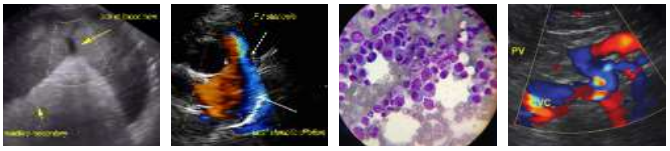


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thomas Spohr

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

11 Years

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary Hospital

REFERRING VET

Dr. Puthoff

INVOICE

49364

DATE

1-7-22

PRESENTING CLINICAL SIGNS

Thomas is presented today for vomiting and he didn't eat last night. Thomas is normally very food driven but he is no longer eating and drinking. Tuesday at 6:00pm (last night), he threw up a significant hairball and food. He then had a bilious vomiting episode. At 4:00am, he produced clear vomit. He didn't eat dinner last night and won't take treats. He is not drinking very much either. His urine smells different than the other cats urine - it is very strong of ammonia. This has been chronic progressive. No diarrhea but did defecate once out of the box. Always a possibility that he got into something but nothing that they are aware of. He stays contained in a room because he doesn't get along well with other cats. He has been on the same Hill's food and Party treats. He seems lethargic today. We have a PLI pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate particulate nondependent 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 residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands although not definitively visualized.

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 1.0 cm in diameter.

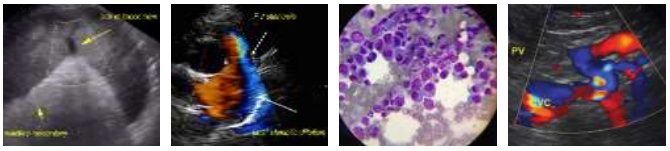
Liver / Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris which is incidental and potentially secondary to decreased food intake given the patient's clinical history. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering. The gastric fundus and body were empty with mild to moderate retained nonshadowing ingesta/chyme present in the pylorus



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

PATIENT

Thomas Spohr

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

11 Years

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary Hospital

REFERRING VET

Dr. Puthoff

INVOICE

49364

DATE

1-7-22

and antrum. No signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.23 cm.

The small intestine exhibited primarily intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. A segment of small intestine within the mid to caudal abdomen exhibited mild hypoechoic mural hypertrophy with indistinct to loss of discernible wall layer detail. Normal appearing small intestine measured 0.22-0.25 cm width. By comparison, the area of mildly thickened intestine measured 0.36 cm width. Potential associated mild ileus or retained chyme was present within the thickened intestine. No evidence of mechanical obstruction.

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 was evident.

Free Abdomen

Regional minor peri-intestinal reactive mesentery noted around the segmental mildly thickened intestine.

No overt lymphadenopathy.

Very scant pockets of free fluid noted around the outer apical urinary bladder and adjacent to the spleen.

ULTRASONOGRAPHIC FINDINGS

Primary

- Segmentally thickened small intestine with indistinct loss of wall layer detail, possible emerging intestine mural mass.
- Mild associated peri-intestinal omental reactivity.
- Sonographically unremarkable pancreas.
- Retained nonshadowing gastric ingesta/chyme primarily in the pylorus and antrum - suspect metabolic gastric stasis or hypomotility.

Secondary

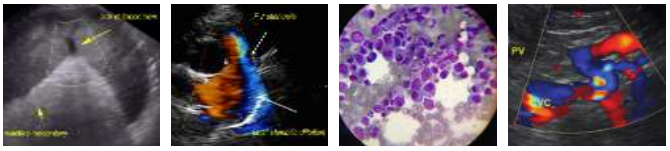
- Mild chronic renal changes.
- Urinary ladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Considerations for the segmentally thickened small intestine may include segmental inflammatory or neoplastic infiltrative enteropathy. Potential for more generalized enteropathy cannot be definitively excluded. Laparotomy with potential for biopsy or resection anastomosis of the segmentally thickened small intestine as well as intestinal biopsies warranted. Potential for colonic involvement considered unlikely given lack of reported diarrhea.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Thomas Spohr

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

11 Years

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary Hospital

REFERRING VET

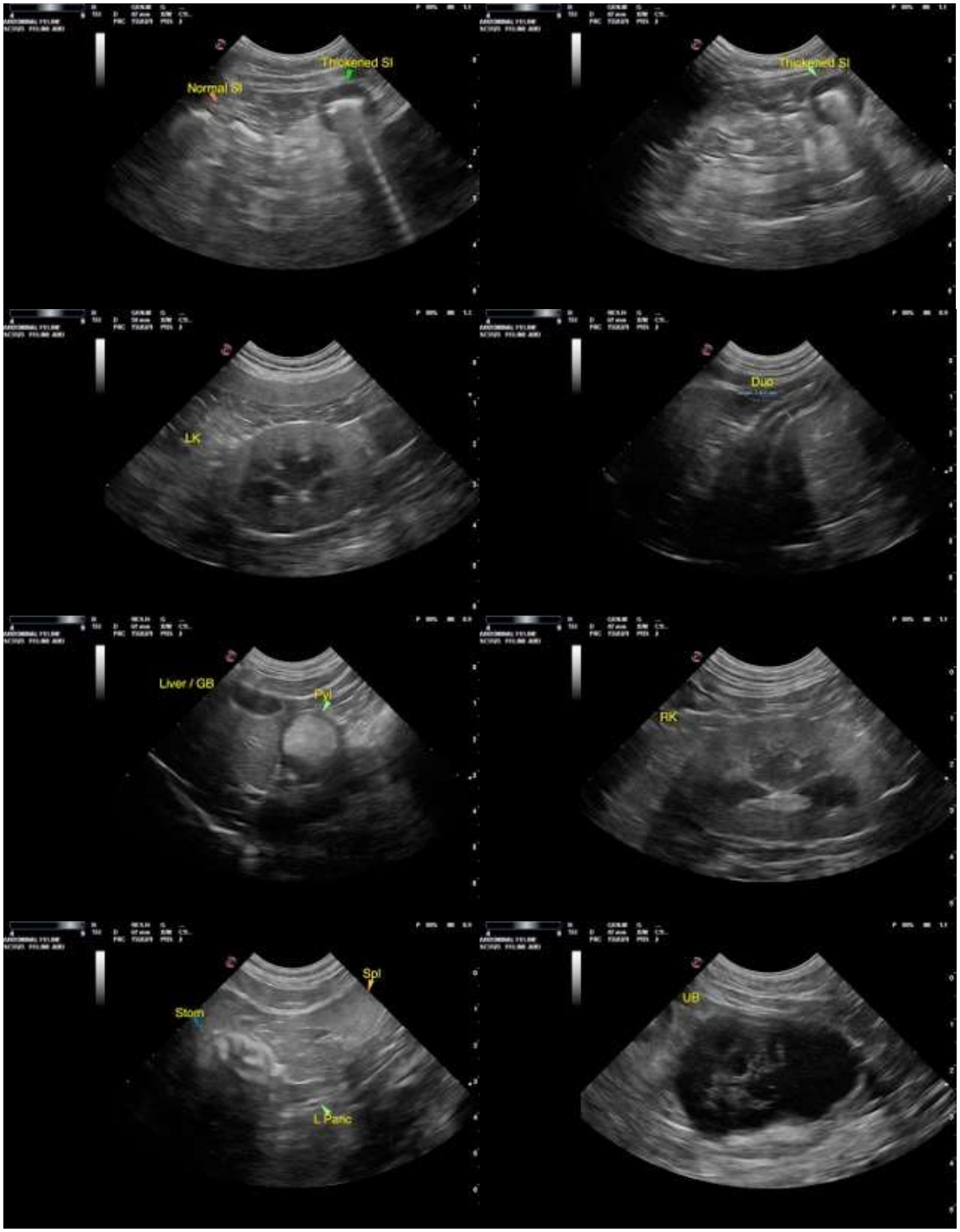
Dr. Puthoff

INVOICE

49364

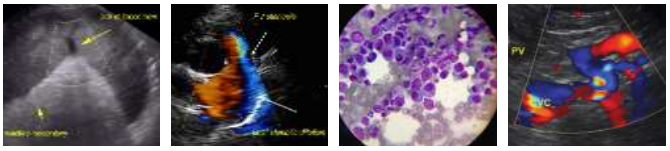
DATE

1-7-22



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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Thomas Spohr

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

11 Years

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary Hospital

REFERRING VET

Dr. Puthoff

INVOICE

49364

DATE

1-7-22

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