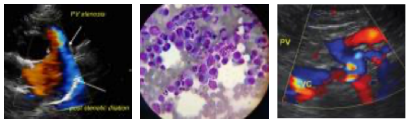
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11.23.2022

PATIENT

Charlie Cheezum

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11/25/2010

WEIGHT

16.5 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Riehl

INVOICE

11894

PRESENTING CLINICAL SIGNS

Hx multiple gastrotomies for eating hair ties. Most recent in Mar 2022.
Presented for not eating, single episode vomiting, and limping left hind after getting under foot. Cranial abdominal palpation painful with firm/lobular effect (at first thought was full stomach with FB).
Painful LH over femur/muscular palpation, no obvious fractures.

Current Medications: Buprenex: 0.4 mL TM q 8 hr, Mirataz, Gabapentin 1 mL PO q 12 hr, 2 mL prior to appt, Fluoxetine 10 mg q 24 hr (transdermal)
Radiographs: R+L lateral rads; empty stomach. Loss of serosal detail with enlarged liver. Patchy alveolar pattern dorsal lung fields. No fractures femur/tibia, hips in place.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM sedation.
Stat Report: Declined.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.92 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloris is mildly thickened (up to 0.52 cm) with apparent retention of the normal layering pattern. There is slight shadowing within the pyloric antrum and extending into the proximal duodenum. The proximal duodenal lumen is mildly distended with chyme. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery in the right cranial quadrant is hyperechoic. Trace free fluid is observed. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 0.59 cm in length. A prominent node is also suspected in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

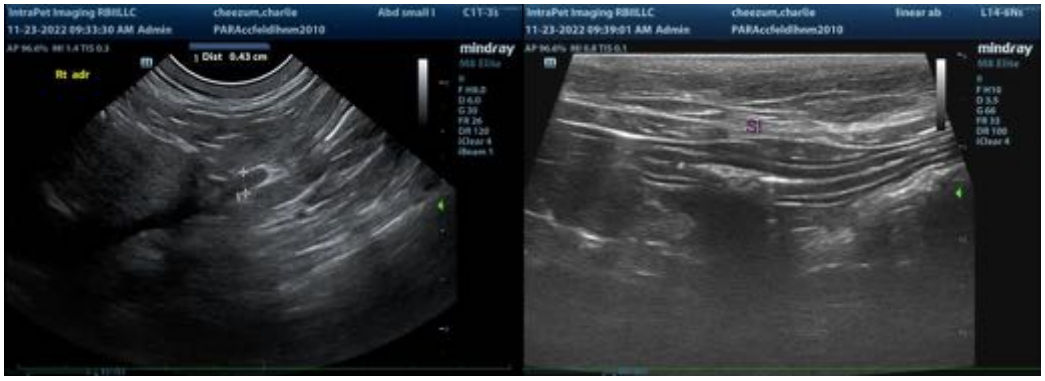
- The pancreatic changes are suggestive of mild to moderate acute or chronic active pancreatitis. Adjacent peritonitis is present.
- The shadowing within the pyloric outflow tract/proximal duodenum may represent foreign material or shadowing chyme. There is not clear cut evidence of a pyloric outflow tract obstruction.

Secondary Findings

- Bilateral, age-related, chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider supportive care for pancreatitis/gastroenteritis with close sonographic monitoring of the gastrointestinal tract to assess for more conclusive evidence of obstruction.



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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