

PATIENT	PRESENTING CLINICAL SIGNS
Sidney Miller	History: E.P.I controlled cat presents for weight loss, dark stools, irregular gas pattern on radiographs. Patient in-hosp today on IVFs, supportive care.
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. A trivial amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass. A small amount of anechoic effusion is observed caudoventral to the urinary bladder.
Domestic Shorthair	
SEX	Kidneys
Spayed Female	The left kidney measures 3.94 cm (3.80-4.40 cm). The capsule is smooth. The normal definition of the cortico-medullary junction is preserved. There are no signs of nephroliths or pyelectasia. Blood flow is within normal limits, and possibly mildly increased, i.e. hypertension cannot be excluded. The surrounding mesentery is not hyperechoic, however, a trivial amount of anechoic fluid is noted at the mesenteric border.
AGE	The right kidney measures 3.15 cm (3.80-4.40 cm); mildly decreased in size. The normal definition of the cortico-medullary junction is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
11 years	
WEIGHT	
4.7 lbs	
INTERPRETED BY	Aortic bifurcation/trifurcation
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	No abnormalities observed.
IMAGING PERFORMED BY	Adrenal Glands
Kelly Vazquez, CVT	The left adrenal gland measures 0.39 cm at the cranial pole, 0.27 cm at the caudal pole and 0.96 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. Cortico-medullary distinction is well preserved. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
HOSPITAL NAME	The right adrenal gland measures 0.46 cm at the cranial pole, 0.26 cm at the caudal pole and 0.96 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. A well-circumscribed, hyperechoic nodule is noted at the cranial pole. It does not cast a shadow. Differential diagnoses include fat, mineralization, nodular hyperplasia and fibrosis. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Brenda King Veterinary	
REFERRING VET	
Dr. King	
INVOICE	Spleen
30645	The spleen is within normal limits in size 9.3 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. The mesentery surrounding the ventral aspect of the spleen is hyperechoic.
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PATIENT	Liver
Sidney Miller	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is homogeneous. Subjectively, it is mildly hyperechoic. The portal vein is smaller than the caudal vena cava. The hepatic veins are not distended. Anechoic fluid is noted surrounding the liver and the small intestines.
SPECIES	
Feline	The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The cystic is dilated and tortuous. The common bile duct is not abnormally dilated, but is filled with echogenic material. The duodenal papilla is within normal limits. A small amount of anechoic fluid is present surrounding the cystic duct. An obvious sign of an obstruction is not evident.
BREED	
Domestic Shorthair	
SEX	Gastrointestinal
Spayed Female	A large amount of ingesta, food and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. Peristalsis is considered decreased.
AGE	
11 years	Severe thickening of the duodenum (0.36 mm) is present, in addition to severe fogging of the mucosa. Ingesta and fluid are present within the lumen.
WEIGHT	
4.7 lbs	The small intestinal wall thickness is within normal limits to mildly thickened. The definition of the wall layers is preserved. Ingesta filled bowel with poor peristalsis is present, i.e. a diffuse ileus with ineffective peristalsis is noted.
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The colonic wall is not thickened and mural detail is considered normal. Soft stools are present in the colon.
IMAGING PERFORMED BY	Pancreas
Kelly Vazquez, CVT	A proper evaluation of the pancreas is not possible due to the large amount of gas, ingesta and fluid in the surrounding gastrointestinal tract.
HOSPITAL NAME	Other
Brenda King Veterinary	Lymph nodes
REFERRING VET	No abnormalities are observed
Dr. King	Abdominal effusion
INVOICE	A small amount of anechoic effusion is observed caudoventral to the urinary bladder.
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DATE	
5/23/22	



PATIENT	ULTRASONOGRAPHIC FINDINGS
Sidney Miller	<ul style="list-style-type: none"> Gallbladder (GB) sludge and a tortuous cystic duct filled with sludge. Cholecystitis, including an ascending secondary bacterial infection, cannot be excluded. An obvious obstruction is not evident. Gastroesophageal reflux disease (GERD), may occur in some patients with GB sludge. Obtaining a history regarding signs of GERD from the client is suggested.
SPECIES	
Feline	<ul style="list-style-type: none"> Gastrointestinal inflammation, for example, inflammatory bowel disease (IBD), dysbiosis, and protein losing enteropathy, are suspected. Cobalamin deficiency may be contributing to Sidney's clinical signs. Furthermore, her exocrine pancreatic insufficiency (EPI) may not be as well controlled, particularly if underlying IBD is present. A decrease in gastric emptying and peristalsis are suspected if Sidney was fasted. Although there are no obvious sonographic signs of neoplasia, lymphoma cannot be excluded without performing biopsies.
BREED	
Domestic Shorthair	
SEX	
Spayed Female	<ul style="list-style-type: none"> A vacuolar hepatopathy, cholestasis, cholangitis/cholangiohepatitis, and cholecystitis are suspected. A suppurative component cannot be excluded. Hepatic lipidosis secondary to hyporexia may also be contributing to the hyperechogenicity.
AGE	
11 years	<ul style="list-style-type: none"> A well-circumscribed, hyperechoic nodule is noted at the cranial pole. It does not cast a shadow. Differential diagnoses include fat, mineralization, nodular hyperplasia and fibrosis. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
WEIGHT	
4.7 lbs	<ul style="list-style-type: none"> Although the architecture of Sidney's kidneys is well preserved, subjectively, hypertension cannot be excluded based on blood flow. Ascites is also present; it would be prudent to exclude protein losing nephropathy as a complicating factor if his albumin and globulins are within the normal reference range.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The following are recommended/suggested
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Arterial blood pressure measurement to exclude systemic hypertension Urinalysis to exclude a urinary tract infection If negative, a urine protein: creatinine ratio Deworming (fenbendazole) 50 mg/kg PO once a day for 3 days and repeat 3 weeks later Diet trial (veterinary prescription brand hypoallergenic, hydrolyzed or novel protein), but appetizing to prevent catabolism and sarcopenia. If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h) serum cobalamin, folate, +/- spec fPL supplementation with cobalamin (results should be mid-range) if the above test is cost prohibitive probiotic/prebiotic Differential diagnoses include cholecystitis, cholangitis/cholangiohepatitis, and secondary ascending bacterial infections. Although indiscriminate use of antibiotics is not recommended, once could consider broad-spectrum antibiotic for a minimum of 4 weeks, and possibly up to 6-8 weeks Endoscopy and biopsies of the upper <u>and</u> lower GI tract diet, if no response to deworming and diet trials Empirical treatment with corticosteroids possible, IF further diagnostics are not pursued, <i>following</i> administration of above treatments.
Kelly Vazquez, CVT	
HOSPITAL NAME	
Brenda King Veterinary	
REFERRING VET	
Dr. King	
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PATIENT

Sidney Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

4.7 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Brenda King
Veterinary

REFERRING VET

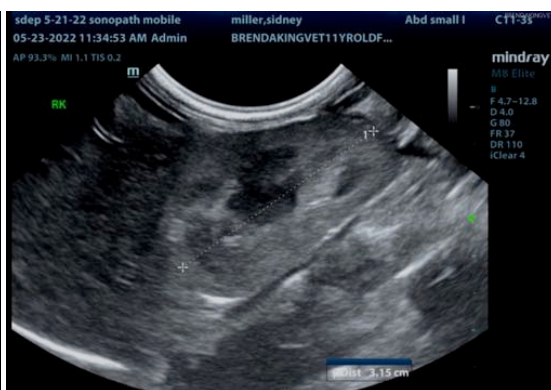
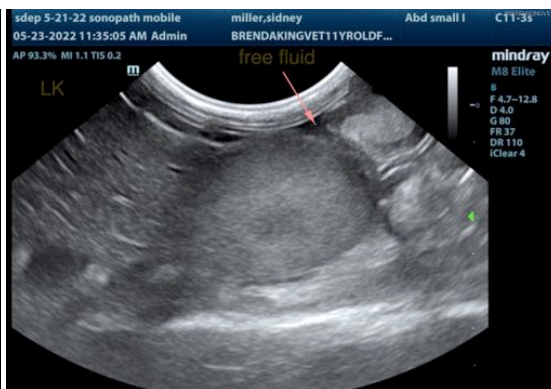
Dr. King

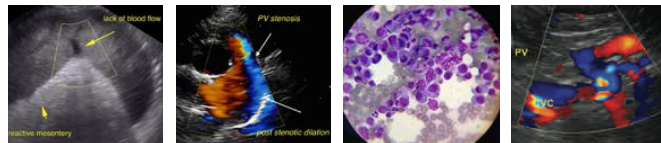
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PATIENT

Sidney Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

4.7 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Brenda King
Veterinary

REFERRING VET

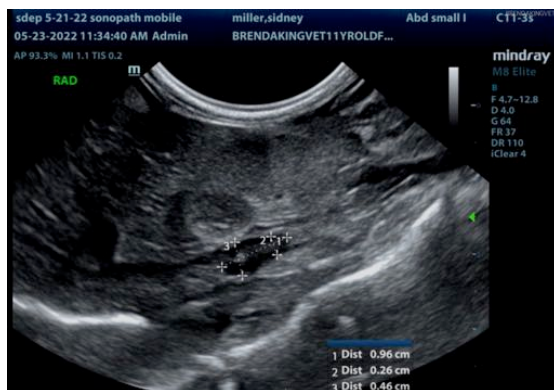
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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