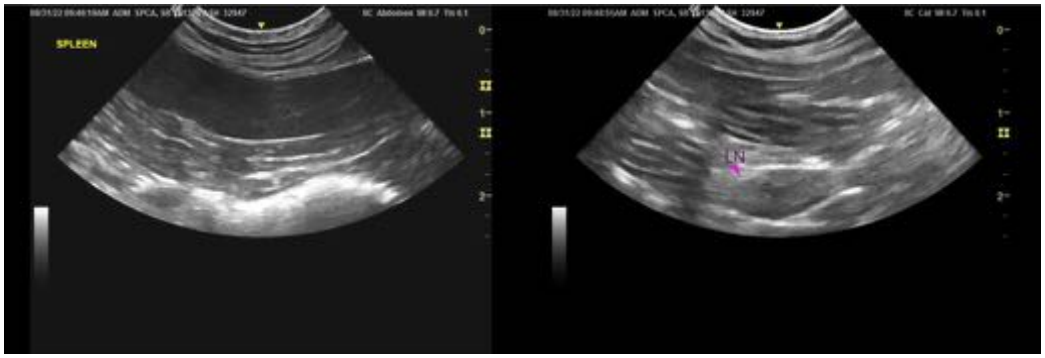
Secondary Findings

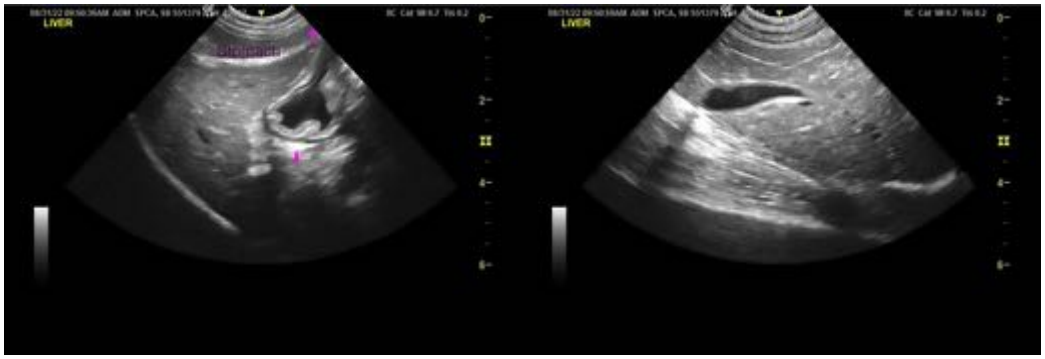
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The mild renomegaly may be a normal variant for this patient if he has lost a substantial amount of weight. Alternatively, interstitial nephrosis/nephritis or infiltrative neoplasia (less likely) may be present. Correlation with the patient's urinalysis findings is recommended.
- The mild hepatomegaly may also be a normal variant for this patient for the reasons stated above. Alternatively, hepatic lipidosis, inflammatory disease, infiltrative neoplasia (less likely) are also possibilities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A T4/free T4 by equilibrium dialysis is also recommended to assess for hyperthyroidism.
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.





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)
info@SonoPath.com