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| PATIENT | PRESENTING CLINICAL SIGNS |
| Diva Arroyo Rivera | History: Presented a referral for an abdominal ultrasound to evaluate anorexia. Pt has been lethargic since Saturday 6/18. Not interested in her usual treats, not eating food or drinking water. Pt appears to be discomfort whenever carried from abdomen. No V/D. Indoor/ Outdoor. Eat Science diet. Topical flea/tick preventives. Vxs not up to date. |
| SPECIES | PE: W: 6.4# BAR Fecal: Neg 3Dx: neg all CBC: HCT: 28.3 (30-52) Hemog: 9.1 (9.8-16) Platelets: 150 (151-600) Chem: Glu 173 (71-159) rest is wnl Rads: noticed a radiopacity on cranial abdomen. R/O abdomen mass, splenic |
| Feline | |
| BREED | |
| Domestic Shorthair | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| | Urinary System |
| SEX | The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small to moderate amount of free floating sediment, as well as aggregates of sediment, is present. There is no evidence of cystoliths, polyps or a mass. |
| Spayed Female | |
| AGE | |
| 14 years | Kidneys |
| WEIGHT | The left kidney measures 4.00 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. |
| 6.4 lbs | The right kidney measures 4.08 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. |
| INTERPRETED BY | Aortic bifurcation/trifurcation |
| Lisa Carioto, DVM, DVSc, Diplomate ACVIM | No abnormalities observed. |
| IMAGING PERFORMED BY | Adrenal Glands |
| Dr. Ferrer | The left adrenal gland measures 0.32 cm at the cranial pole, 0.28 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable. |
| HOSPITAL NAME | The right adrenal gland measures 0.30 cm at the cranial pole, 0.24 cm at the caudal pole. The cranial pole is mildly "plump" and nodular. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable. |
| Paseos VC | |
| REFERRING VET | |
| Dr. Julia | |
| INVOICE | Spleen |
| 31176 | The spleen is within normal limits in size 9.6 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. |
| DATE | |
| 6/22/22 | |



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| PATIENT | Liver |
| Diva Arroyo Rivera | Mild hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or with radiographs. The liver's borders are smooth, but mildly rounded. It is within normal limits in echogenicity. A diffuse, mildly coarse or granular echotexture is observed. The walls of the hepatic vessels are hyperechoic, which is suggestive of deposition of fat, mineralization, inflammation and/or fibrosis.. |
| SPECIES | |
| Feline | |
| BREED | |
| Domestic Shorthair | The gallbladder wall is within normal limits in thickness but mildly hyperechoic. A small to moderate amount of free floating, gravity-dependent and inspissated echogenic material is present within the GB. The cystic wall is very mildly dilated (4.2 mm), and the parenchyma surrounding the cystic duct is hyperechoic. The common bile duct cannot be followed fully due to gas in the surrounding gastrointestinal tract. There are no signs of an obstruction. |
| SEX | |
| Spayed Female | Gastrointestinal |
| AGE | |
| 14 years | Gas and ingesta are present in the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined, however, the submucosa is considered prominent. Decreased peristalsis is suspected. |
| WEIGHT | |
| 6.4 lbs | The small intestinal wall thickness is within normal limits or at the high end of normal. Although definition of the wall layers is preserved, the submucosa of the duodenum and the small intestines is mildly prominent. No abnormalities are observed with the ileo-cecal-colic junction. |
| INTERPRETED BY | |
| Lisa Carioto, DVM, DVSc, Diplomate ACVIM | Pancreas |
| IMAGING PERFORMED BY | |
| Dr. Ferrer | The right and left limbs are not enlarged, but mildly hypoechoic. Its contours are smooth. The surrounding mesenteric fat is very mildly hyperechoic in the region of the right limb, but not the left. The left limb is mildly coarse, with hypoechoic nodules of variable size, suggestive of nodular hyperplasia. Overt signs of neoplasia are not noted. |
| HOSPITAL NAME | Other |
| Paseos VC | Lymph nodes |
| REFERRING VET | |
| Dr. Julia | The mesenteric LNs are mildly prominent, but remain within normal limits in size. |
| INVOICE | |
| 31176 | Left medial iliac LN: Mildly plump, but within normal limits in echotexture (0.36 cm in diameter x 1.21 cm in length). A hypoechoic nodule is noted, 0.10 cm in diameter x 0.20 cm in length. |
| DATE | |
| 6/22/22 | Abdominal effusion is not visualized. |



| PATIENT | ULTRASONOGRAPHIC FINDINGS |
|--|--|
| Diva Arroyo Rivera | <ul style="list-style-type: none"> • Liver: A reactive hepatopathy could explain the echotexture. Increased portal markings may occur due to inflammation, deposition of fat, mineralization, and/or fibrosis. Cholestasis and cholangitis/cholangiohepatitis are suspected, as well as cholecystitis. • Gallbladder: Cholecystitis is suspected; a suppurative form cannot be excluded. • Pancreas: Although overt signs of pancreatitis are not observed, there are changes suggestive of mild inflammation. Therefore, a smoldering pancreatitis must be considered. Age-related changes, most consistent with nodular hyperplasia, are noted. • Gastrointestinal tract and Lymph nodes: A delay in gastric emptying is suspected if Diva was fasted for the ultrasound. Subtle changes are present, which may be suggestive of underlying inflammation, for example, inflammatory bowel disease. Mild ileus is present, which may occur secondary to cholangitis/cholangiohepatitis, cholecystitis and pancreatitis. The lymph nodes are mildly prominent, which may be suggestive of reactive hyperplasia. Overt signs of neoplasia are not evident. • Note, "triaditis" cannot be excluded. • Urinary bladder: The free floating sediment within the lumen of the urinary bladder is most likely composed of mucus, crystalline material and exfoliated cells. The debris is likely clinically insignificant given the lack of inflammatory changes to the bladder wall, however, findings should be correlated with clinical signs and a urinalysis. • Adrenal gland: The mildly "plump" and nodular cranial pole of the right gland is suggestive of a benign adenoma, a lipoma or nodular hyperplasia. Obvious signs of neoplasia are not noted. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable. |
| SPECIES | |
| Feline | |
| BREED | |
| Domestic Shorthair | |
| SEX | |
| Spayed Female | |
| AGE | |
| 14 years | |
| WEIGHT | |
| 6.4 lbs | |
| INTERPRETED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Lisa Carioto, DVM, DVSc, Diplomate ACVIM | <p>Fine needle aspirates of the liver may be considered, as well as culture of the bile. However, empirical therapy and assessment of Diva's response to treatment may be pursued initially.</p> <p>Urinalysis, if not already performed</p> <p>Treatment for pancreatitis, most importantly, analgesia, such as buprenorphine (0.005-0.01 mg/kg, sublingually, every 8-12 hours) with or without gabapentin. Continue for 3-4 weeks, or longer, as needed.</p> <p>Spec fPL, cobalamin and folate</p> <p>+/- Supplementation with vitamin B12</p> <p>Cholestasis, cholangitis/cholangiohepatitis cannot be excluded, despite the absence of abnormalities with liver enzyme activities on blood work. Secondary ascending bacterial infections are common. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic.</p> <p>To avoid oral antibiotics due to Diva's anorexia, an injection of cefovecin (Convenia) may be tried (not ideal, but it avoids the GI tract). Discussion with the client that this is not necessarily an ideal drug is</p> |
| IMAGING PERFORMED BY | INVOICE |
| Dr. Ferrer | 31176 |
| HOSPITAL NAME | DATE |
| Paseos VC | 6/22/22 |
| REFERRING VET | |
| Dr. Julia | |



PATIENT

Diva Arroyo Rivera

suggested, however. If an improvement is observed, at least 2 additional doses are recommended 10-12 days apart.

+/- Subcutaneous fluids

SPECIES

Feline

Small, frequent meals are recommended

Once feeling better (in a few weeks), deworming with a broad spectrum dewormer, such as fenbendazole

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

6.4 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

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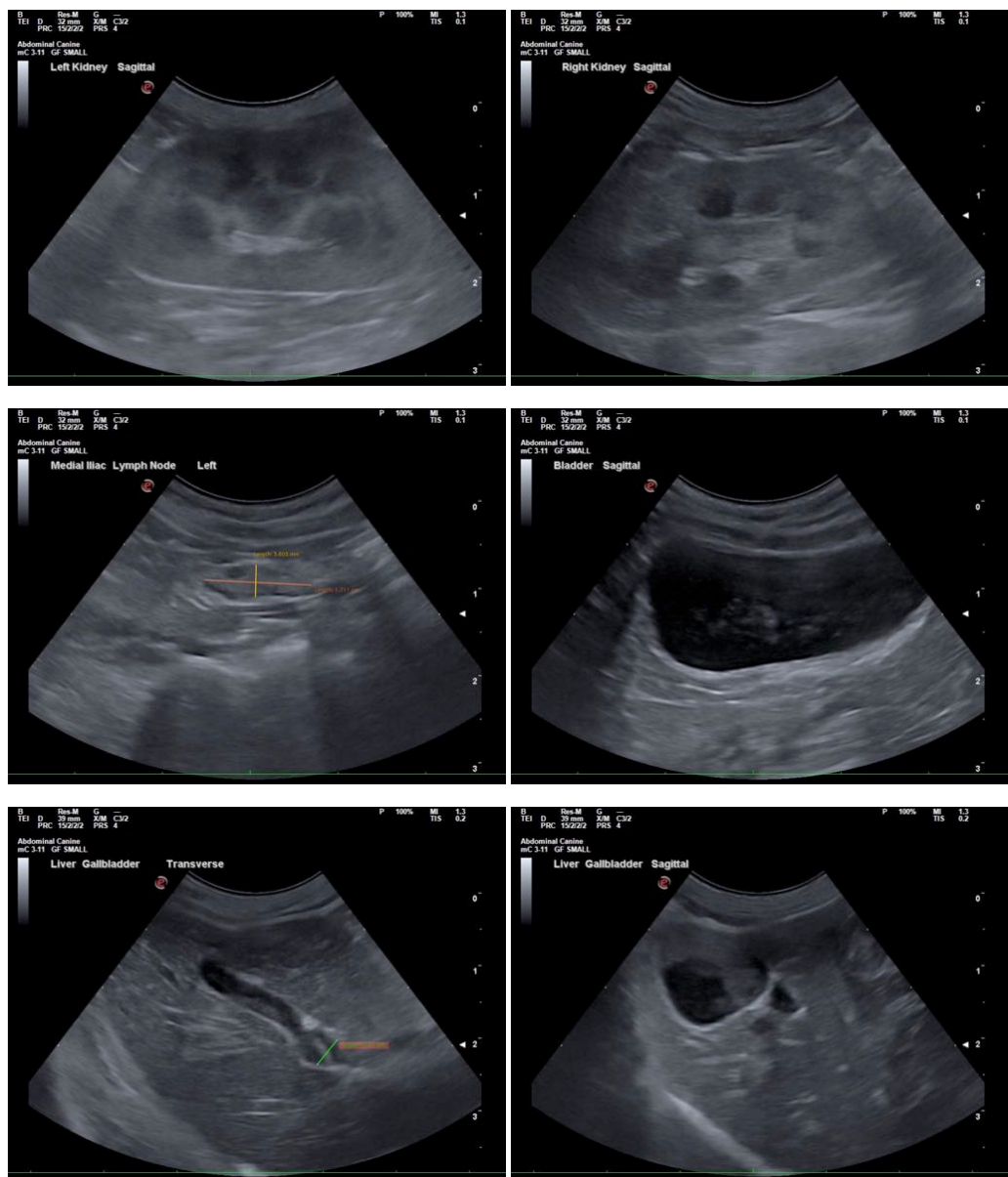
Dr. Julia

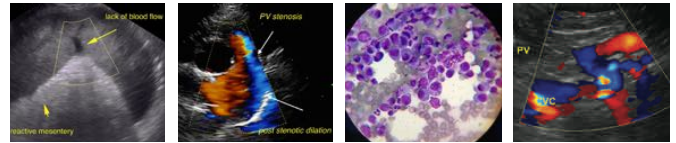
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PATIENT

Diva Arroyo Rivera

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

6.4 lbs

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ACVIM

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

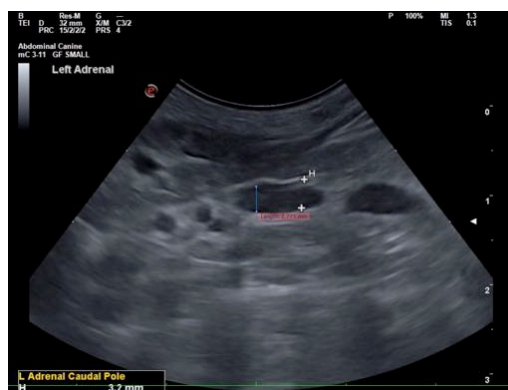
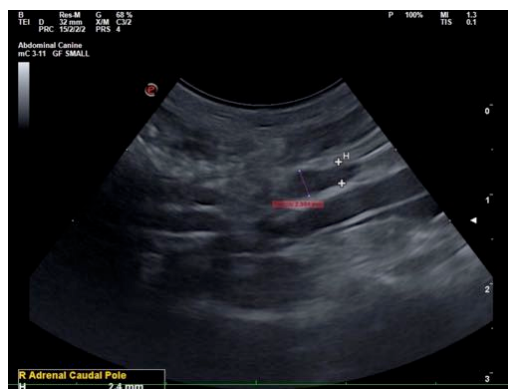
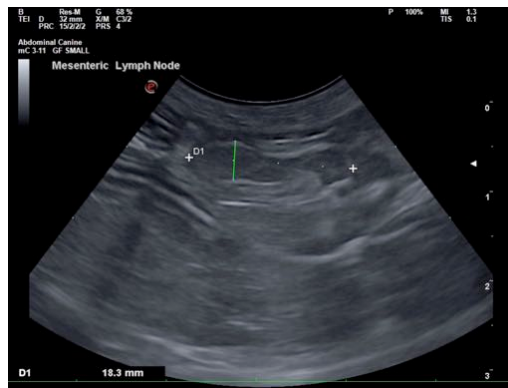
Dr. Julia

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com