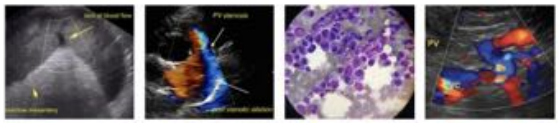


PATIENT

Miso Morton

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

8/17/2010

WEIGHT

8.02 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Hawk

INVOICE

14607

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Vomiting, weight loss, kidney disease. November 2022- Mildly elevated BUN at 42, creatinine 1.2, USG >1.040.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.89 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

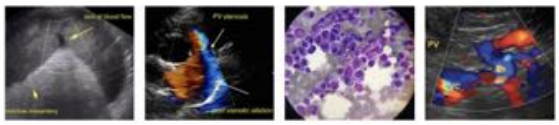
The spleen is normal in size (0.70 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear 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 portal vein to caudal vena cava ratio is approximately 1:1. 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 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 is



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normal to borderline thickened (up to 0.27 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also evidence of submucosal thickening in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogeneous in appearance. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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 obvious evidence of pericardial effusions.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel changes consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic changes could be consistent with chronic pancreatitis or may be a normal variant for this patient.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, other hepatopathy, or normal variant.

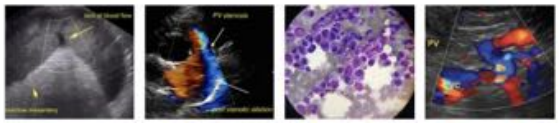
Secondary Findings:

- Bilateral, chronic, age-related renal changes with subtle dystrophic mineralization.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat baseline labwork including a CBC, full chemistry panel, urinalysis and T4 is recommended to assess for any changes in metabolic function since November of 2022.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is recommended (send to Texas A&M).
- Also consider heartworm testing (antibody and antigen) as heartworm disease can be a cause of chronic vomiting in cats.
- A fecal evaluation for ova and Giardia is also recommended, if not recently performed.
- A 6-week limited antigen or hydrolyzed protein diet trial should also be considered.



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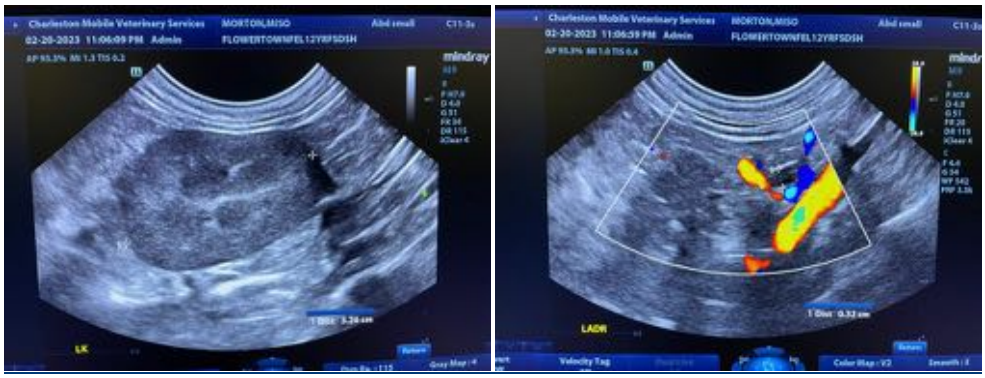
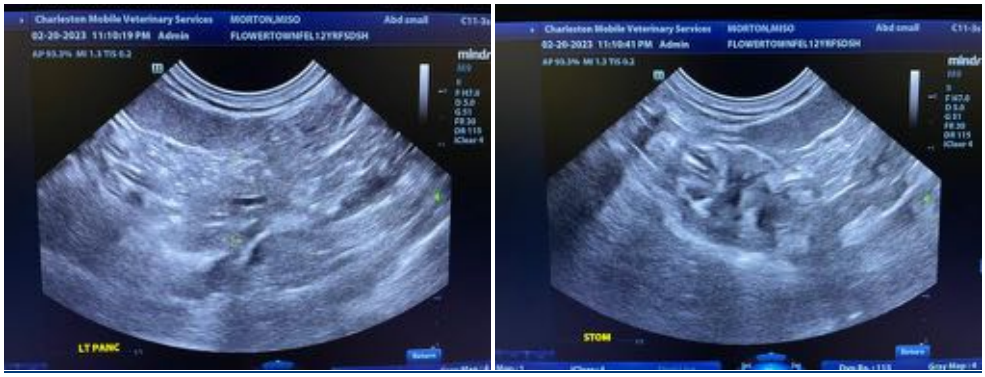
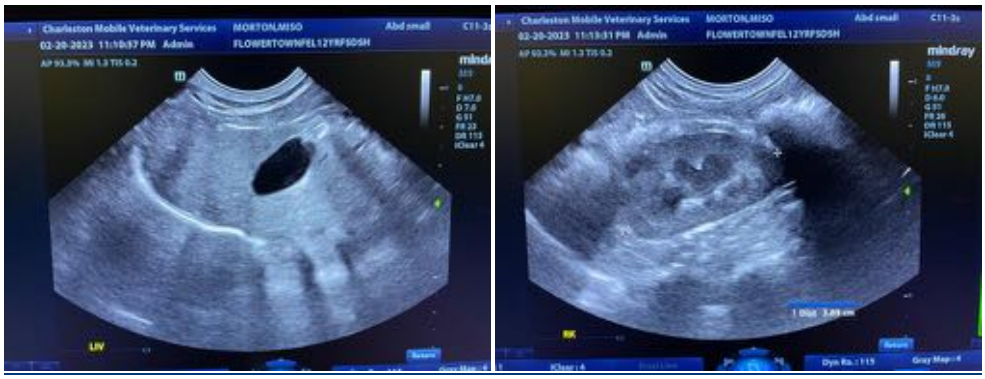
- Initiation of a probiotic may prove beneficial.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.







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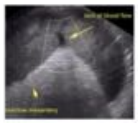
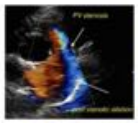
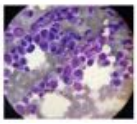
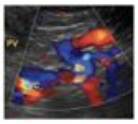

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IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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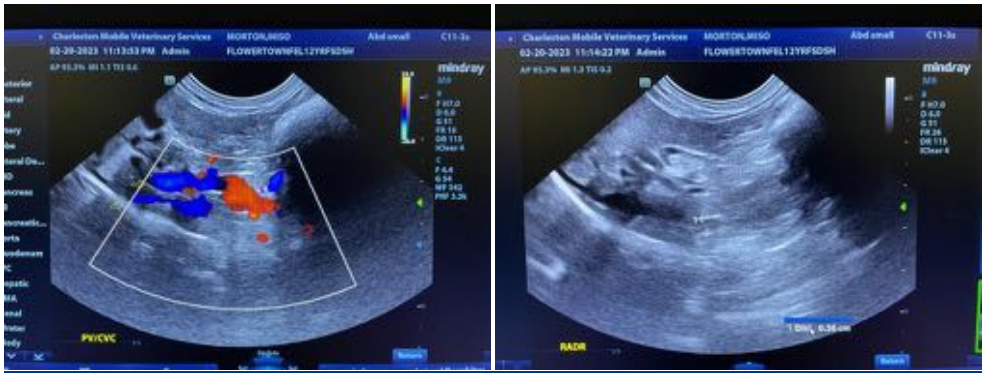
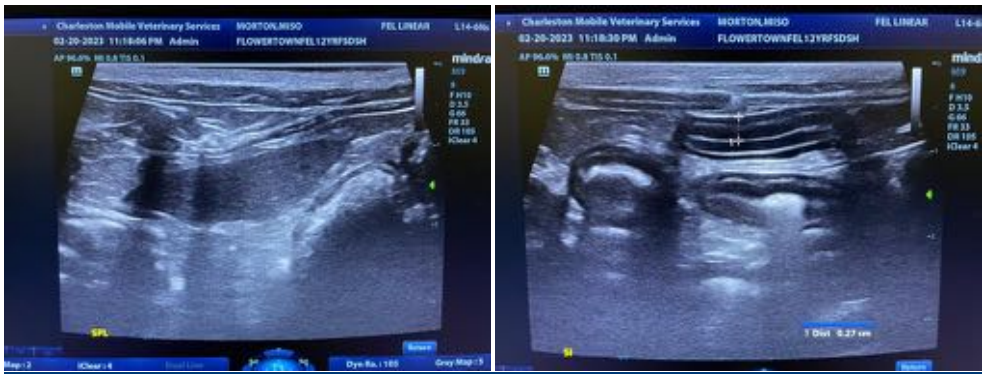
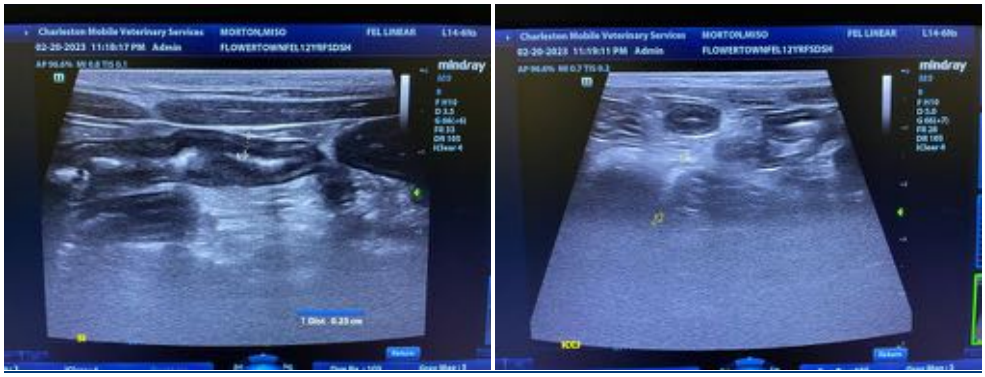

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com