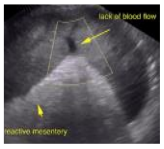

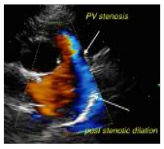

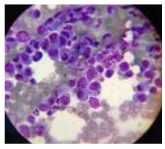
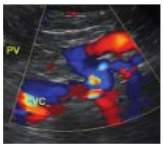

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1-800-838-4268 info@sonopath.com

PATIENT

Finn Bertroch

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

2 years

WEIGHT

8.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/Animal Emergency Care

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Johnson/Animal Emergency Care

INVOICE

16008

DATE

1/28/23

PRESENTING CLINICAL SIGNS

Pt has been in and out of hospital several times in past 3 weeks for vomiting. He had abd ultrasound on 1/8/23 (Sonopath interp) and I saw some hair density material in the prox duodenum though this was not appreciated in the images I sent- was not obstructive; he responded well to symptomatic support but has had several relapses of inappetence and vomiting. His bloodwork has been and remains normal other than mild hemoconcentration. **I am not sure if this kitty has been on a hypoallergenic diet trial yet.

Abnormal PE/Chem/CBC/UA Results: Not overtly tender to abd palpation at the time of my exam, though has had gabapentin and methadone.

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

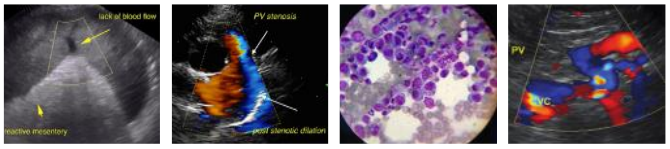
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.87 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited subjective potential for mild generalized enlargement yet maintained a symmetrical capsule contour. Uniform mild increased hepatic parenchyma echogenicity compared to the spleen and falciform was noted. Normal hepatic vascular volume was noted with no hepatic



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masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with minor echogenic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The pylorus wall width measured 0.30 cm.

The small intestine exhibited generalized intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A segment of jejunum in the mid to caudal abdomen exhibited intact yet thickened wall layering with minor retained fluid. Within the thickened segment of jejunum, an ill-defined mild irregular hyperechoic shadowing echo was noted measuring 1.0-1.5 cm in diameter. No evidence of an intestinal obstructive pattern was noted. No evidence of pathology was noted at the level of the ileocolic junction, which exhibited intact wall layering. The duodenum wall measured 0.26 cm width. Normal appearing jejunum measured 0.25 cm wall width. By comparison, segmentally thickened jejunum measured up to 0.41 cm wall width. The ileocolic wall measured 0.30 cm 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

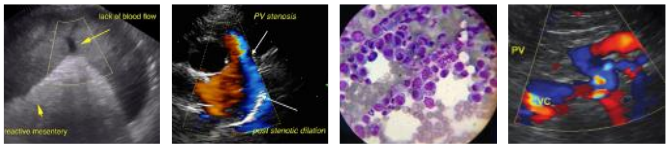
Minor benign / reactive colic lymphadenopathy was present. No overt or significant peritoneal free fluid was noted. Mild peri intestinal hyperechoic omentum was noted around the segmentally thickened jejunum.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable stomach
- Segmentally thickened jejunum exhibiting mild ileus and nonspecific mild irregular shadowing luminal echo
- Associated regional peri jejunal hyperechoic omentum - suspect reactive or possible mild inflammatory peri intestinal omentum
- Nonspecific subjective mild hepatomegaly exhibiting mild parenchyma hyperechogenicity, minor gallbladder debris
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect non to mild partially obstructive, potentially passing to chronic intestinal foreign body with associated primary or secondary inflammatory segmental intestinal mural changes. Potential for more



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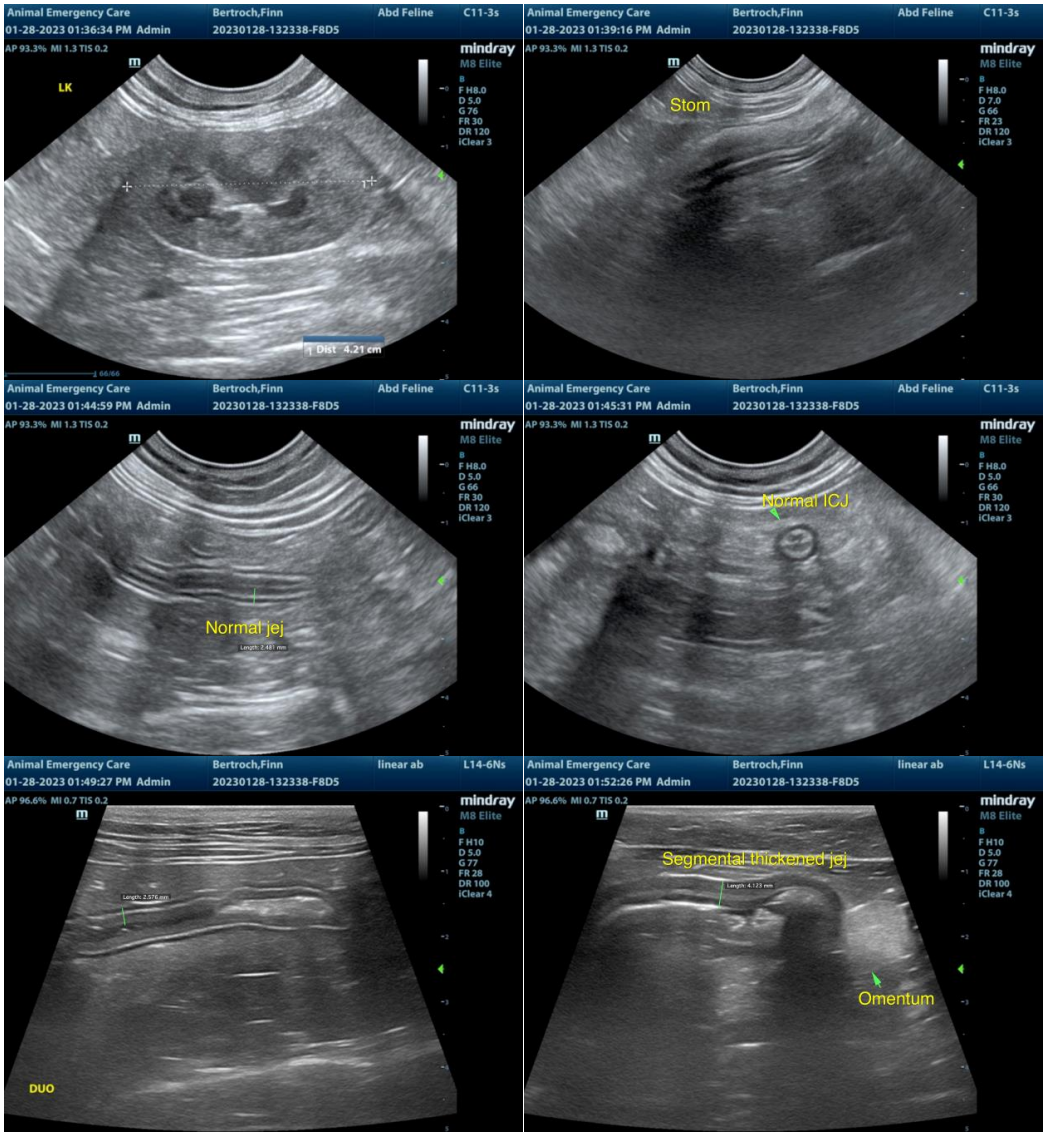
generalized infiltrative enteropathy / IBD or emerging neoplastic infiltrative enteropathy with round cells such as lymphoma cannot be definitively excluded.

Given this presentation in conjunction with patient history, laparotomy with gross inspection of the intestinal tract and with segmental to recommended generalized full-thickness intestinal biopsies despite exploratory findings is warranted. Full blood work and urinalysis are recommended prior to surgical considerations primarily to assess for evidence of hepatic enzyme elevations. Concurrent hepatic sampling may be considered if clinically indicated.



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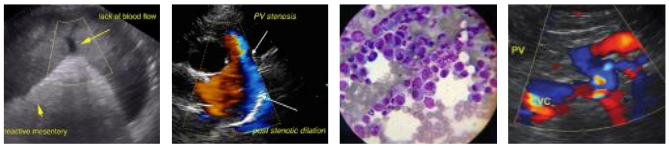

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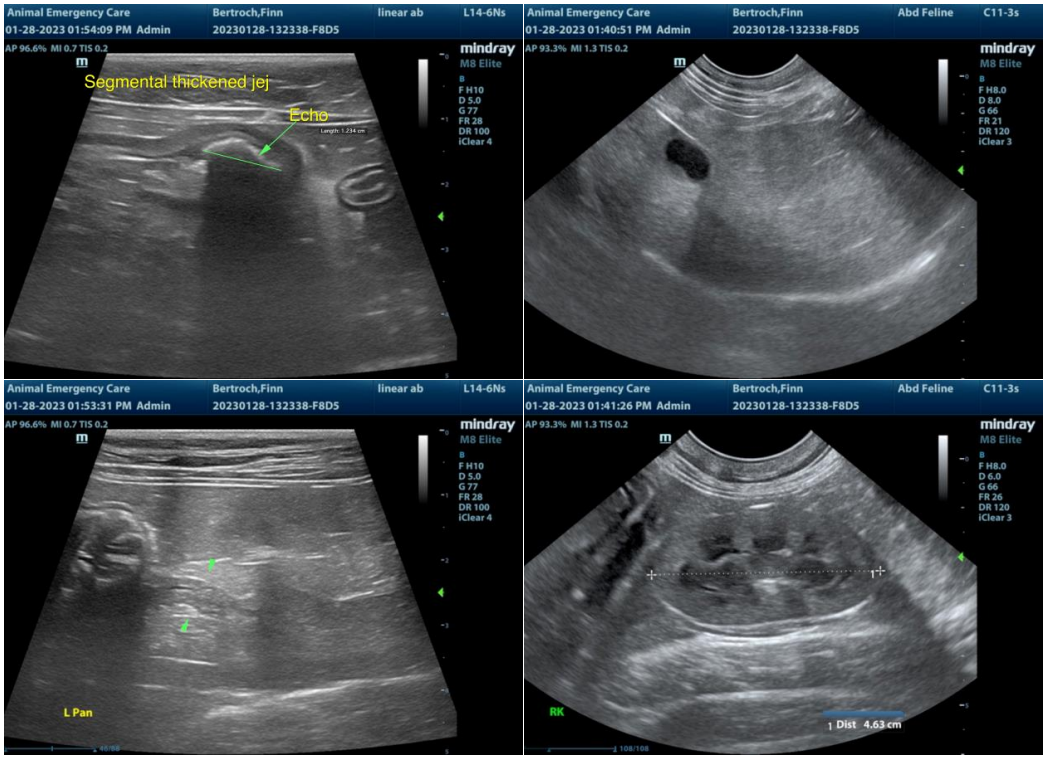

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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