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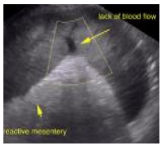
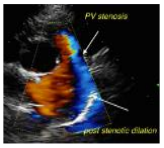
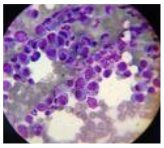
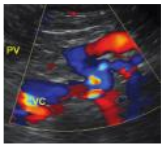

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1-800-838-4268 info@sonopath.com

PATIENT

Meeko Delong

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13 years

WEIGHT

5 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Amy Hess

HOSPITAL NAME

Petmedic Urgent Care VC

REFERRING VET

Amy Hess

INVOICE

13789

DATE

7.21.23

PRESENTING CLINICAL SIGNS

History: Pt has been having diarrhea for the past 1.5 weeks, sometimes will have frank blood in it (not every time) Consistently diarrhea, no normal stools for 1.5 weeks No straining to defecate Vomited a couple times 1.5 weeks ago, but not since - vomit was bile, not abnormal for her to vomit No change in diet, Pt does have a tendency to jump on counter so could have gotten into things, but nothing that O knows of specifically Normal energy level

Abnormal PE/Chem/CBC/UA Results: T4 12.9 WBC 17K, Neuts 14.72K K 2.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is empty with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Iliac lymphadenomegaly (measuring 1.80 cm in length) with a rounded and hypoechogenic appearance.

Normal renal size (left kidney 4.00 cm) (right kidney 3.90 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.60 cm) (right 0.35 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (0.90 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Small amount of ingesta and gas within the stomach

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (measuring up to 1.90 cm) with a rounded and hypoechogenic appearance.

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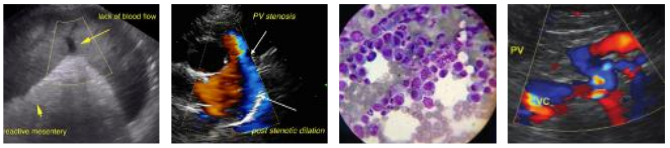

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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Lymphadenomegaly

Secondary Findings

- Age-related changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the lymphadenomegaly would be reactive, lymphadenitis, and infiltrative neoplasia.

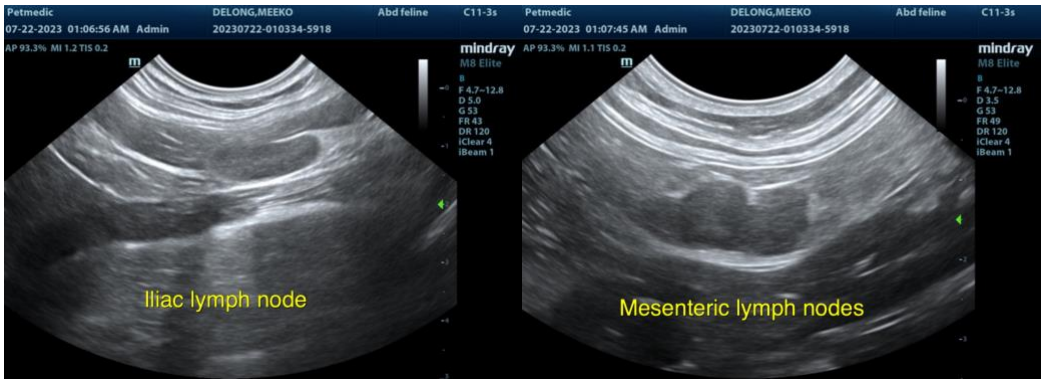
Although the GIT tract appears ultrasonographically normal, with the presenting clinical signs, gastroenteropathy still needs to be considered with possible etiologies being parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

Likewise, pancreatitis needs to be considered, even though the pancreas appears ultrasonographically normal.

Further assessment would be fecal analysis, cobalamin assay, fPL/PSL assay, and possibly FNA cytology of the lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be fluid therapy as needed, correction of a hypokalemia, course of Fenbendazole, antiemetics, intestinal binders/absorbents, and feeding small, frequent meals of an intestinal-type diet.



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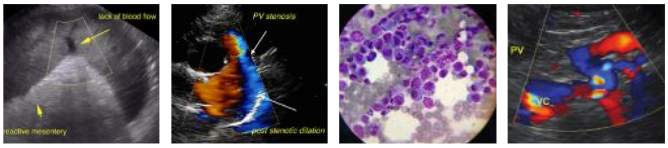

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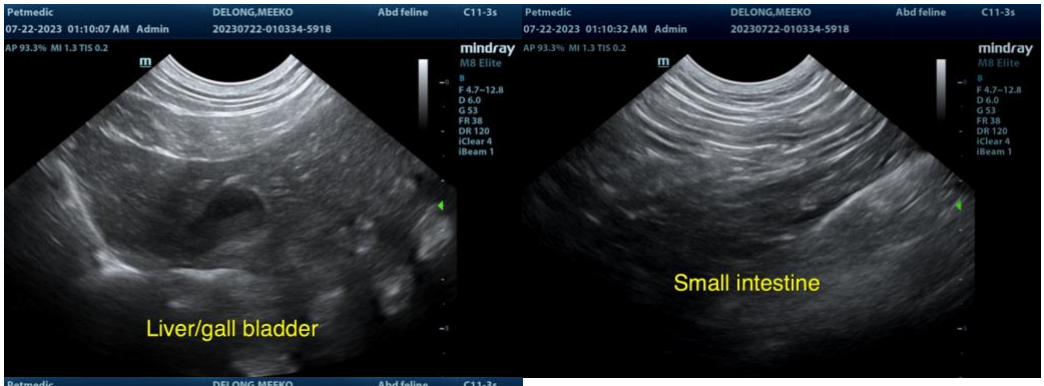

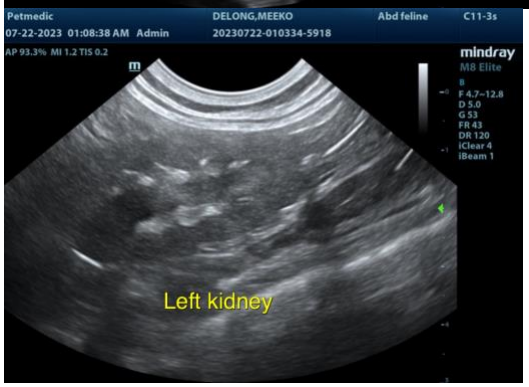

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com