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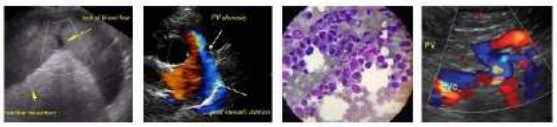

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Dragonman Dougherty

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Male Neutered

AGE
12 Years

WEIGHT
4.25 kgs.

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Graham AH

REFERRING VET
Dr. Malatestinic

INVOICE
11936kk

DATE
9/30/21

PRESENTING CLINICAL SIGNS

History: Unknown origin GI upset, chronic off and on. Currently on Felimazole and Metronidazole.

Abnormal PE/Chem/CBC/UA Results: n.a

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

The right kidney is normal size (4.06 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 region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.75 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, a light micronodular pattern is visualized. 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 and homogeneous in appearance. No focal lesions are observed. intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion. 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 is normal in thickness with a normal layering pattern. See also *"Other"* category. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness 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 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.

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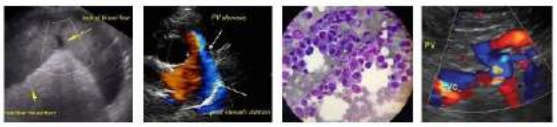

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two visible lymph nodes are seen in the cranial to mid-abdominal cavity.

Other

An irregular area of hyperechoic, shadowing material with a small amount of contained fluid is observed in the cranial abdomen caudal to the stomach. This material is thought to be within the gastric lumen. However, an extraluminal lesion cannot be completely excluded. The mesentery in this region is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The shadowing material in the cranial abdomen is thought to represents foreign material within the gastric lumen with regional peritonitis. However, since the gastric wall difficult to visualize in this region, an extraluminal lesion cannot be excluded.

Secondary Findings:

- Intrahepatic biliary stones – incidental.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral, age-related renal changes with right dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. Consider abdominal radiographs to further determine if the material in the cranial abdomen is within the gastric lumen. If it is, a gastrotomy should be considered. If it is not, exploratory surgery with biopsies of any abnormal tissue as well as the GI tract may still be warranted.
3. Other diagnostic considerations include:
    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    b. A fecal evaluation for ova/Giardia
    c. 6-week hypoallergenic diet trial

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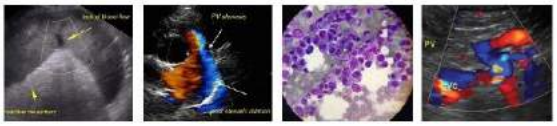

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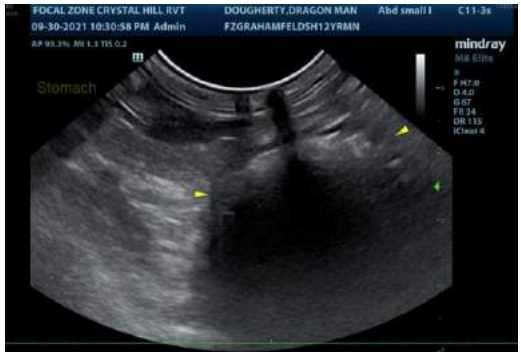

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Andrea.nicastro@sonopath.com