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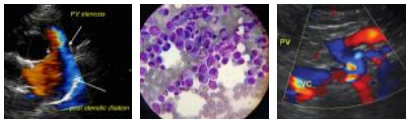

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/30/23

PATIENT

Sammy Cat Ensor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/1/08

WEIGHT

9.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

22231

PRESENTING CLINICAL SIGNS

History: Was seen by Dr. Sinclair at Cat Sense earlier today. rDVM records: - 4/27: Xray less stool in colon, SQ fluids, Cerenia, ondansetron, SQ fluids, gas drops - 4/18- Solensia, BP 200s, Increased amlodipine- plan to monitor gingivia, eyes, BP - 3/21: 1. CBC/CHEM25/SDMA- nsf 2. T4 WNL 2.4 3. UA 4. BP- 200s 5. Heart murmur, iris atrophy. Bloodwork last performed at HWB- 4/26 we do not have this - CBC/CHEM17/ LYTES/SDMA - O states no significant findings - 2 view xrays - Enema Current Medications: - Inhaler 125mcg BID - chloraphanarimine BID - gaba 75mg BID - amlodipine- 1/4 tab BID - renal K powder - miralax 1/4 tsp BID - vitamin b inj - 1x/ week - cerenia - just added - Mirtazapine EOD in Every other ear Problems: - Constipation- first diagnosed at HWB 4/26- flatulence prior - Asthma- whole life - pinnectomies for SCC pinna- clear margins from UPENN - Hypertension- on amlodipine- increased on 4/18 to BID- has had Hypertension for few years - Arthritis- on solensia - Dental disease- 2-3 weeks ago HWB - 1 tooth pulled - hair loss on nose. Date: 04-29-2023 Notes: ATO- - O weighs her 1x / week- Lost 7.5 oz 2 weeks ago, Today lost total of 11 oz - Not eating dry anymore, still eating churo treats- already on mirtazapine - Had first bout of constipation- HWB thursday- Had full bw, xray, laxative, pooped out 1/2, at home defecated again - turned to diarrhea - Saw Dr. sinclair Friday- started with diarrhea - Other than this relatively happy- not sitting on owners lap comfortably- p in discomfort - O unsure if she is still constipated Reviewed medical hx and medications.

Current Medications: Chlorpheniramine, Maropitant, Amlodipine.
Lab Results: Attached.
Radiographs: extremely gas distended colon, hard stool in pelvic inlet, spondylosis SI, stomach empty, kidneys/ liver nsf, heart/ lungs nsf.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 was present. Anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was present. Pyelectasia in the left kidney measured 0.18 cm. The left kidney measured 3.11 cm. The right kidney measured 3.53 cm. A cortical infarct was noted at the cranial pole of the left kidney. Slight pinpoint mineralizations were noted.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable.

Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.36 cm.

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** itself was unremarkable. The small intestine was slightly thickened without loss of mural detail and empty lumen. The descending colon was particularly thickened with concentric wall thickening entering into the pelvis. The colonic wall measured 0.5 cm.

Pancreas

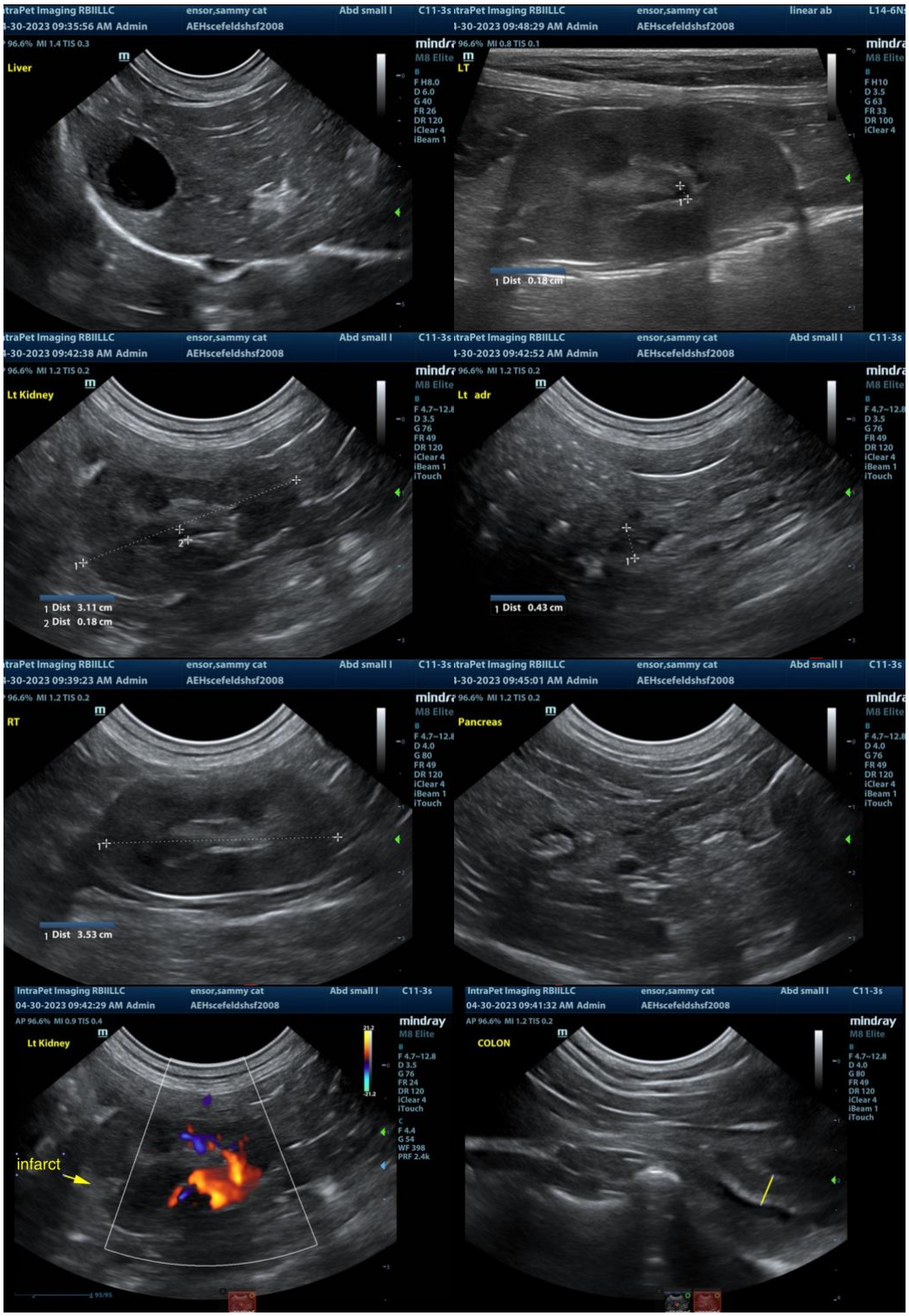
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Colonic thickening/colitis pattern- emerging colonic neoplasia is possible
- Slightly thickened small intestine without loss of mural detail
- Age-related renal changes with pinpoint mineralizations, slight pyelectasia and left kidney cortical infarct
- Age-related pancreatic changes, possibility of low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for colitis and coverage for enterotoxins and parasitic disease is warranted. However, cytology with colonic scraping or colonoscopy would be ideal in this patient. I recommend a fresh fecal smear and fecal floatation analysis. The remainder of the abdomen is largely expected for this age and breed.



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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