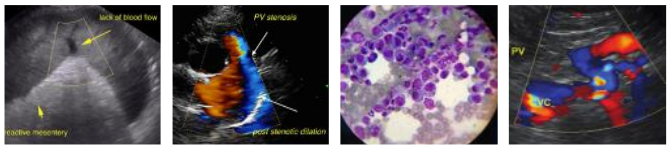
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Oskar Rose

SPECIES

Feline

BREED

Siamese Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

6.09 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Bennett

INVOICE

18972

DATE

12/4/22

PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting for several months. Diagnosed with IBD at rDVM in June 2022 based on clinical signs. Started hypoallergenic diet (z/d) & monthly Depo-medrol injections. O does not feel signs have improved with z/d & Depo; still has intermittent vomiting every day or two. Presented 12/3 PM for 2-3 days duration lethargy & inappetence but not currently vomiting.

Abnormal PE/Chem/CBC/UA Results: Fractious. Sedated for exam & diagnostics. Sedated exam: temp 102.3. NSF on abdominal palpation. CBC: mild anemia HCT 29.1%, Lym 0.67k, Eos 0.13k, rest wnl. Chem17: Glu 201, Crea 1.8, Amyl 1559, rest wnl. EPOC: LAC 6.84, rest wnl. UA: USG 1.050, pH 7.0, Pro 30, Glu NEG, Ket 15 (suspect false positive due to urine concentration), BLD 50, rest neg. Sedivue: RBC 36/hpf, WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

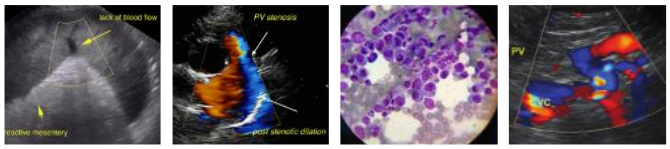
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed a minor amount of retention of echogenic chyme. The lumen was fluid filled. Concentric thickening of the pylorus was noted with loss of mural detail. Wall thickness measured 0.86 cm. The small intestine and colon were unremarkable.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

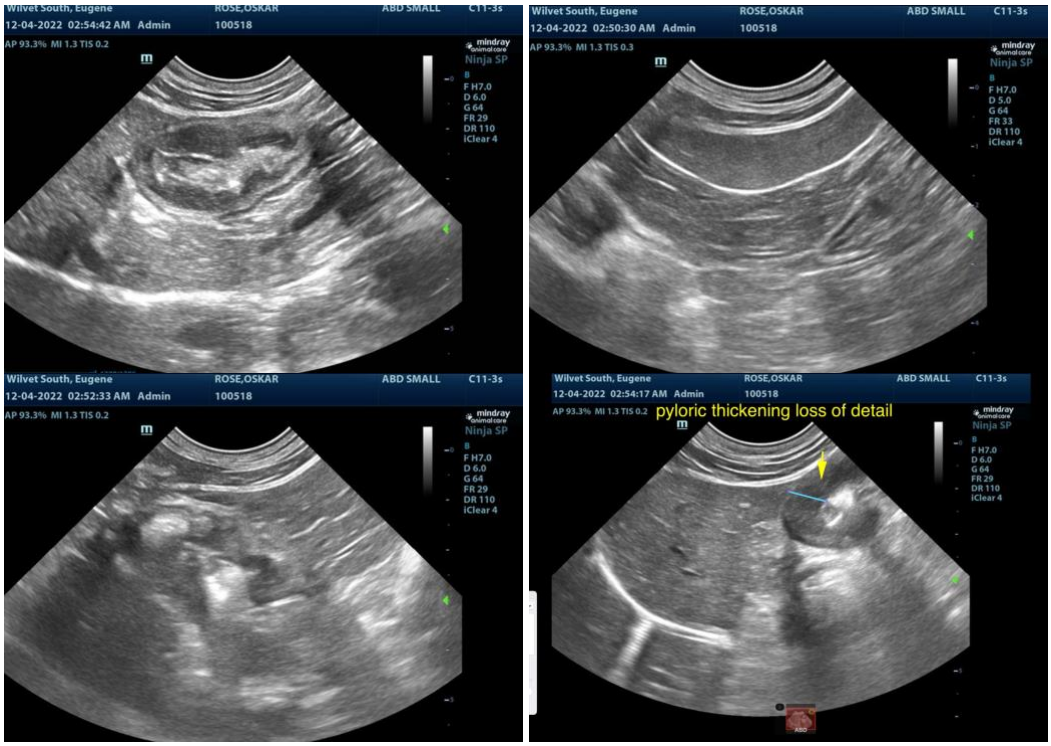
The epigastric **lymph nodes** were slightly enlarged, measuring 5.0 mm.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific, early, undifferentiated gastric thickening in the pyloric outflow with regional lymphadenopathy. Gastritis, granulomatous disease, round cell neoplasia are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness pyloric and epigastric biopsies are strongly encouraged. Endoscopy is an option; however, I'm concerned that it would not reflect the mural pathology, nor the epigastric lymph nodes.



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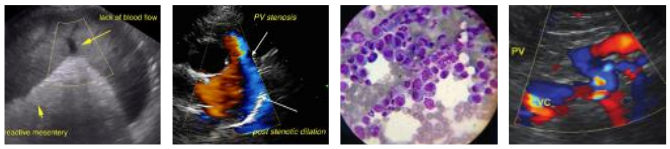

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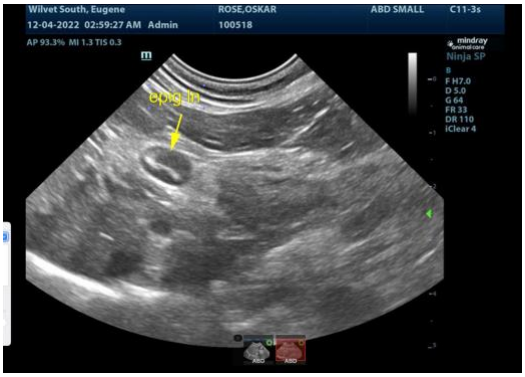

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com