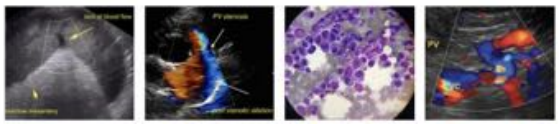


PATIENT

Oliver Hicks

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male< neutered

AGE

8/20/22

WEIGHT

5.9 kg.

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

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Graham

INVOICE

15221

DATE

8/23/23

PRESENTING CLINICAL SIGNS

P is a 1yo MN DSH presenting to VEC for V and ataxia. ~430am O woke up to find P NAR, not walking straight very ataxic in the hind end. P then "projectile" V+ 2-3x just bile with no blood seen. P then laid lateral and urinated and defecated on himself. O picked him up immediately after this and noticed P was having efforted open mouth breathing. Os claim P was completely normal yesterday and the only thing that he could have come in contact with last night is tree frogs in the area or Raid ant spray. P is indoor only and UTD on vaccs and prevs, has otherwise been eating and drinking normally with no meds or major medical hx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

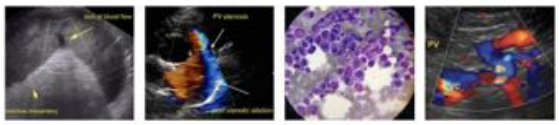
Spleen

The spleen is normal in size (0.72 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 portal vein to caudal vena cava ratio is approximately 1:1. 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.

Gastrointestinal



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The gastric lumen is minimally fluid 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 fluid distended (mild). The small intestinal wall thickness is normal. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. In addition, there is thickening of the submucosal layer in some regions. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. The colonic lumen is diffusely dilated with liquid appearing fecal material. No obvious 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

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.76 x 0.54 cm. The nodes are normal in shape and echogenicity.

Other

In the swollen area in the ventral cervical region, ill-defined heterogeneous tissue is visualized. No distinct masses or fluid pockets are seen.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- The gastrointestinal changes are most consistent with gastroenteritis/colitis with suspected mild functional ileus. The diffuse small intestinal changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Trace ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATION

- A fecal evaluation for ova and Giardia is recommended.
- Also consider prophylactic deworming with Fenbendazole.
- Consider a Texas GI panel including serum cobalamin, folate, TLI and PLI, particularly if the patient's gastrointestinal signs become chronic in nature.
- Continued supportive care for acute gastroenteritis is recommended. If the patient's clinical signs do not continue to improve, endoscopic or surgical GI biopsies may be warranted.

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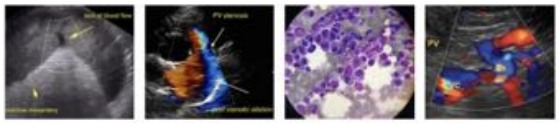

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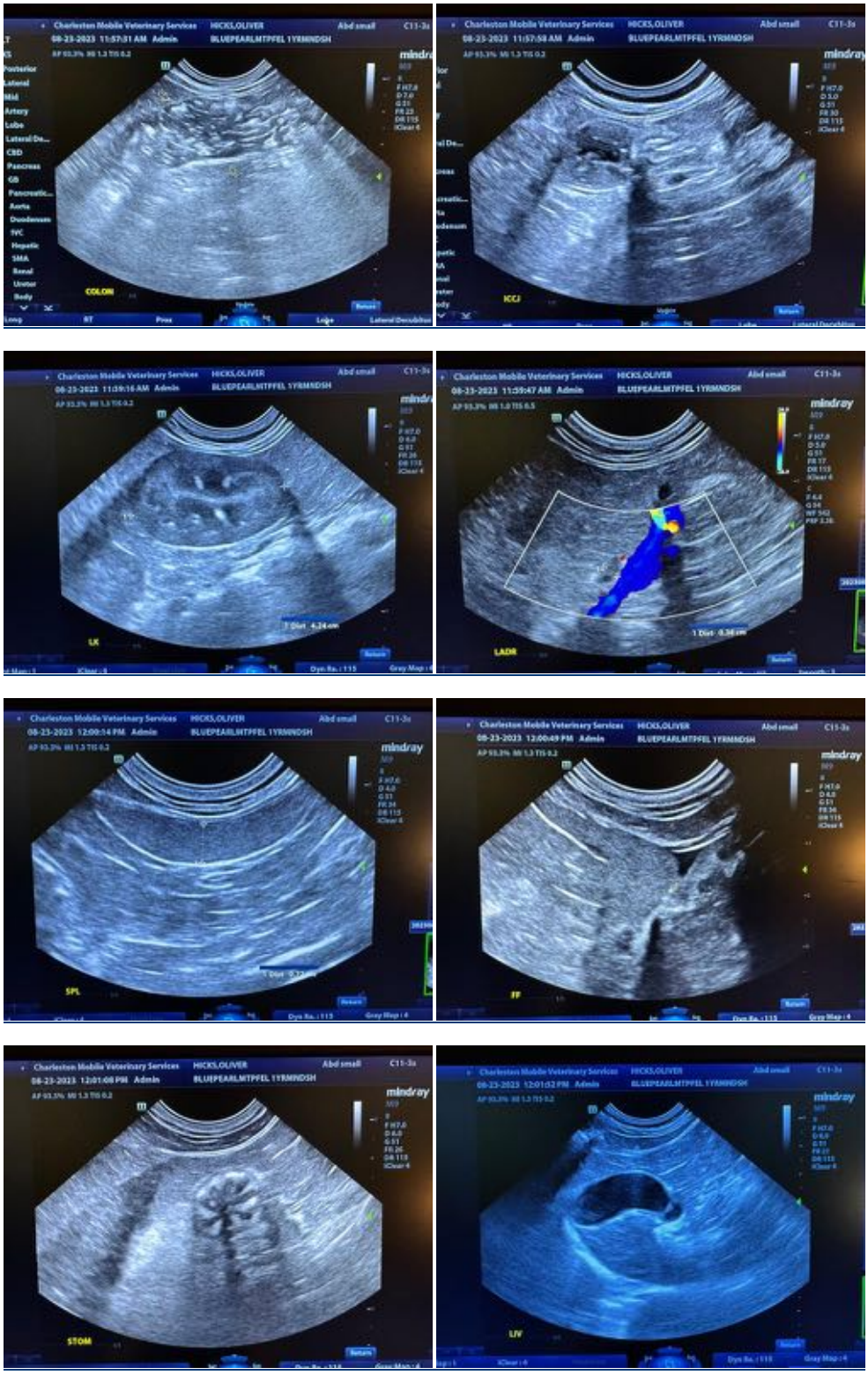

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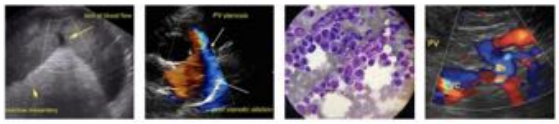

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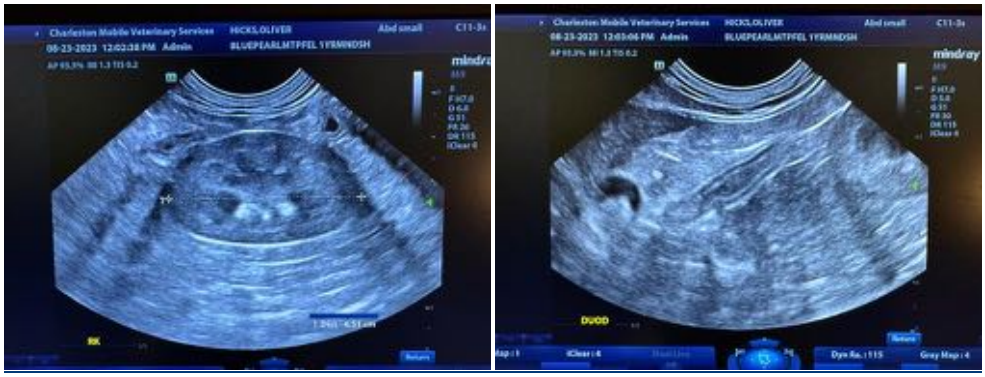

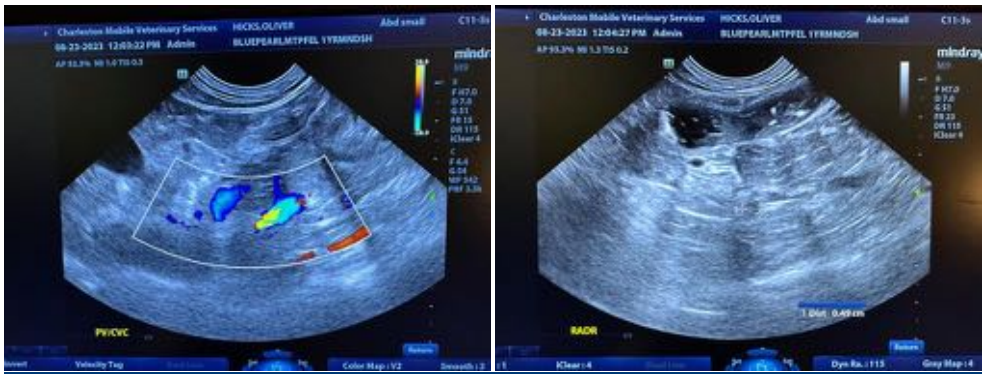

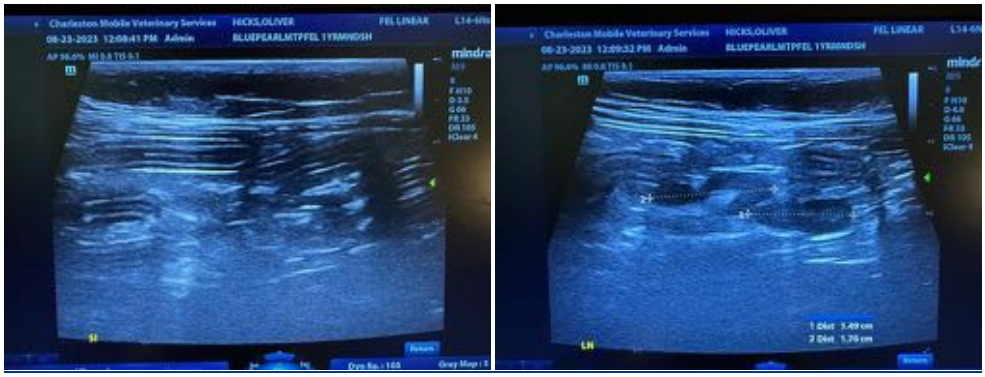

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com