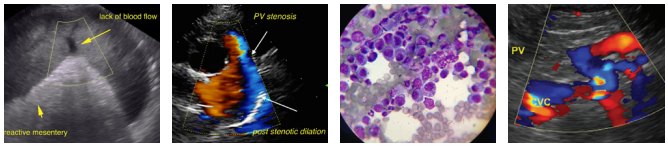
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ava Charlton

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

36901

DATE

4/14/22

PRESENTING CLINICAL SIGNS

Adopted from Oregon humane society 1 year ago; started devoping diarrhea 2 months after adoption. Diarrhea has continued intermittently since then. Fecal floats have been negative; has been dewormed multiple times. Baseline BW has been WNL. Slightly improved but persistent soft serve stool on ultamino diet. Prior diets (Hills GI biome, I/D) have improved things short term but did not resolve. No response to metronidazole, pre/probiotics
Abnormal PE/Chem/CBC/UA Results: NSF on PE Maldigestion profile: WNL (cobalamin >1000, folate WNL @ 10.6; TLI WNL @ 25.7) Fecal pathogens profile positive for coronavirus, otherwise WNL Patient now painful when defecating w/ fresh blood noted; passing small amounts of semi - formed stool. Did vomit once w/ hairball and fresh blood in it 3/22, otherwise no hx of vomiting. May have poor appetite intermittently but no weight loss noted Lateral thoracic/abdominal radiograph taken today; NSF

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 (3.95 cm). Overall echogenicity is normal with adequate 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 (4.05 cm). Overall echogenicity is normal with adequate 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 0.28 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.

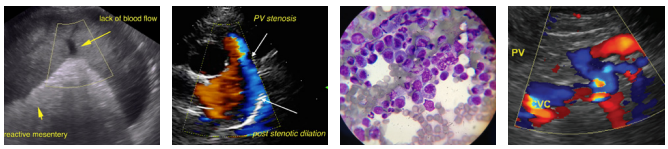
The right adrenal gland is normal in size measuring 0.25 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.



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

PATIENT

Ava Charlton

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

36901

DATE

4/14/22

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The area of the ileocecal junction is visualized and appears relatively normal. The distal colon appears relatively normal at 0.17 cm. Proximal to the distal colon, there is focal thickening of the colon wall measuring 0.43 cm.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. 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 occasional prominent mesenteric lymph nodes visualized at 0.27 cm and 0.29 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

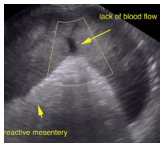
- Thickened colon wall – Findings could be consistent with inflammation, infection, or underlying neoplasia change (less likely).
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

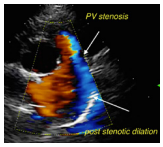
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

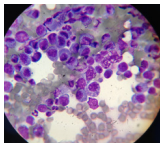
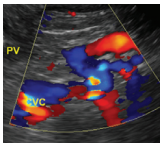
No focal mass lesions are visualized within the abdomen. The colon does appear thickened with a more normal colon distally. This is non-specific change, which could be consistent with chronic inflammatory changes due to infection, food allergy, IBD, underlying neoplasia, etc. Diagnostically, there is not a lot more that can be done other than a colonoscopy to obtain GI biopsies, or evaluation for tritrichomonas if this has not already been done. Therapeutically, an alternate diet trial or alternate probiotic therapy regiment could be considered, as response can be different amongst individuals to different produces.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Ava Charlton

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

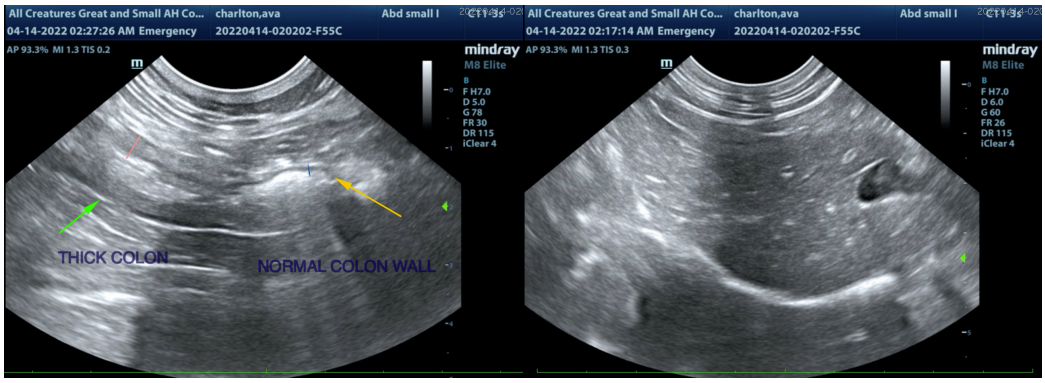
Dr. Justin Vaughn

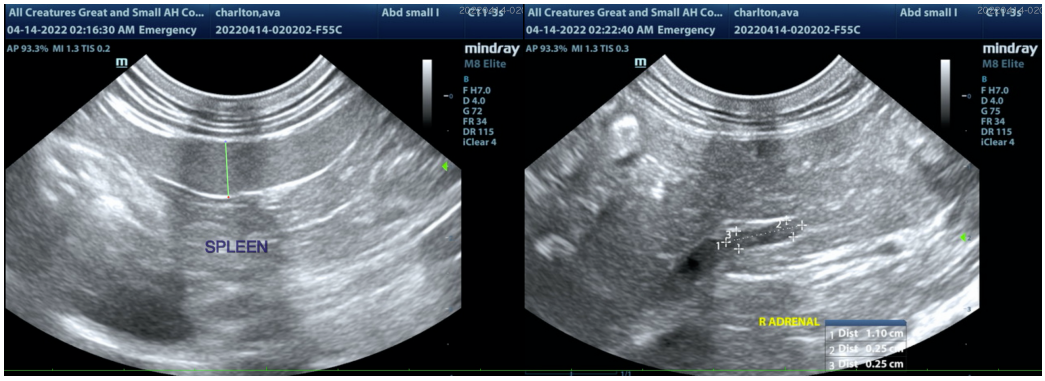
INVOICE

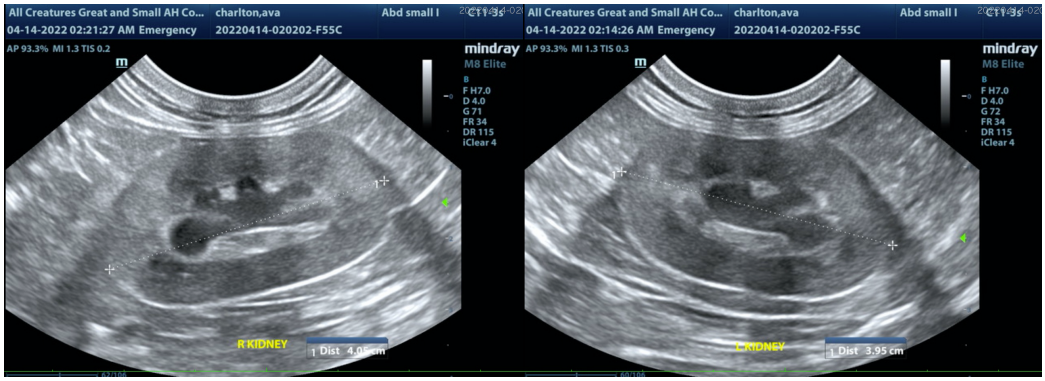
36901

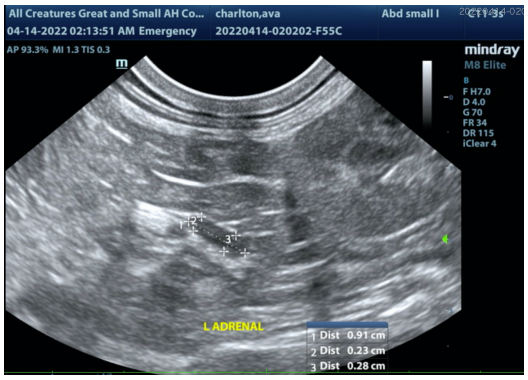
DATE

4/14/22

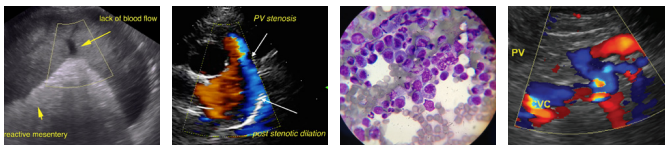








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ava Charlton

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

36901

DATE

4/14/22

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.

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

kathleen.sennello@sonopath.com