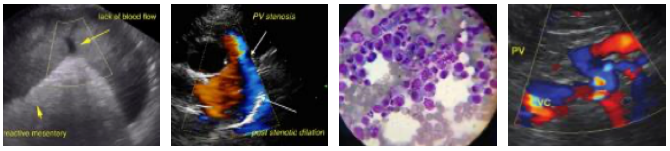

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1-800-838-4268 info@sonopath.com

PATIENT

Ivan Lewis

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10 Years

WEIGHT

12.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small VC, Corvalis OR

REFERRING VET

Dr. Chantel Litalian

INVOICE

12262

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History: acute onset decreased appetite, lethargy for about 1 week.
Abnormal PE/Chem/CBC/UA Results: possible cranial mass effect. Sarcopenia dorsum; mildly visibly icteric. Thoracic abdominal rads taken yesterday: thoracic structures subjectively normal - okay serosal detail - pylorus vs distended loop of SI full of fluid with either rugal folds or gastric lesion highlighted by gas in the fundus - small amount of stool in the colon - both kidneys visible on lateral - difficult to eval on VD due to ST overlap, cannot fully R/O mass adjacent to R kidney Bloodwork performed: Increased AST (199), INcreased ALT (582), increased ALP (250), increased TBILI (3.0), otherwise WNL - creat = 1.7; pSL wnl. Patient painful on sub - xyphoid palpation during U/S 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 to moderate 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 normal size (4.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.18 cm cranial; 0.36 cm caudal; 1.26 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

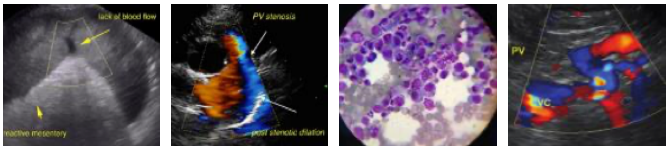
The right adrenal gland is normal in size (0.47 cm cranial; 0.32 cm caudal; 1.13 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.91 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The



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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right 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

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:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- 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.

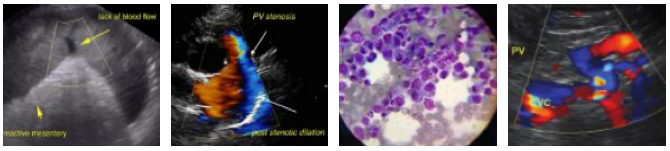
Secondary Findings:

- Bilateral age-related renal changes with mild bilateral pyelectasia.
- Urinary bladder debris.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver is recommended (if clotting status is normal). A 25-gauge needle should be used. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider a surgical liver biopsy with aerobic and anaerobic bile cultures.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.



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- While awaiting test results, consider empirical treatment for cholangiohepatitis/hepatic lipidosis with fluid therapy, gastric protectants, antiemetics (as needed), broad spectrum antibiotics and hepatic antioxidants. Nutritional support (i.e., via temporary feeding tube) is also strongly recommended to help prevent/treat hepatic lipidosis.
- Given the possibility of "triaditis", also consider a malabsorption panel and fecal evaluation for ova and Giardia.

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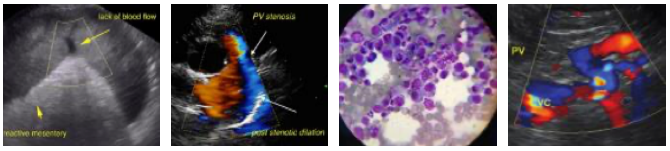

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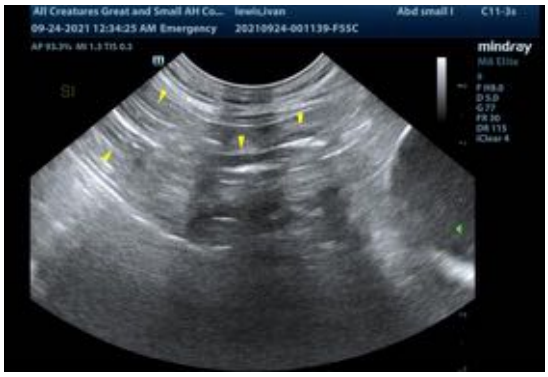

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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