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Clinical Sonography & Telecytology
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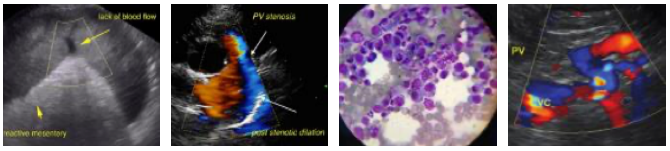


PATIENT
Cleo Badillo

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
5 Yrs.

WEIGHT
9.1 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Carrasquillo

INVOICE
13926

DATE
9/6/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to evaluate history of weight loss and vomiting. Pt was given proviable, metronidazole, Famotidine , ponazuril, and prednisolone. Wants to evaluate for GI disease (neoplasia , ibd , gastroenteritis , food aversion , etc)
Abnormal PE/Chem/CBC/UA Results: CBC: NEU 2.07 (K/µL 2.30 - 10.29 L), PLT 46 (K/µL 151 - 600), PCT 0.08 % (0.17 - 0.86) CHEM: GLU 209 mg/dL (74 - 159), ALKP < (10 U/L 14 - 111), AMYL (1908 U/L 500 - 1500), K 3.3 mmol/L (3.5 - 5.8) Radiograph: WNL FeLv/ FIV, miv: Negative/negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.25 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (2.95 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

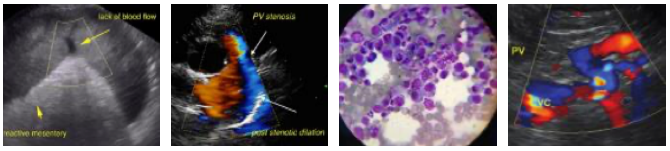
The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 aggregated echogenic debris is within the lumen. The cystic and common bile ducts are normal.

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



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.61 cm in length.

ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a T4/free T4 by equilibrium dialysis.
- A repeat CBC is also recommended to recheck the neutrophil and platelet counts.
- Other diagnostic considerations include the following:

1. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
2. AFecal evaluation for ova/Giardia
3. 6-week diet trial (i.e., hydrolyzed protein or limited antigen).
4. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
5. If the above diagnostics are inconclusive, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If pursued, the patient should be weaned off of corticosteroids to help reduce the risk of masking of underlying gastrointestinal pathology.

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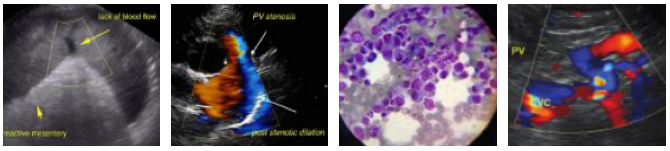

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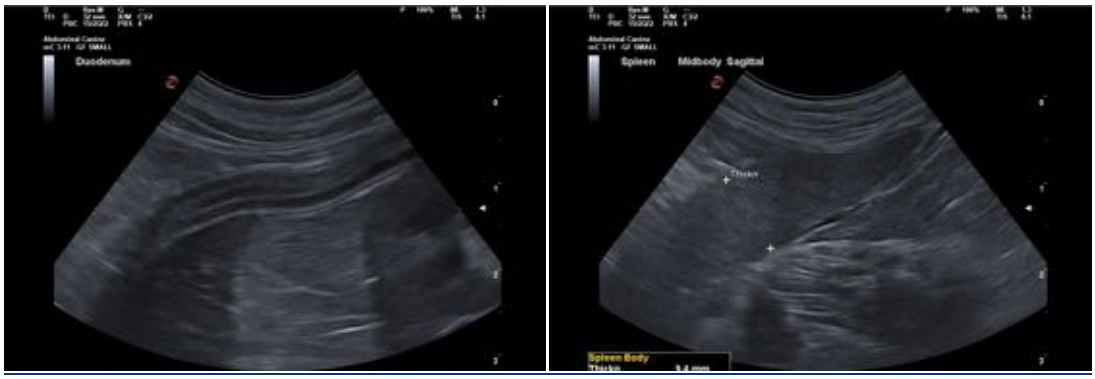

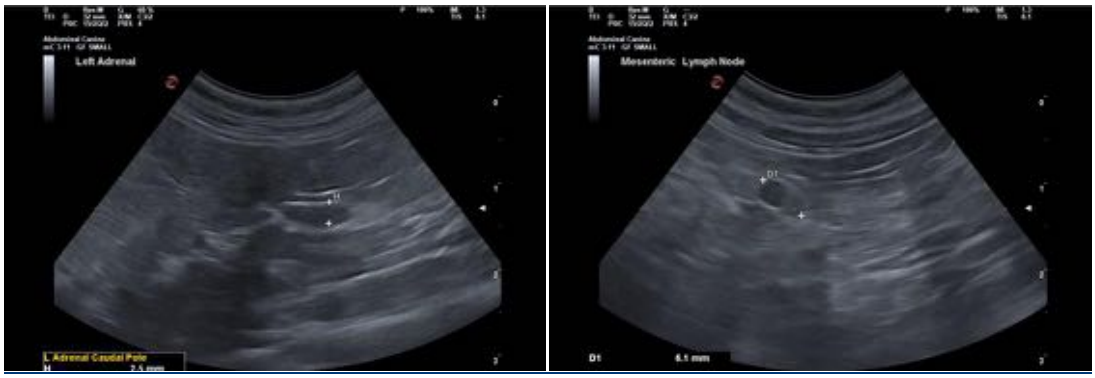

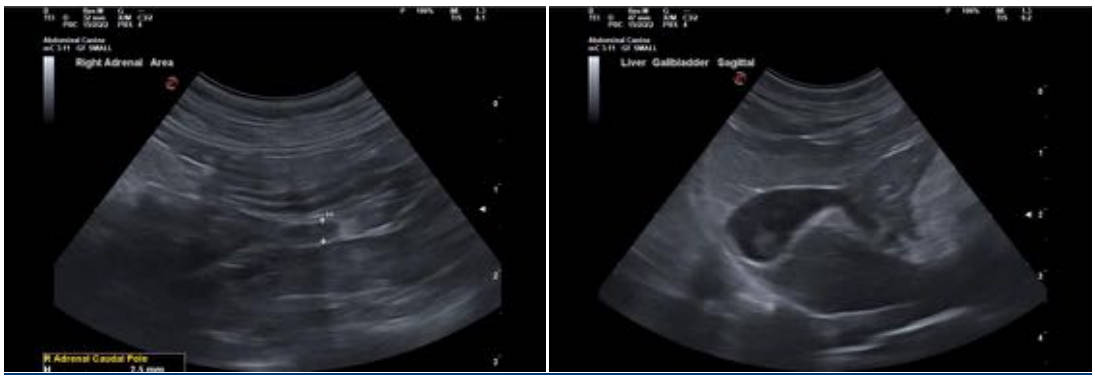

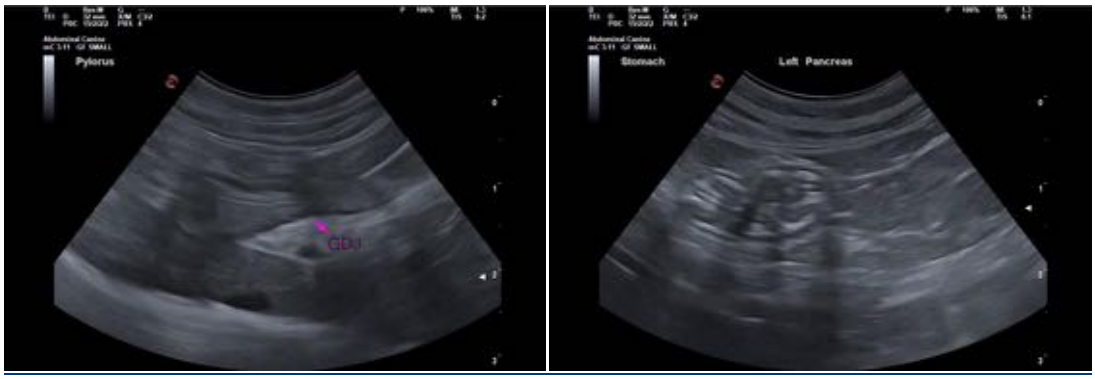

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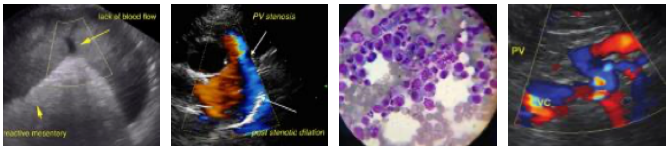

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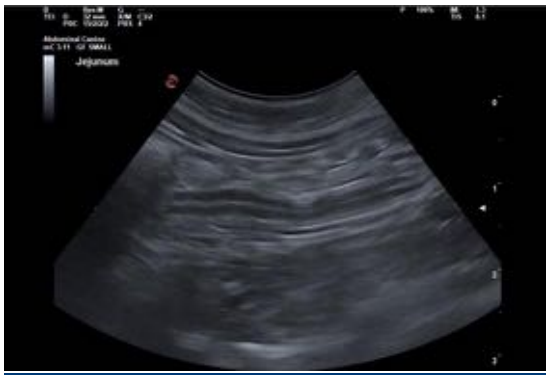

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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