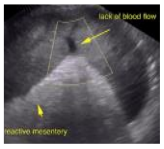
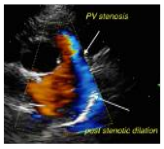
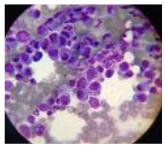
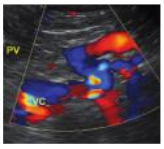
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Puddin Joncas

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

15 years

WEIGHT

6.72

INTERPRETED BY

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

IMAGING PERFORMED BY

Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Macie Joncas

INVOICE

15224

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Dr.Pet Patient started on prednisolone by previous vet in fall 2021 after months of frequent vomiting thinking she may have IBD/GI lymphoma. The symptoms improved for awhile. Yearly bloodwork done in June 2022 showed she was hyperthyroid. Since starting methimazole, she has begun vomiting again, lost weight, seems lethargic. She grazes on hydrolyzed dry food and stopped eating her wet food, so it was recently switched to a different flavor. She did not defecate for over 48 hours this last weekend, had 2 enemas prior to the ultrasounds, and only produced a small amount of feces. Abnormal PE/Chem/CBC/UA Results: Hyperthyroid (T4 7.7) since June 2022, controlled with methimazole now. Patient lost 1 pound in the span of one month. Liver values have gone up since starting methimazole (ALT 197, ALP 115).

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 pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

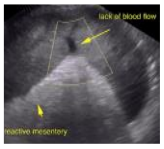
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No overt pathology was noted in the area of the right adrenal gland.

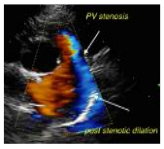
Spleen

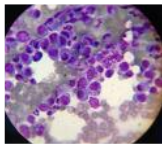
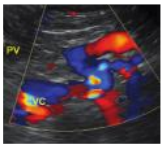
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.5 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic





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

PATIENT

Puddin Joncas

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

15 years

WEIGHT

6.72

INTERPRETED BY

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

IMAGING PERFORMED BY

Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Macie Joncas

INVOICE

15224

DATE

10/13/22

luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.26 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with luminal gas. No signs of ileus, obstruction, or foreign material were noted. The gastric body wall width measured 0.27 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, mechanical obstruction, or foreign material. The small intestinal wall width measured 0.26 cm. No evidence of loss of small intestinal wall layering or intestinal masses. The ileocolic wall width measured 0.32 cm. No evidence of pathology was noted at the level of the ileocolic junction.

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

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Low-grade hepatopathy - subjectively benign
- Nondistended gallbladder with mild nonobstructive proximal common bile duct dilation - age-related common bile duct changes, potential for mild cholangitis
- Mild chronic renal changes
- Overtly normal gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

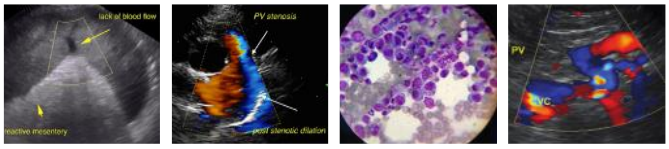
Largely geriatric abdomen without evidence of significant visceral pathology.

Screening hepatic FNA cytology could be considered for further assessment and primarily to potentially identify inflammatory cell type if present, i.e., cholangiohepatitis or other.

If currently or recently on Prednisolone, masking of gastrointestinal mural changes cannot be definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Puddin Joncas

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

15 years

WEIGHT

6.72

INTERPRETED BY

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

IMAGING PERFORMED BY

Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

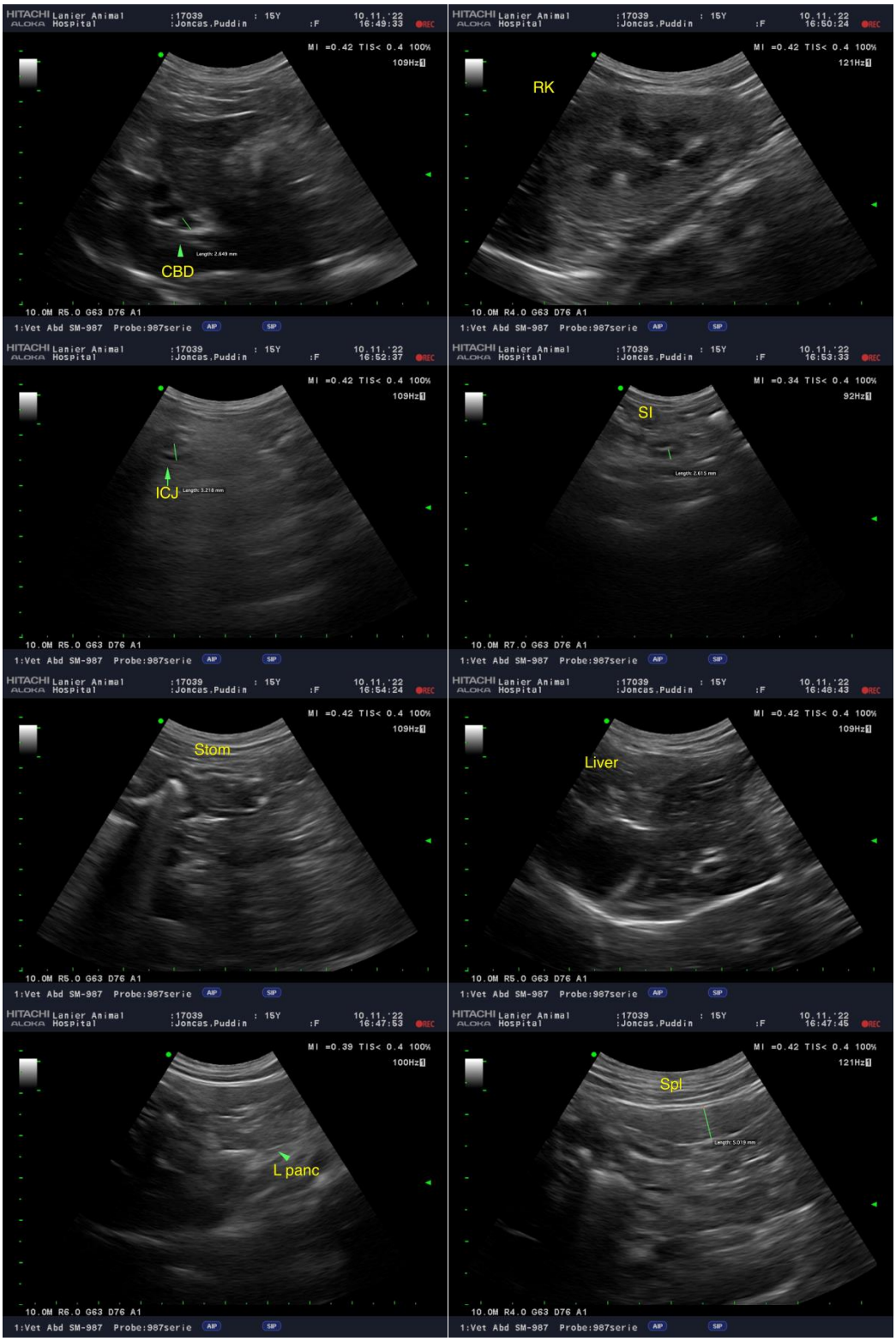
Dr. Macie Joncas

INVOICE

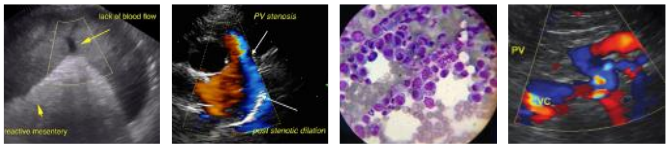
15224

DATE

10/13/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Puddin Joncas

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

15 years

WEIGHT

6.72

INTERPRETED BY

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

IMAGING PERFORMED BY

Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

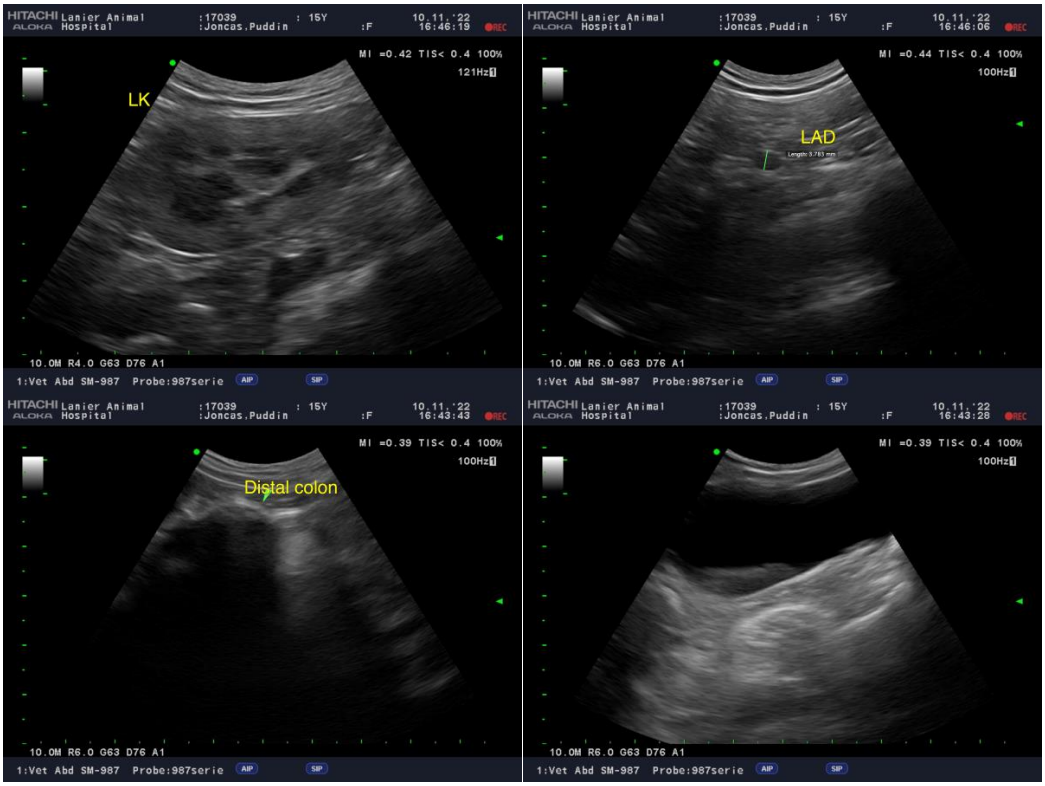
Dr. Macie Joncas

INVOICE

15224

DATE

10/13/22



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