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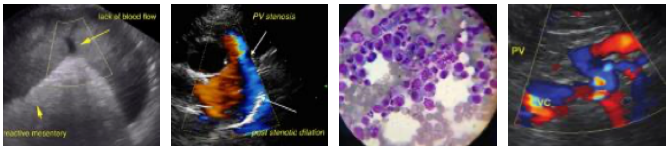

PATIENT
Tipper Delong

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
11 Yrs. 4 months

WEIGHT
13.94 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Kivircik

HOSPITAL NAME
Kings VH

REFERRING VET
Dr. Kivircik

INVOICE
14248

DATE
11/22/22

PRESENTING CLINICAL SIGNS

History: Hospital last month for triaditis and UTI. Presented on 11/22 for 2 days of inappetence, vomiting, and 1 bout of diarrhea. On PE, mass effect mid-cranial abdomen, painful on palpation. U/S shows suspicious area in stomach. O declined u/a consult. Elected hospitalization for IV fluids, anti-emetics, anti-diarrheal pain meds. Repeated U/S today- no change.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi and/or mineralized sand are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.
The gall bladder lumen is mildly distended. The wall is diffusely thickened (up to 0.28 cm) and hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are visible but not overtly dilated (the common bile duct measures 0.17 cm in diameter). The walls are mildly thickened. There is no evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and irregular shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas

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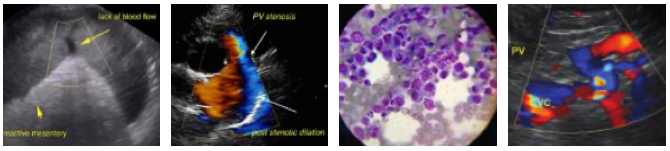

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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few visible/prominent lymph nodes are observed adjacent to the ileocecocolic junction, the largest measuring 0.41 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying. The irregular shadowing material within the gastric lumen may represent foreign material and/or ingesta. It appears non-obstructive at the time of the study.
- The gallbladder and cystic/common bile duct wall changes are most consistent with cholecystitis/cholangitis.
- Cystic calculi.

Secondary Findings:

- Bilateral, chronic, age-related renal changes.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Also consider a fecal evaluation for ova and Giardia as well as a GI panel (serum cobalamin, folate, TLI and PLI).
- Regarding the gastric luminal contents, consider fasting the patient with a repeat ultrasound in 12-24 hours to determine if any ingesta/shadowing material has moved into the small intestine.
- Symptomatic care, including fluid therapy, antiemetics, gastric protectants and probiotic is recommended while awaiting test results. If the patient does not improve with supportive care, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the cystic calculi, consider a cystotomy with stone removal, analysis and culture. If a more conservative approach is desired, consider an attempt at medical dissolution of the stones. If no improvement in stone size is seen within 4-6 weeks of initiating therapy, a cystotomy should be revisited.

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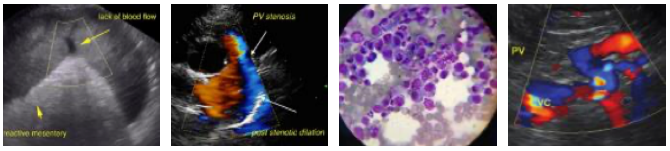

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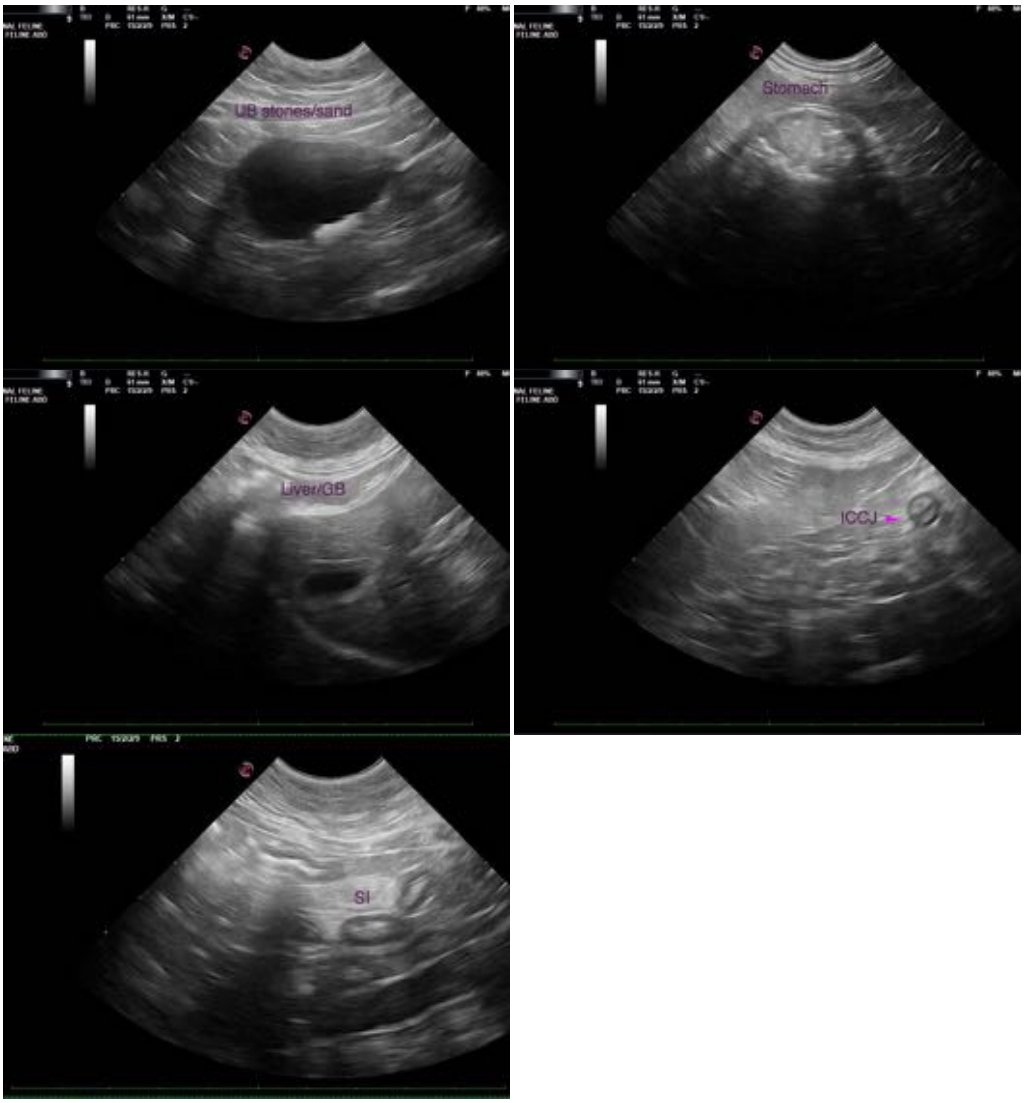

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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