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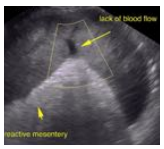
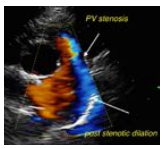
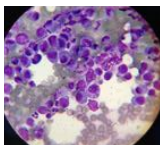
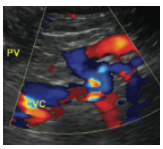

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1-800-838-4268 info@sonopath.com

PATIENT
Gypsy O'Brien

SPECIES
Feline

BREED
Domestic Shorthair/Tonkinese

SEX
Spayed female

AGE
14 years

WEIGHT
12.8 lbs

INTERPRETED BY
Jessica Midence

IMAGING PERFORMED BY
Marco Litchfield/Dr. Ammeraal

HOSPITAL NAME
Sova

REFERRING VET
Dr. Ammeraal

INVOICE
42105

DATE
1/12/23

PRESENTING CLINICAL SIGNS

History: Has had diarrhea on and off for about 3 months now since getting Clindamycin. No improvement with proviable, Z/D diet and Vitamin B- 12 injections. Rec US due to increased hepatic values and change in Eosinophil levels
Abnormal PE/Chem/CBC/UA Results: General exam normal ALT 594 U/L , Ca 11.0 mg/dL CBC Eosinophils 1003/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** trigone, and pelvic urethra presented normal thicknesses and mildly distended with urine. The bladder did have a moderate amount of suspended, echogenic debris within the lumen. This is consistent with lipid exfoliation from renal tubules. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** in this patient were at the upper limits of normal in size. The kidneys had a very subtle, irregular contour of the left cortex. The left kidney had one cortical cyst. Overall the corticomedullary distinction was normal. There was no pyelectasia. These changes are consistent with very early degenerative changes. This is considered normal for the age of the patient. The right kidney measured 4.59 cm and the left kidney measured 4.79 cm.

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 0.46 cm at the caudal pole and the right adrenal gland measured 0.35 cm.

Spleen

The **spleen** measured normal at 0.6 cm and had normal parenchyma with an undulating capsule. The splenic echotexture is homogenous with parenchyma that was hypoechoic to the liver and renal cortical parenchyma, which is considered normal in cats. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The **liver** was subtly hypoechoic, which is likely an inflammatory change, but was otherwise not remarkable and has normal portal markings. There was no overt evidence of infiltrative or regenerative pathology is evident. The visible portions of the vasculature and the biliary tract appeared normal. No pathologic hepatic lymphadenopathy is observed. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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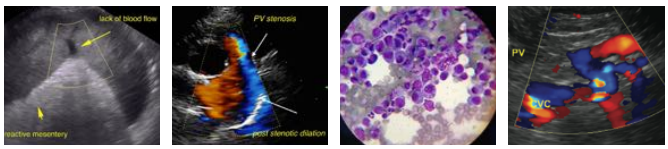

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The gastric lumen is empty. The visualized areas of duodenum and jejunum appeared normal in thickness. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions are observed. The ileocecocolic junction was visualized and mild blurring of wall layering. However, the overall thickness was normal at 0.25 cm. The surrounding ileocecocolic lymph nodes were prominent and hypoechoic. The largest measured 1.2 cm long x 0.5 cm thick. Sections of the colon are visualized with incompletely formed feces throughout. The colonic wall measures normal at 0.15 cm. There is no observed focal or generalized colon wall thickening or loss of layering.

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 omentum is of normal, uniform echogenicity.

Heart

Evaluation of the peritoneal cavity did not reveal any evidence of effusion or subjective lymphadenopathy except at the ileocolic junction. There was no evidence of caudal aortic thrombus at the bifurcation.

ULTRASONOGRAPHIC FINDINGS

Primary findings

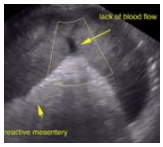
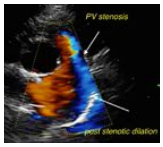
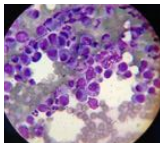
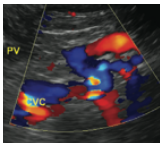
- Mild enteritis of the ileum with reactive lymphadenopathy and diarrhea.
- Hypoechoic liver. The diffuse hepatic changes are non-specific, but are most consistent with a reactive hepatopathy (e.g. secondary to intestinal inflammation) or inflammatory cholangitis/hepatitis. Infiltrative neoplasia or other hepatopathy are considered unlikely, but cannot be excluded.

Secondary findings

- Early degenerative changes to the kidneys are considered normal for this patient's age. Upper limits of normal renal size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the abdomen are considered to be reactive/inflammatory; however, early small cell lymphoma would be a consideration (particularly if there is weight loss). Consider switching to a higher fiber diet (e.g. Hill's W/D or Royal Canin fiber response or intestinal specific diet e.g. Hill's GI biome),

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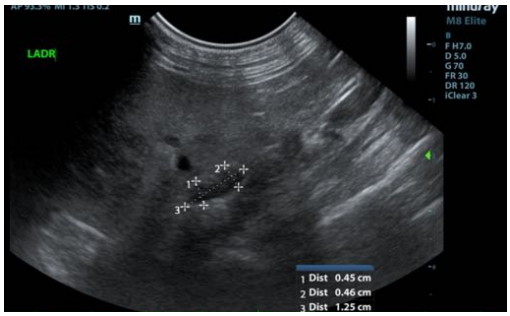
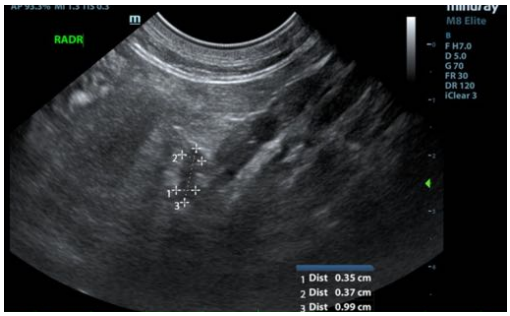
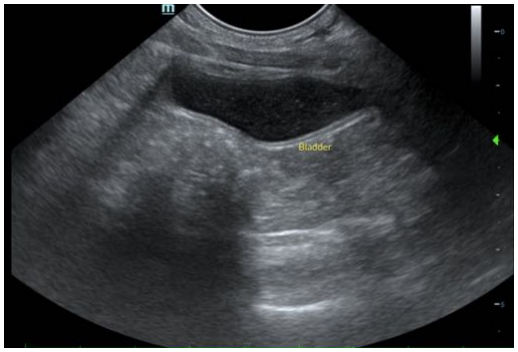
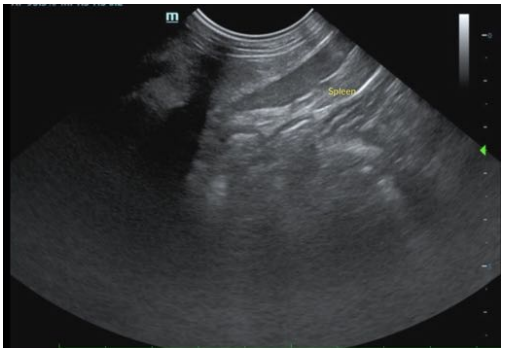
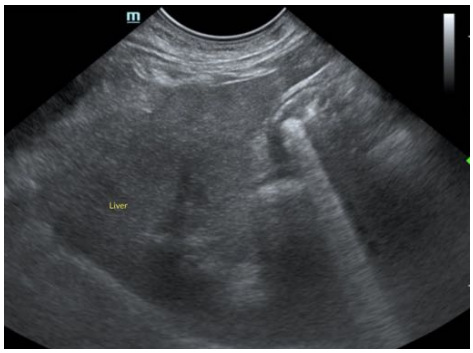
consider broad spectrum deworming with Fenbendazole given the eosinophilia. Metronidazole or Tylan powder for antibiotic responsive diarrhea or consider referral for endoscopy (versus empirical steroids).

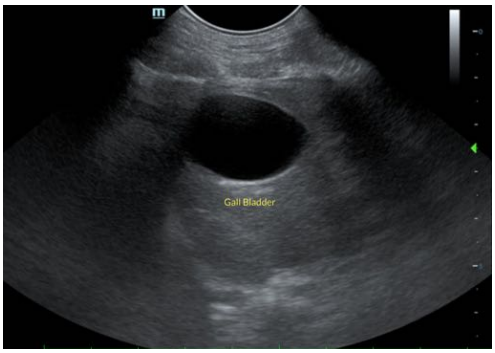


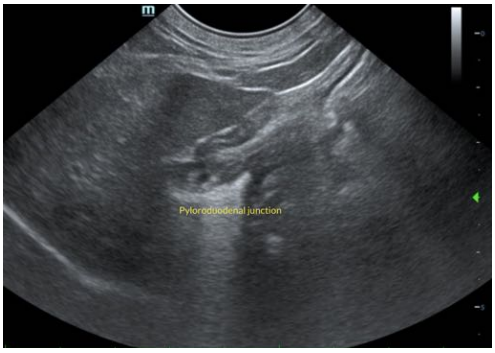


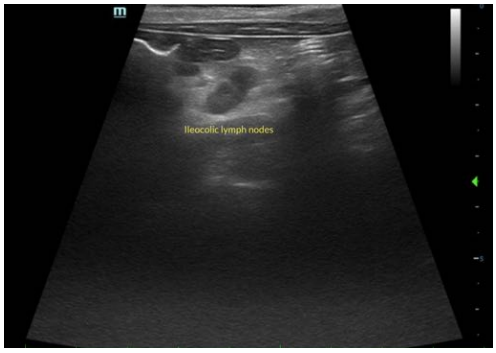












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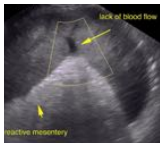
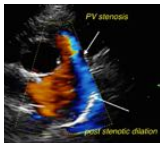
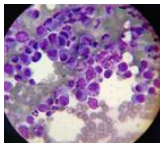
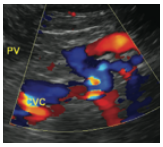

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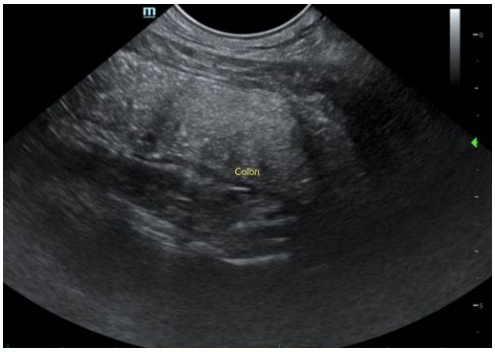

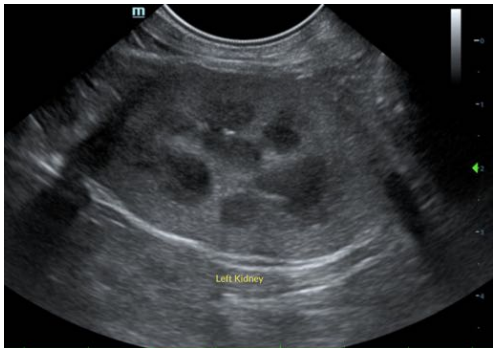

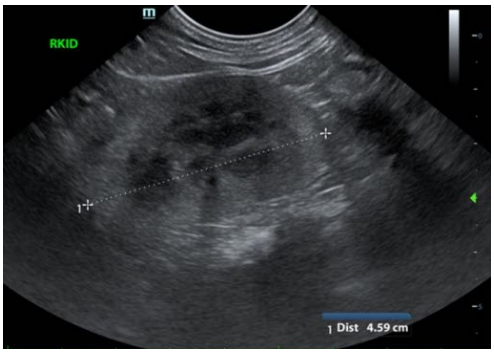

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Jessica Midence
info@SonoPath.com