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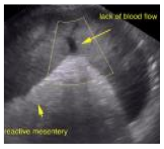
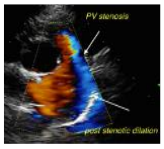
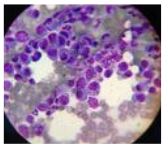
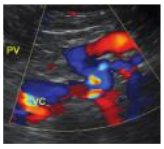

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1-800-838-4268 info@sonopath.com

PATIENT

Andy Mercado

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

12 years

WEIGHT

13 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Elmhurst Animal EH

REFERRING VET

Dr. Suciu

INVOICE

13637

DATE

1/26/22

PRESENTING CLINICAL SIGNS

12/18/21 P is vomiting for the last 4 days, hyporexia, low energy level, only in door, weight loss, BCS 5/9. 1/22/22 vomiting every day(Yellow liquid) poor appetite, didn't have a bowel movement in 10 days, PU/PD, loosing weight, QAR

Abnormal PE/Chem/CBC/UA Results: BCS 4.5/9, QAR, 7-8 % dehydrated, DDZ Gr2/3. BW: 12/18/2021 CBC: Unremarkable. Chem: Creatinine 1.9 High (0.8-1.8) ALT: 298 High (0-100) Epoc: Lactate 4.37 High (0.50-3.20) Creatinine 2.02 High (0.50-1.90) Glucose 240 High (63-133) UA: Not performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Non-dependent to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

No overt pathology in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.9 cm in width.

Liver/ Gallbladder

The liver presented increased in size. The liver exhibited mild generalized increased parenchyma echogenicity exhibiting mild to moderate coarse echotexture with potential for very discreet isoechoic nodules possible yet not definitive. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was normal in size with mild non-organized mineral with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

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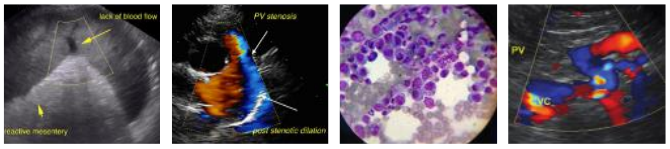

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained primarily anechoic fluid with mild non-shadowing ingesta/chyme in the gastric lumen was present. No overt foreign material or obvious mechanical pyloric outflow obstruction.

The duodenum was sonographically unremarkable, measuring 0.28 cm in wall width and without evidence of ileus. The jejunum exhibited segmental mild hypoechoic mural hypertrophy with loss of discernable wall layering as well as segmental areas of retained non-shadowing chyme. Areas of jejunal mural hypertrophy measured 0.32 cm wall width. The ileocolic junction was sonographically normal, measuring 0.35 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Multiple variably sized yet prominent colic to jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional hyperechoic perilymphatic mesentery was present. An example of lymph node size was 0.49 cm width.

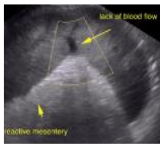
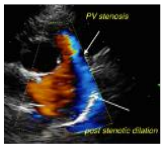
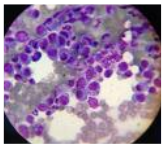
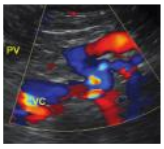
Small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Non-specific hepatomegaly exhibiting mild increased parenchyma echogenicity
- Enteropathy with segmental hypoechoic mural hypertrophy exhibiting loss of discernable wall layering, concurrent segmental inefficient peristalsis
- Associated hypoechoic to prominent colic to jejunocolic lymph nodes with associated perilymphatic hyperechoic mesentery
- Mild chronic renal changes
- Mild urinary bladder sediment
- Hypomotile stomach, exhibiting retained fluid and nonspecific ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, strong concern for hepatic round cell neoplasia, while potential for lipidosis or inflammatory hepatopathy possible. Concurrently, the small intestine may represent inflammatory versus neoplastic infiltrative enteropathy with areas of inefficient peristalsis. Coagulation panel and ultrasound guided FNA of the liver and lymph nodes recommended for further definition. Treatment for lipidosis, inflammatory hepatopathy and inflammatory enteropathy recommended in the meantime. If no evidence of hepatic neoplasia, full thickness intestinal and

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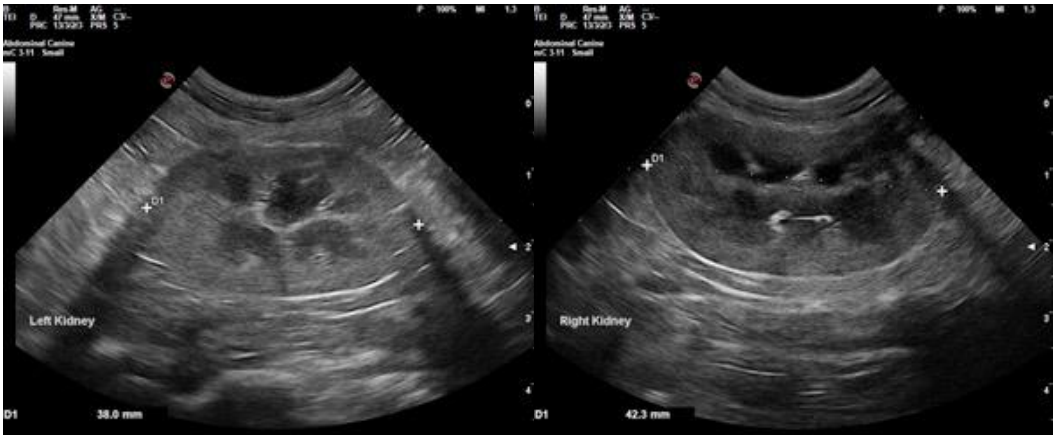
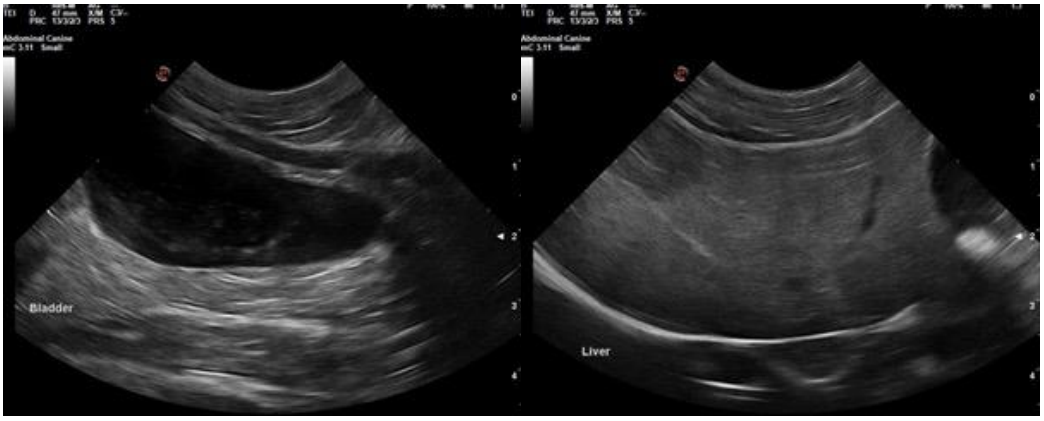
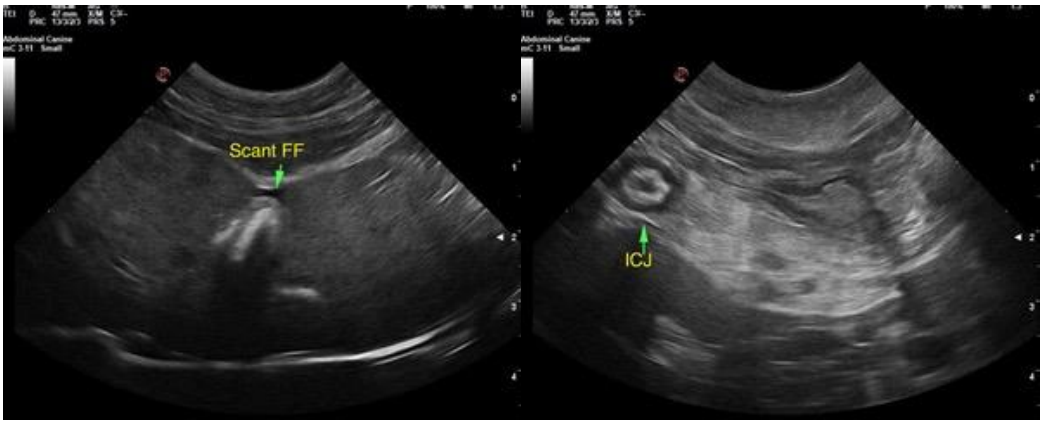
lymphatic biopsies would be required for a definitive diagnosis. Guarded prognosis pending cytology results.







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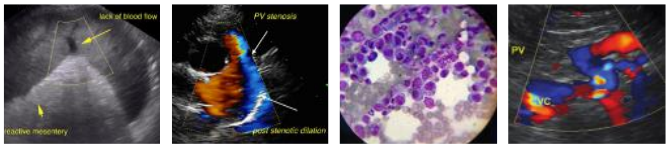

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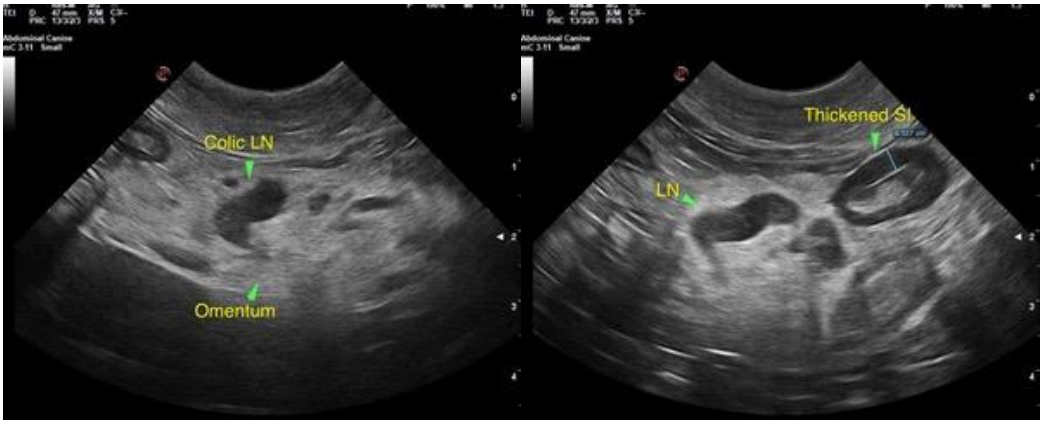

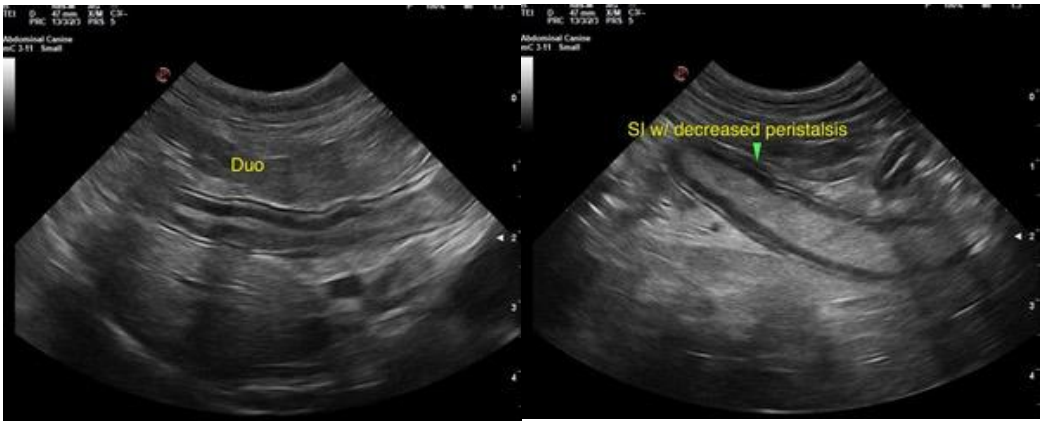

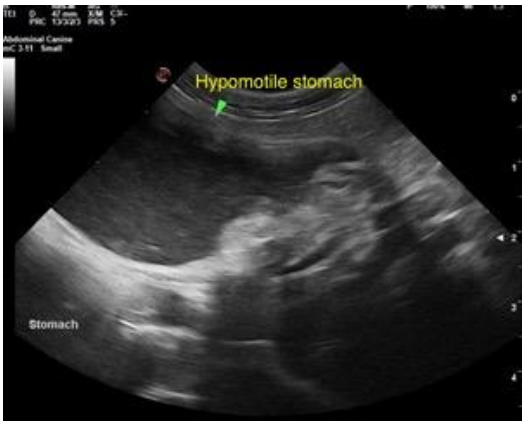

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com