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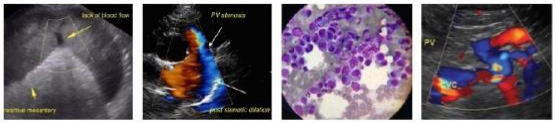


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Gage Welsh

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

18 Yrs.

WEIGHT

7.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Gagemount AH

REFERRING VET

Dr. Milliken

INVOICE

13632

DATE

1/25/22

PRESENTING CLINICAL SIGNS

History: Ongoing problem of watery diarrhea, treated with diet, Entero-Aid, pumpkin, antibiotics and Prednisilone on and off since 2017 - at times partly resolved but returns - weight loss of 7 lbs since 2017 and diarrhea worsening - blood exam 2/2021 sl. anemia, low creatinine - blood taken today and pending - P.E. - HR; 160 chest clear; Abdomen; little feces palpated, soft bladder; kidneys, liver NSF; - color: NSf; CRT less than 2 sec; teeth T 2 - 3 esp. back molars - fecal stained perineal area
Abnormal PE/Chem/CBC/UA Results: Pending results from Idexx From 2/21 = RBC 6.6; HCT: 0.28; HGB: 88 there was platelet clumping which may have affected hematology results Creatinine 68; K:5.9; Na;K ratio 26 T4 is normal at 23.2 SDMA 10

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 is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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 (3.81 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.06 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate 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 (0.39 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

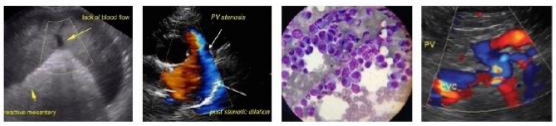
The right adrenal gland is normal in size (0.41 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.00 cm in width at the level of the hilus) with slightly swollen peripheral contours. 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



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focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach is obscured by the dilated colon. The lumen is suspected to contain gas. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to. mucosal ratio in some segments. The small intestinal lumen is segmentally dilated with chyme. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen is diffusely distended with liquid appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The portion of the pancreas is obscured by the colonic luminal distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

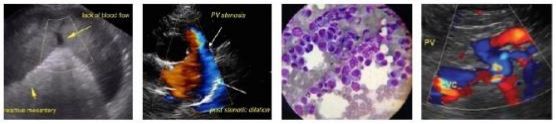
- Bowel changes. Most consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

- Moderate degenerative renal changes with dystrophic mineralization
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.



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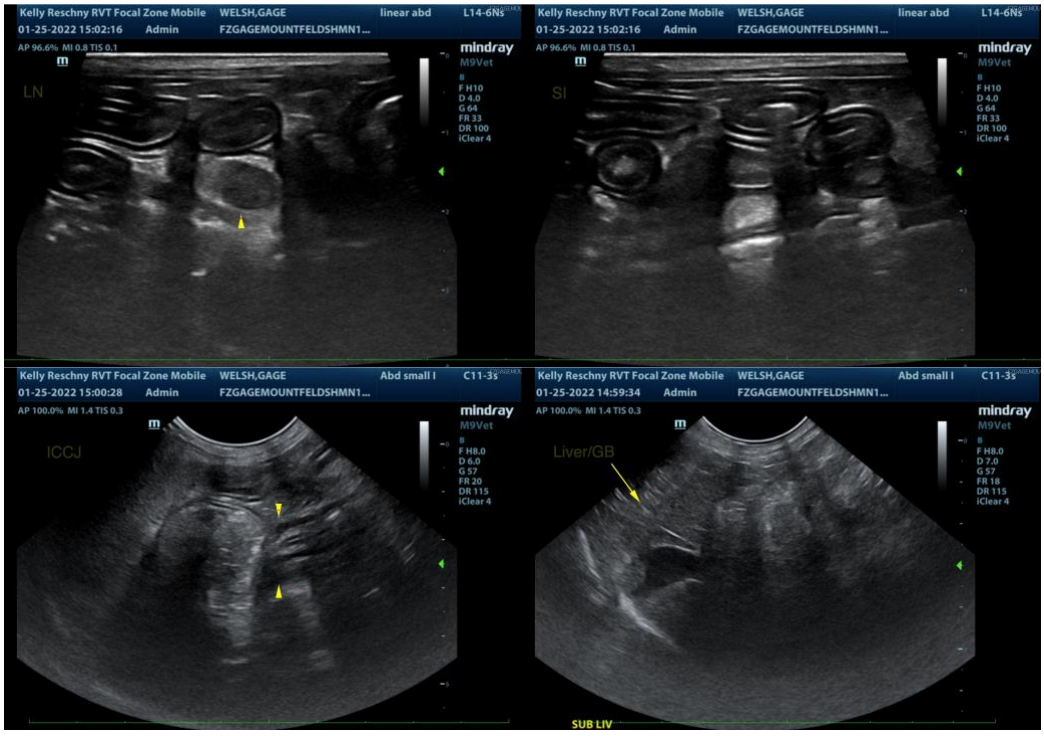
- Other diagnostic/therapeutic considerations include the following:

    1. Empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tyrosin.
    2. Consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Proviable Forte).
    3. Malabsorption panel, including serum cobalamin, folate, TLI and PLI
    4. Fecal evaluation for ova and Giardia
    5. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. However, the patient's age and overall metabolic status must be taken into account if biopsies are to be pursued.



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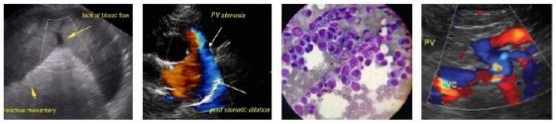

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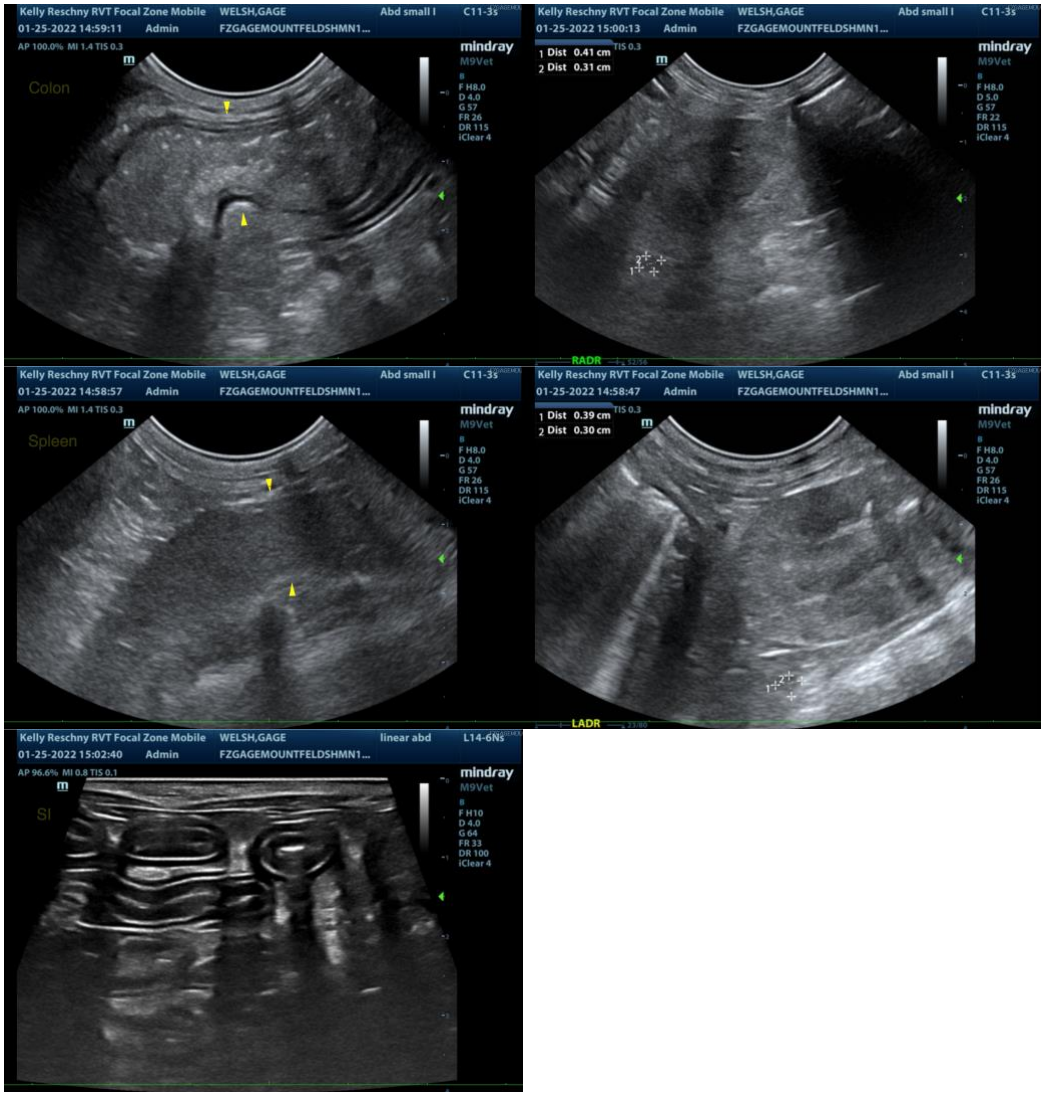

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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