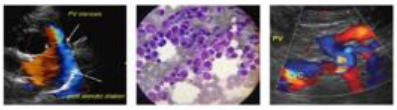


PATIENT

Furricane Egan

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

Over 10 yrs.

WEIGHT

Not given

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

13194

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Weight loss and vomiting.
Abnormal PE/Chem/CBC/UA Results: Labwork pending

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. A scant 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 1 cm, are normal.

The left kidney is normal size (3.77 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.63 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.90 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.63 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

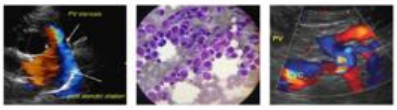
The spleen is normal in size (0.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally gas distended. The small intestinal wall is normal to mildly thickened (up to 0.31 cm). There is thickening of the muscularis layer in several segments. In some regions, there is possible trend toward a loss of the normal layering



PATIENT

Furricane Egan

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

Over 10 yrs.

WEIGHT

Not given

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

13194

DATE

4/12/22

pattern. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon is mildly to moderately fluid filled. 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.

Free Abdomen

Trace ascites is present. A few enlarged mesenteric lymph nodes are visualized, the largest measuring 2.88 x 1.26 cm. The large node is irregular in shape and mildly hypoechoic. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma). Alternatively, lymphadenitis or lymphoid hyperplasia are also possible.
- The small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.
- The trace ascites is likely secondary to bowel and/or lymph node pathology.

Secondary Findings:

- Bilateral, non-specific age-related renal changes.

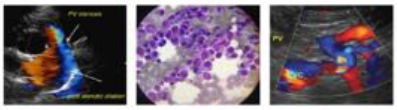
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspiration of the enlarged mesenteric lymph nodes is recommended, if accessible and if clotting status is appropriate. If cytology results are inconclusive, an abdominal exploratory with gastrointestinal and lymph node biopsies may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs are recommended 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.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.

IMAGING PERFORMED BY

www.potomacmvu.com 571-207-7467

Potomac Mobile Veterinary Ultrasound



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Furricane Egan

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

Over 10 yrs.

WEIGHT

Not given

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

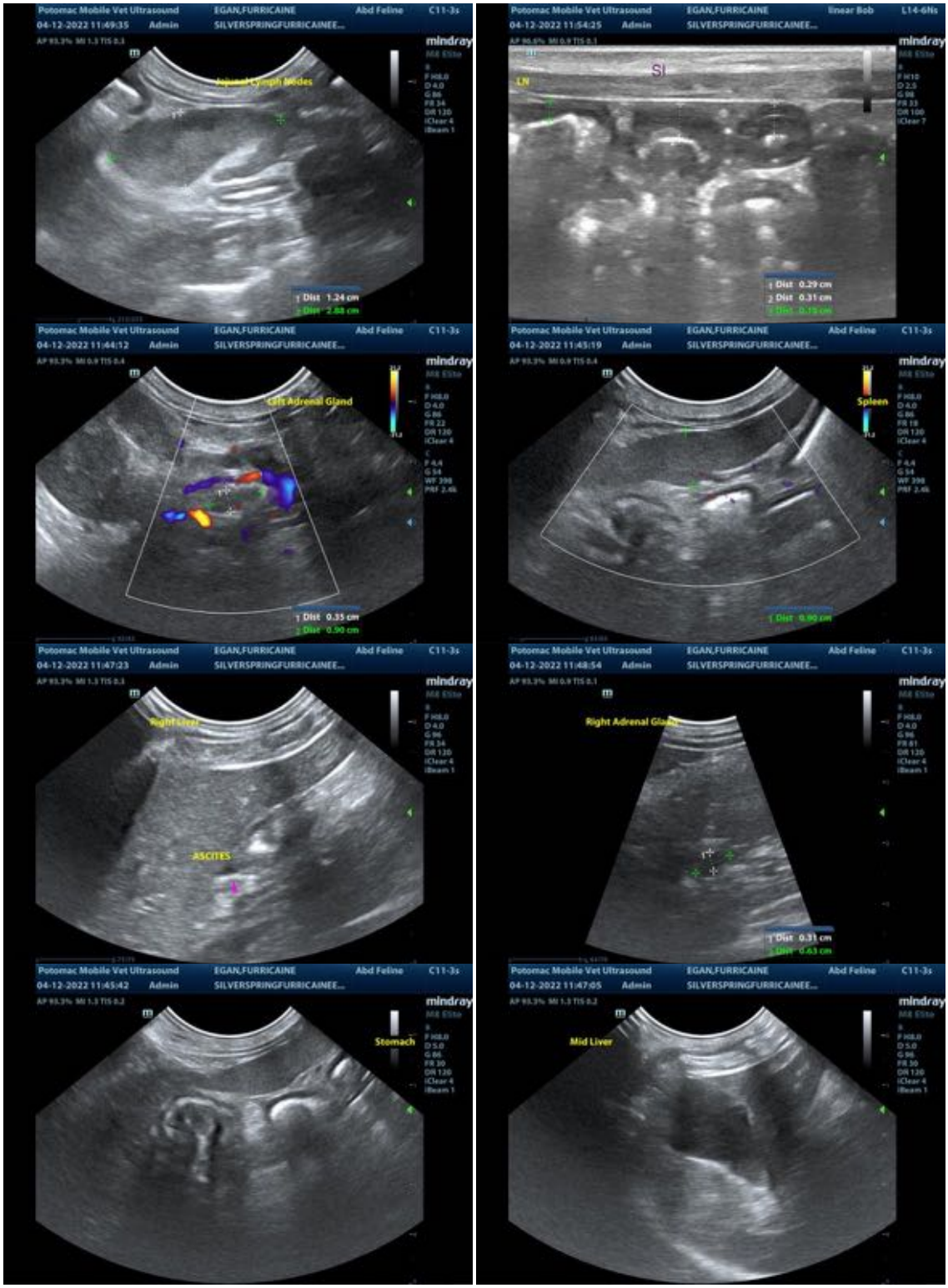
Dr. Cathy Jarrett

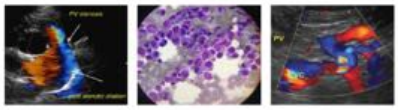
INVOICE

13194

DATE

4/12/22





PATIENT

Furricane Egan

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

Over 10 yrs.

WEIGHT

Not given

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

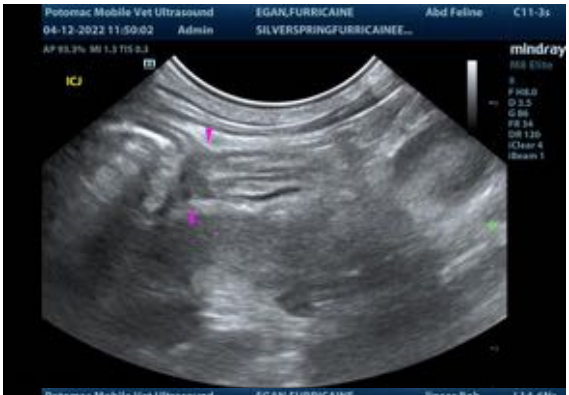
Dr. Cathy Jarrett

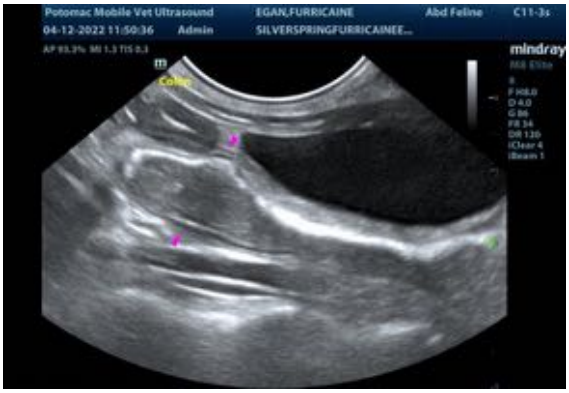
INVOICE

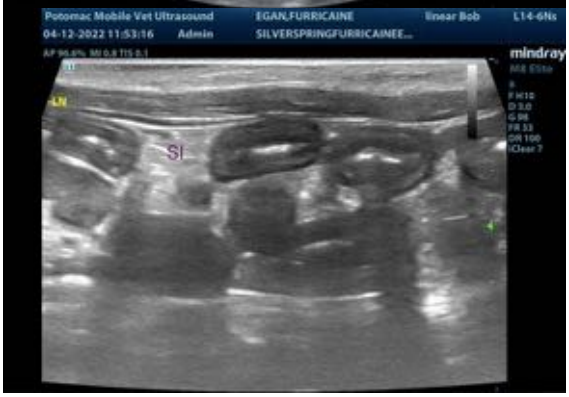
13194

DATE

4/12/22







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@sonopath.com