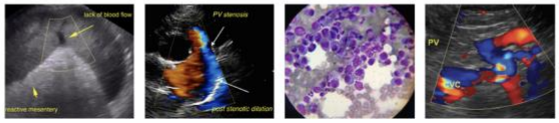
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Ody Lavin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/1/11

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

HOSPITAL NAME

Olde Town VC

REFERRING VET

Dr. Kelli Klein

INVOICE

13240

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: Vomiting food and bile for a few weeks. Diarrhea once over this past weekend. Has become lethargic and clingy over the past week as well. Usually asks to go outside and not going outside (did show some interest this morning). Owner has tried to adjust feeding schedule (stopped free feeding) to see if Ody may have been overeating but that did not help the vomiting. Ody has now shown little to no interest in food over the past couple of days.

PE is WNL. Afebrile. Treated yesterday with SQF and cerenia. No improvement today and owner reports profound lethargy today. CBC/Chem/T4/Felv/FIV- WNL. 6mg cerenia SQ. Client approved Sedation and FNA Consent

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 with anechoic urine. 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 (4.17 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 right kidney is normal size (4.66 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

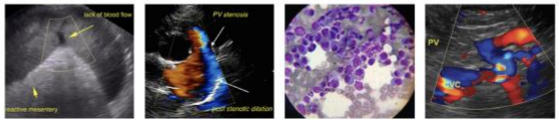
The right adrenal gland is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.84 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



PATIENT

Ody Lavin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/1/11

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

HOSPITAL NAME

Olde Town VC

REFERRING VET

Dr. Kelli Klein

INVOICE

13240

DATE

12/30/21

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 is diffusely thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall is normal. There is no evidence of an obstructive pattern.

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 (0.17 cm in diameter) 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

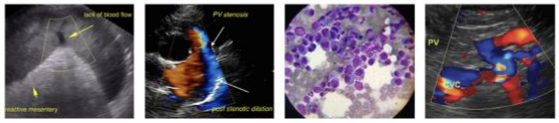
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma
- The presence ingesta within the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- Age-related pancreatic remodeling +/- fibrosis. Low-grade pancreatitis cannot be completely excluded. Correlation with clinical findings is recommended.

Secondary Findings

- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel, including serum cobalamin, folate, TLI and PLI (send to Texas A&M)
- Fecal evaluation for ova and Giardia



PATIENT

Ody Lavin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/1/11

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

HOSPITAL NAME

Olde Town VC

REFERRING VET

Dr. Kelli Klein

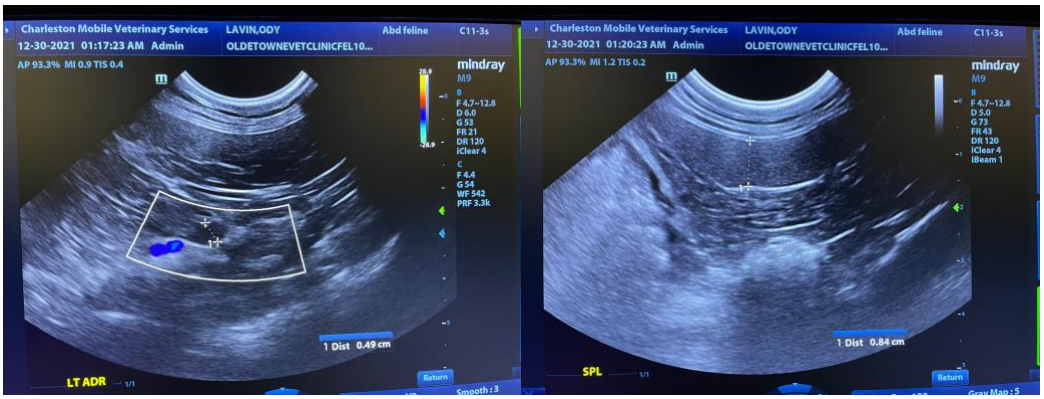
INVOICE

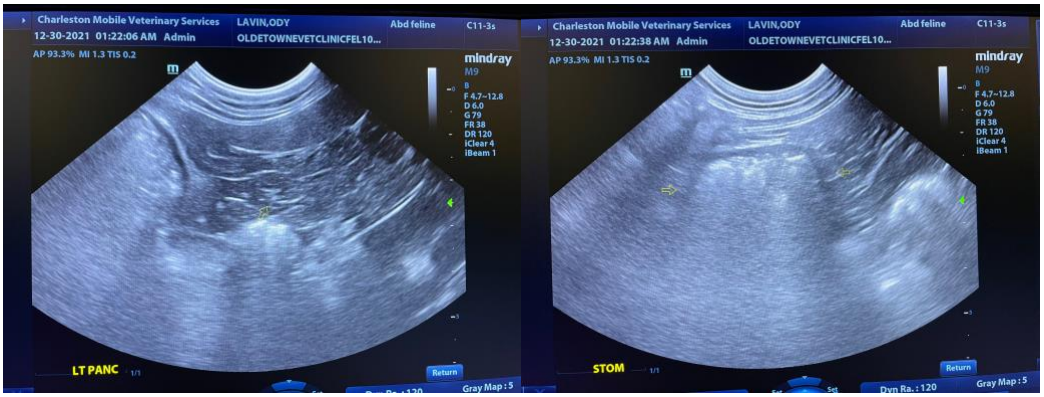
13240

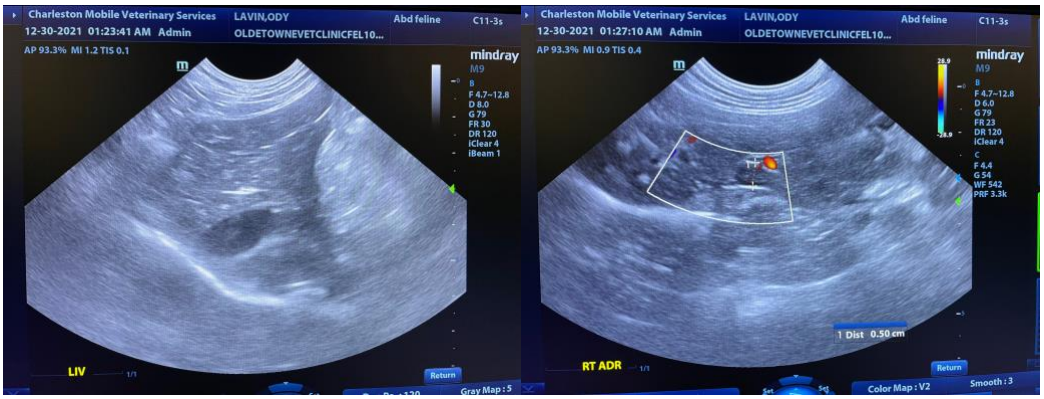
DATE

12/30/21

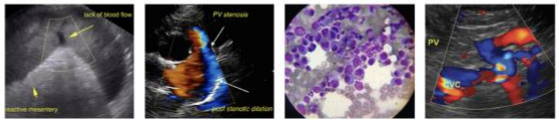
- Consider a 6-week limited antigen diet trial
- Ultimately, endoscopic or surgical gastrointestinal biopsies would be necessary to get a definitive diagnosis. Surgical biopsies would be ideal as all areas of bowel can be accessed with this approach. Three-view thoracic radiographs should be performed prior to any anesthetic event. If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Ody Lavin

SPECIES

Feline

BREED

DSH

SEX

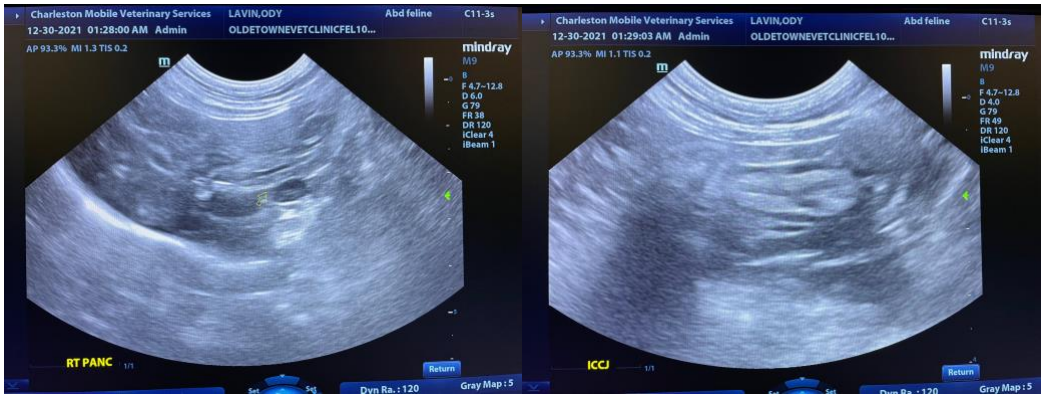
Neutered Male

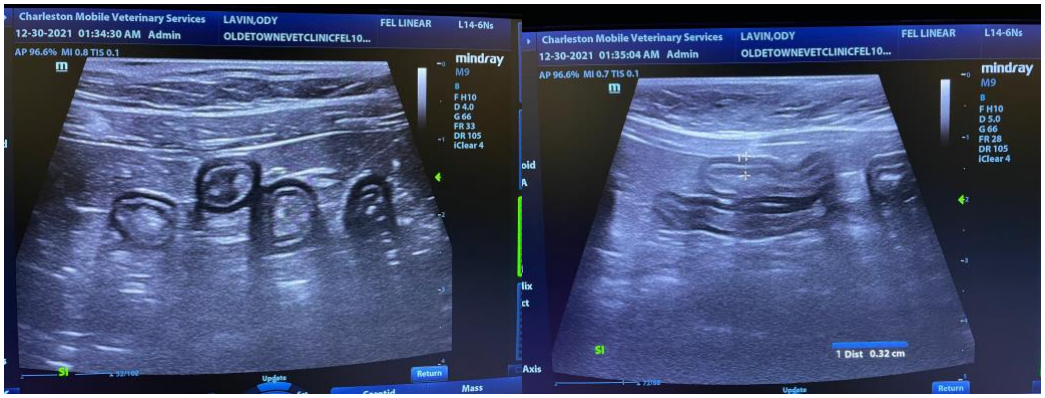
AGE

4/1/11

WEIGHT

6 kg





INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

HOSPITAL NAME

Olde Town VC

REFERRING VET

Dr. Kelli Klein

INVOICE

13240

DATE

12/30/21

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@CharlestonMobile.net