



PATIENT	PRESENTING CLINICAL SIGNS
Angel Skylar	16 yo FS DSH presented for recheck AUS (last done in May due to vomiting and weight loss). Blood work overall nsf, creatinine 1.7-early Iris stage 2 CKD.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.
DSH	Kidneys
SEX	The left kidney measures 3.41 cm (3.80-4.40 cm). The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. There are no signs of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.
Spayed Female	The right kidney measures 3.52 cm (3.80-4.40 cm). Findings are similar to the left kidney.
AGE	Aortic bifurcation/trifurcation No abnormalities observed.
16 Years	Adrenal Glands
WEIGHT	The left adrenal gland measures 0.33 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
7.38 Pounds	The right adrenal gland is not visualized, however, no obvious abnormalities are observed in the surrounding region where it should be located or the associated vasculature.
INTERPRETED BY	Spleen
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The spleen is within normal limits in size 9.8 mm (normal = 10 mm) and echogenicity, however a very subtle, diffuse, miliary echotexture is observed. The echotexture is stable compared to Angel's previous ultrasound in May. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
IMAGING PERFORMED BY	Liver
Dr. Elaina Petrone	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. Two well circumscribed, hypoechoic nodules are noted. The first measures 0.41 cm in diameter x 0.39 cm in length and the second, 0.37 cm in diameter x 0.46 cm in length. The original nodule corresponds with the former. No other focal lesions are observed. No abnormalities are visualized with the hepatic vessels.
HOSPITAL NAME	The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
Long Branch AH	Gastrointestinal
REFERRING VET	A small amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
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PATIENT	Duodenum: wall thickness is mildly increased at 0.30 cm. The definition of the wall layers is conserved, however, fogging of the mucosa is noted.
Angel Skylar	
SPECIES	Jejunum: Wall thickness varies between within normal limits to mildly thickened. Although the definition of the wall layers is preserved, fogging of both the mucosa and muscularis layers is present and the muscularis layer is more prominent than usual.
Feline	The ileo-cecal-colic junction does not show any abnormalities.
BREED	A large amount of gas and small amount of ingesta are present in the transverse colon.
DSH	The colonic wall is not thickened and mural detail is considered normal. Gas and formed stools are present in the colon.
SEX	Pancreas
Spayed Female	The right limb is not enlarged, but hypoechoic with mildly irregular contours. Mild acoustic enhancement is observed, which is suggestive of active inflammation.
AGE	No overt abnormalities are observed with the size, shape, contours, echogenicity or echotexture of the left limb or body of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.
16 Years	Other
WEIGHT	Lymph nodes
7.38 Pounds	No abnormalities are observed, including those surrounding the ICCJ
INTERPRETED BY	Abdominal effusion is not visualized.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Pancreas: Fibrosis of the pancreas is suspected, however, a mild, smoldering pancreatitis cannot be excluded. • Gastrointestinal tract: subtle changes suggestive of inflammation are noted. These may be associated with a chronic enteropathy (i.e., inflammatory bowel disease, food intolerance, dysbiosis, etc.). Neoplasia is considered less likely, however, it can be difficult to differentiate the two diseases without performing tissue biopsies. • Liver: No abnormalities are observed other than the hypoechoic nodule, which is suggestive of nodular hyperplasia. The latter is a benign, age related change. • Gallbladder: A trivial amount of gallbladder sludge is present, which is most likely clinically insignificant. However, some individuals can suffer from secondary bacterial infections. Evaluation of Angel's history for signs of gastro-oesophageal reflux disease (GERD) is suggested. There are no obvious signs of cholecystitis. • Spleen: The miliary pattern is subtle and stable compared to Angel's original abdominal ultrasound. It may be normal for her, or it may be associated with splenitis, extramedullary hematopoiesis, or reactive hyperplasia. Obvious signs of neoplasia are not evident. • Kidneys: Age-related degenerative changes are suspected.
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PATIENT

Angel Skylar

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.38 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss has persisted, the following tests are suggested

Analgesia for visceral pain, such as buprenorphine (0.005-0.01 mg/kg sublingually every 8-12 hours) for a minimum of 7-10 days. Continue for 3-4 weeks if an improvement is noted; the dose and frequency may be weaned to the minimum effective dose during that time. Administer even if she does not appear painful.

+/- gabapentin

Diet trial (veterinary prescription brand hypoallergenic, i.e., ideally, a hydrolyzed diet)

Deworm (fenbendazole)

Obtaining a history regarding signs of gastroesophageal reflux disease (GERD), from the client is suggested.

If signs of GERD present, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h).

TLI, and folate, +/- spec fPL

cobalamin supplementation

Fine needle aspirates of the spleen

Biopsies of the GI tract if no improvements are observed with the above treatment suggestion.

INTERPRETED BY

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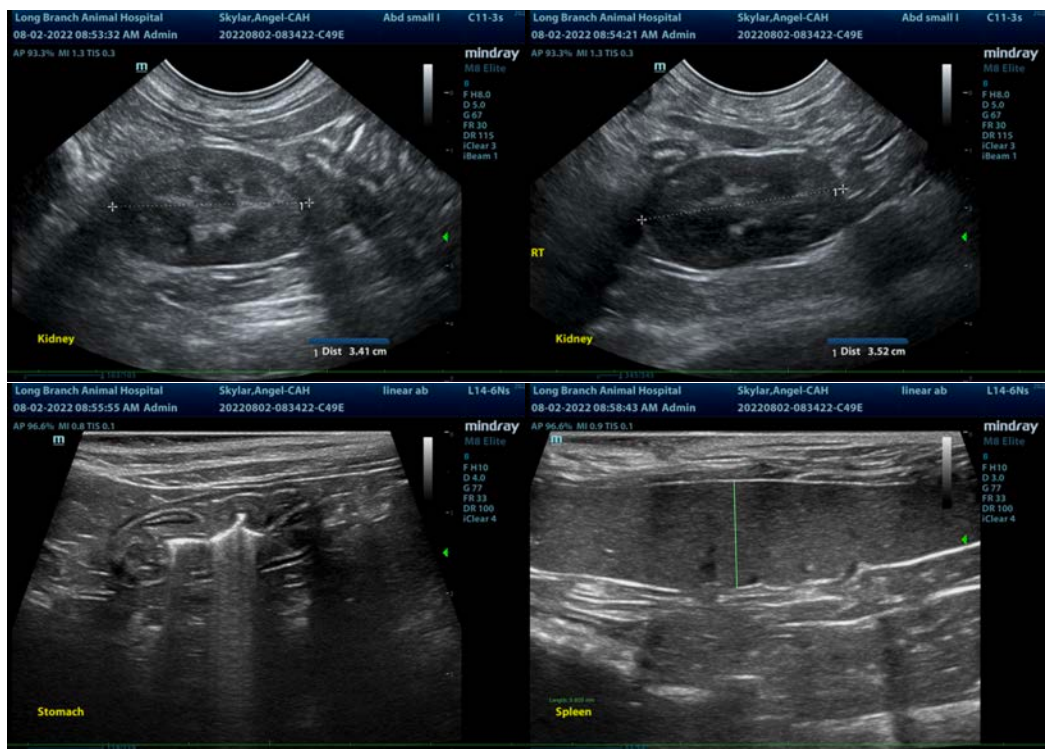
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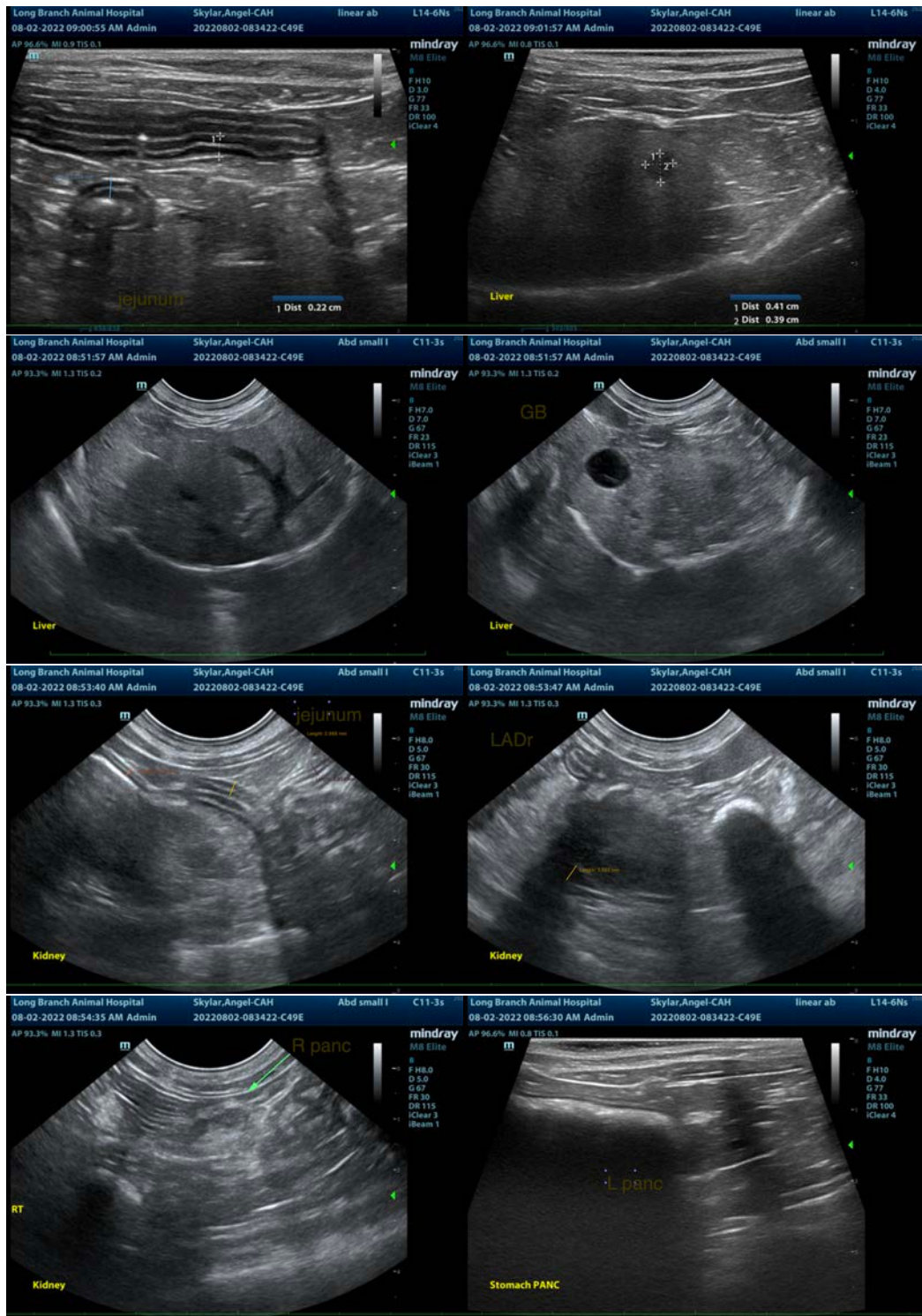
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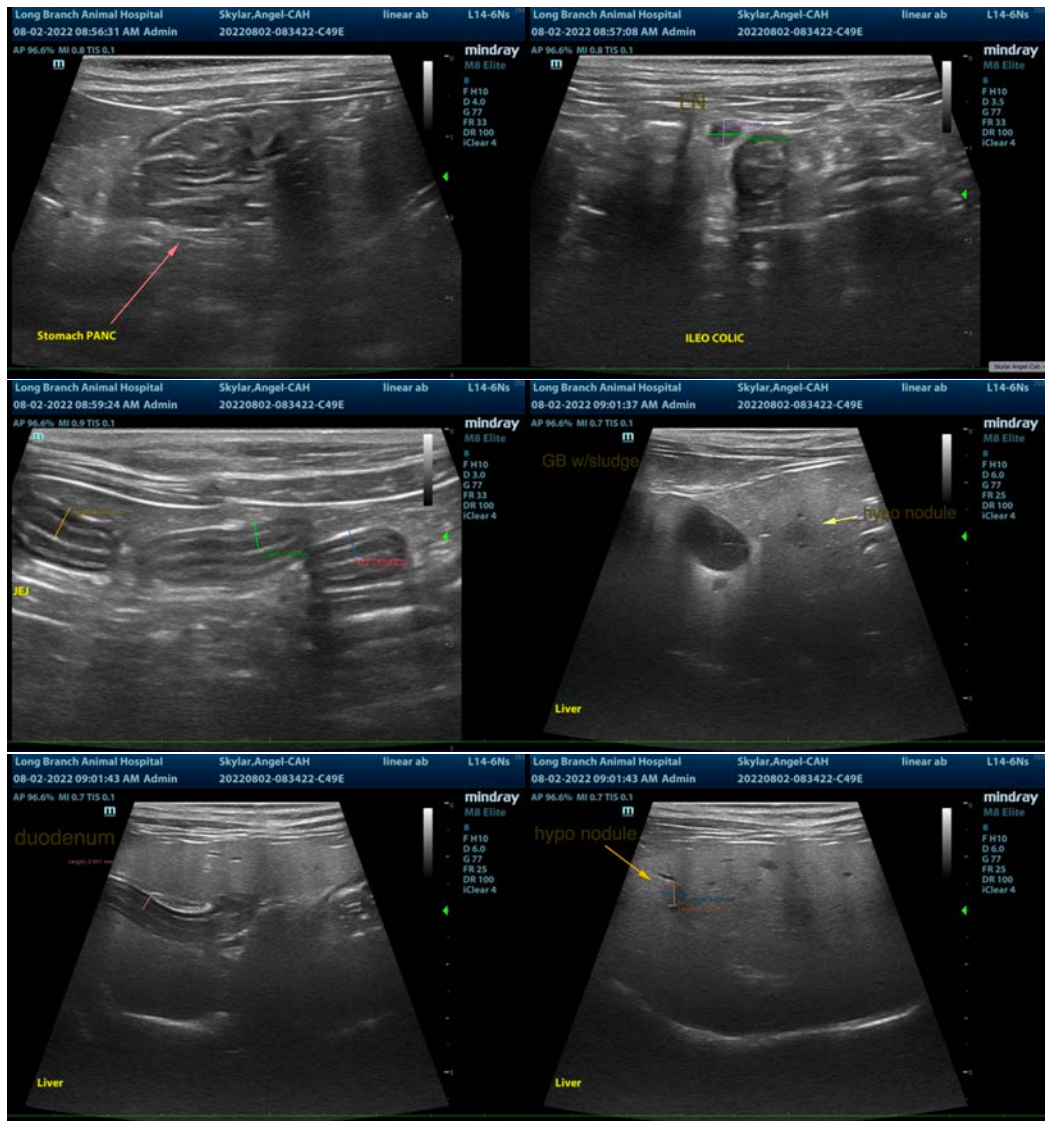
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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