SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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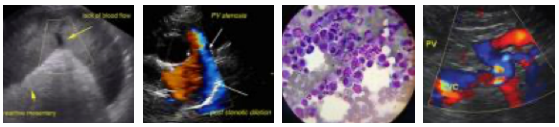


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Boots Schroeder

SPECIES
Feline

BREED
Domestic longhair

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
7.8 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Edewood AC

REFERRING VET
Dr. Leduc

DATE
11/15/22

INVOICE
14225

PRESENTING CLINICAL SIGNS

History: -Anorexia -Weight loss -Diarrhea -Hx of Tritrichomonas fetus infection resolved with tx and for a time diarrhea resolved but now unresponsive to any treatment
Abnormal PE/Chem/CBC/UA Results: Senior screen pending Current Medications Buprenorphine transmucosal

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.49 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 a suspected infarct at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.37 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is suspected at the cranial pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

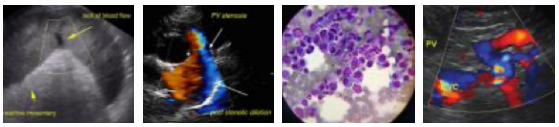
Spleen

The spleen is normal in size (0.54 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measured 0.27 cm in diameter.

Gastrointestinal



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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 segmentally dilated with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.24 cm in diameter).

Free Abdomen

There is no evidence of free fluid. 1-2 prominent lymph nodes are suspected in the caudal abdomen. The nodes are <0.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with suspected cortical infarcts.
- The pancreatic changes are suggestive of chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a recheck fecal evaluation for ova and Giardia as well as a PCR fast panel to reassess for *Tritrichomonas fetus.*
- Other diagnostic/therapeutic considerations include the following:
  1. GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
  2. Prophylactic deworming with Fenbendazole if not already performed.
  3. 6-week limited antigen or hydrolyzed protein diet trial.
  4. Consider initiation of a probiotic and fiber supplement (i.e., Metamucil or Konsyl).
  5. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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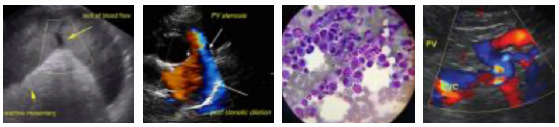

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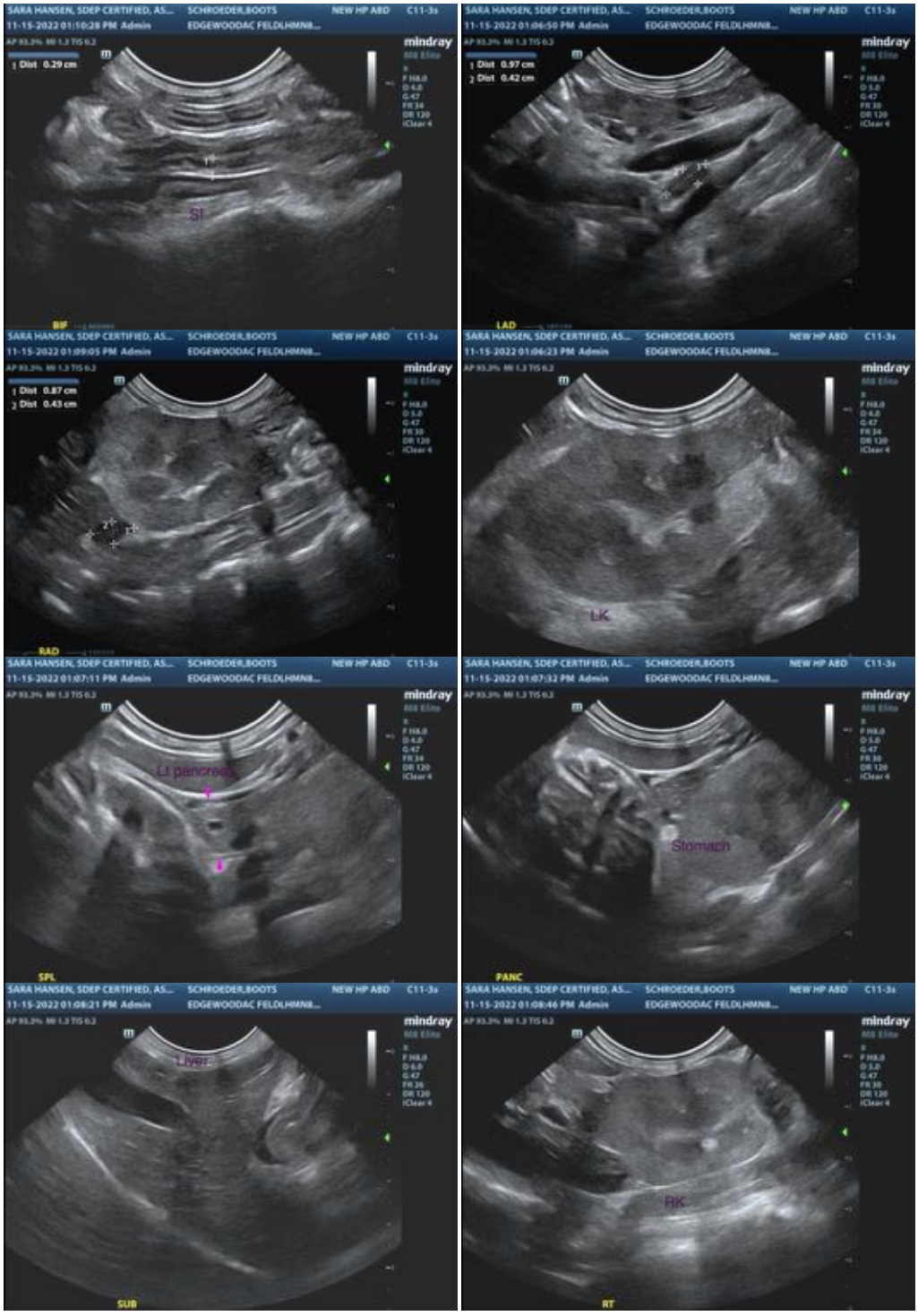
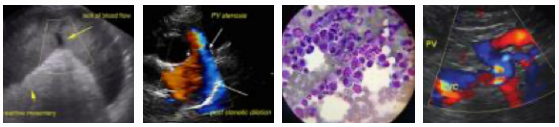


The information and recommendations provided are based on the images presented by the referring



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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