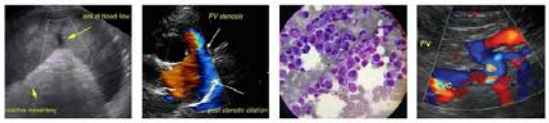
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Pinkie Sammies Friends

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.4 Poudns

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens

REFERRING VET

Dr. Robin Janeway

INVOICE

34109

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Patient diagnosed with cardiac murmur and arrhythmia on 12/02/21. Patient was asymptomatic at the time, but over the past week has had intermittent episodes of pupillary dilation OU and appears to be blind. Once pupils normalize, per foster, he is visual. No changes in mentation noted. Patient also has had chronic soft stools that are malodorous. Recent BW for 12/06/21: Glu 204, Na/K 31, Neut 11570, lympho 910, trace proteinuria. ECG report for 12/06/21: ECG AND CLINICAL ASSESSMENT: HEART RATE AND RHYTHM: Heart Rate: 163 bpm Rhythm: Sinus with a single APC and single VPC ECG AND CLINICAL ASSESSMENT: A supraventricular arrhythmia is noted. Supraventricular arrhythmias are most commonly associated with cardiac conditions that cause atrial enlargement; however, they can also be identified in patients with metabolic disease, wide variations in autonomic tone, congenital conduction system abnormalities, and possibly intra-abdominal disease. Radiographic Findings on 12/06/21: Radiographic Findings Three images of pinkie are available for evaluation. The cardiovascular structures are unremarkable. The lung is adequately inflated and a mild bronchial pattern is seen diffusely throughout the lung. The right middle lung lobe is atalectic and opacified. The trachea and esophagus are unremarkable. No thoracic lymph nodes are enlarged and no pleural abnormalities are seen. Conclusion Evidence of mild chronic bronchitis/asthma. The atelectasis of the right middle lung lobe is likely a secondary sequela to chronic airway disease and may be a permanent change, associated with bronchial obstruction and fibrosis. Craig Long, DVM, DACVR Average systolic BM on 01/04/22: 126 Hgmm Reason for Ultrasound: Evaluation of cardiac function given murmur/arr; Evaluation of GI tract given chronic soft stools.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.6 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

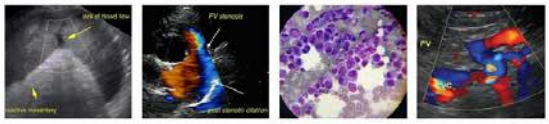
The right kidney has a normal shape and size (3.8 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Pinkie Sammies Friends

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.4 Poudns

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens

REFERRING VET

Dr. Robin Janeway

INVOICE

34109

DATE

1/12/22

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

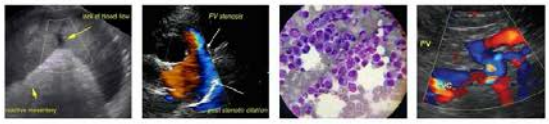
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. Prominent pancreatic duct noted at 0.21 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are small clusteres of prominent mesenteric lymph nodes visualized, measuring 0.54, 0.29, 0.31 cm. Other random lymph nodes in the abdomen measured 0.44 and 0.43 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is



PATIENT

Pinkie Sammies Friends

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.4 Poudns

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens

REFERRING VET

Dr. Robin Janeway

INVOICE

34109

DATE

1/12/22

considered less likely.

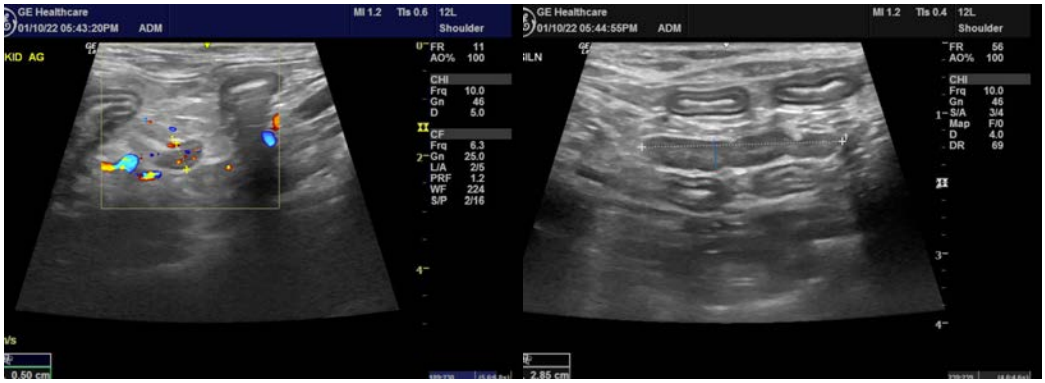
SECONDARY FINDINGS

- Mildly decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

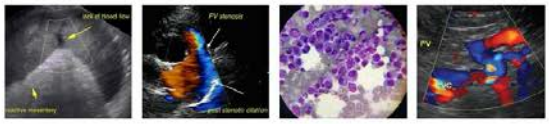
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal lesions were visualized associated with the GI tract. Some prominent lymph nodes were observed in addition to a prominent muscularis layer. This can be seen with dietary sensitivities, IBD, and less likely intestinal neoplasia.

- Consider an novel protein/hydrolyzed protein prescription diet.
- Consider probiotic therapy.
- Recommend a GI panel to Texas A&M for a quantitative fPLI, TLI, cobalamin and folate to further evaluate the pancreatic changes observed in the small intestine.
- Recommend symptomatic therapy for enteritis/diarrhea/pancreatitis (probiotics, nausea medications, etc.).
- If symptoms persist and patient is progressing despite a dietary change, then consider obtaining GI biopsies and sampling the mesenteric lymph nodes.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Pinkie Sammies Friends

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.4 Poudns

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens

REFERRING VET

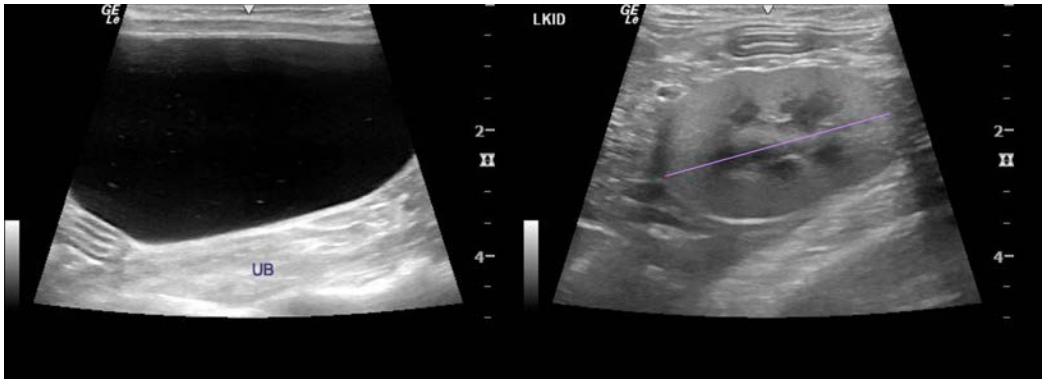
Dr. Robin Janeway

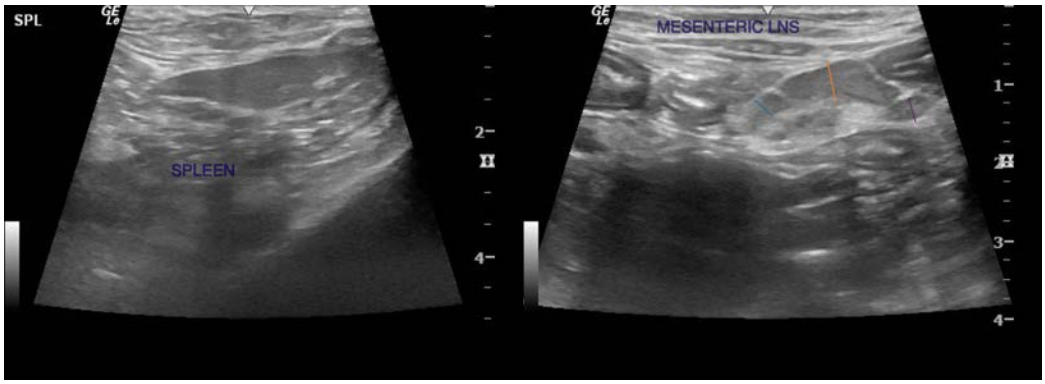
INVOICE

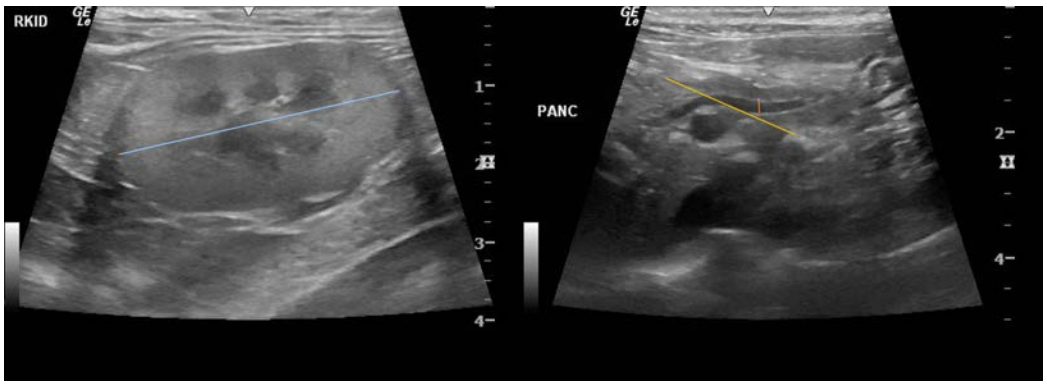
34109

DATE

1/12/22







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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com