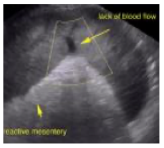
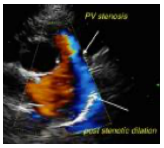
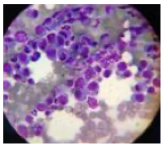
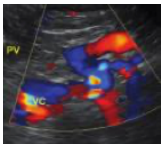
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Ty Rome

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
18 years

WEIGHT
5.63 kg

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

IMAGING PERFORMED BY
Dr. Crystal Evert DVM

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Crystal Evert DVM

INVOICE
11355

DATE
8.8.22

PRESENTING CLINICAL SIGNS

History: Friday AM became lethargic/inappetant/wobbly. Went to rDVM, exam WNL tx- SQF/cerenia. No improvement remained flat/inappetant. O has been syringe feeding high calorie gel. No csvd.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 34.84K/uL (H), neutrophils 26.25K/ul (H), Lymphocytes 6.91K/ul (H), monocytes 1.12K/ul (H)
Chem 17: Glucose 264mg/dl (H), globulin 6.0g/dl (H), amylase 1893 u/l (H). ePOC: pH 7.437 (H), Soduium 47mmol/l (L), Potassium 2.9mmol/l (L), chloride 110mmol/l (L), icalcium 1.14mmol/l (L), creat 2.13mg/dl (H), Glucose 271mg/dl (H). UA: usd 1.010 negative for glucose, protein, ketones, or bili. WBC <1/hpf, RBC <1/hpf, no bacteria detected, no crystals detected.

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 aggregated, echogenic, suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (3.48 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The **right kidney** is normal size (3.47 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. 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 (0.76 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** is moderately distended. The wall is slightly thickened (up to 0.16 cm) and hyperechoic. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible, but not overtly dilated.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with fluid. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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

There is no evidence of free fluid. A 0.82 cm **lymph node** is observed in the left cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild, bilateral, age-related renal changes. Suspected mild bilateral retroperitonitis, which may be secondary to nephritis/pyelonephritis.

Secondary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The gall bladder wall changes may be a normal variant for this patient or may be secondary to benign age-related hyperplasia or cholecystitis. Correlation with the patient's liver values is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the retroperitonitis, a urine culture and sensitivity is recommended to assess for pyelonephritis.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- Initiation of supportive care and broad-spectrum antibiotics are recommended while awaiting test results.
- Consider a cPLI +/- a full GI Panel (serum cobalamin and folate, TLI and PLI) to assess for pancreatic and small intestinal disease.

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.

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