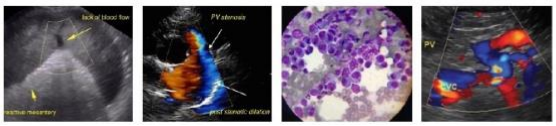

PATIENT

Loki Peter

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered

AGE

2 Years

WEIGHT

4.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hamilton Region VEC

REFERRING VET

Dr. Nadeau

INVOICE

12889

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10/6/20

PRESENTING CLINICAL SIGNS

History: Vomiting. As of this morning - BAR, mm moist, pink - EENT- WNL - Heart and lungs- normal on auscultation - mild pain noted in left upper to mid cranial abdomen otherwise soft on palpation US to rule out FB currently on: Buprenorphine, cerenia, pantoprazole

Abnormal PE/Chem/CBC/UA Results: - Hemoconcentrated on admit, mild hypokalemia, mild hyperglycemia, see emailed results - repeated lactate overnight on 12/10 lactate now down to 1.86 - blood gas: Na 149, K 5.2, Cl 124, TCO2 22, Urea 6.1, glucose 4.4, PCV 40%, pH 7.287, PCO2 43.2, HCO3 20.6, BE -6, AG 10, HgB 13.6 rads: inconclusive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A 0.97 cm x 0.70 cm, irregular, echogenic tissue structure, the origin of which is unclear. The remaining wall is appropriate in thickness for the level of repletion. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. A small amount of retroperitoneal fluid is observed adjacent to the bladder. Surrounding mesentery is hyperechoic.

The left kidney is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.41 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

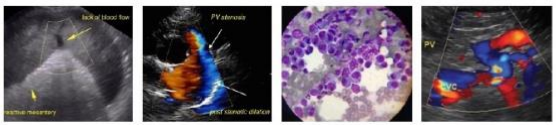
The right adrenal gland is normal size (0.40 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.55 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



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of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with liquid appearing ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is diffusely and mildly to moderately distended with fluid and chyme. In one segment, a 0.72 cm, hard shadowing structure is visible within the lumen, but does not appear obstructive. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosa ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

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

Trace free fluid is observed. The mesentery in the mid abdominal cavity is mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Diffuse gastrointestinal ileus without obvious evidence of an obstruction. However, a partial obstruction cannot be completely excluded. The small intestinal wall pattern is consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The mid-abdominal peritonitis is likely secondary to bowel pathology.
- The tissue structure within the urinary bladder may represent a free-floating blood clot or may be a wall lesion (i.e., inflammatory focus, tumor). Urinary bladder debris is present. Caudal retroperitonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute gastroenteritis is recommended. Other diagnostic considerations include fecal evaluation for ova and Giardia and a malabsorption panel, including serum cobalamin, folate, TLI and PLI. Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia. If the patients' clinical signs do not improve within 48-72 hours of supportive care, consider a repeat ultrasound.
- To further evaluate the urinary bladder lesion, consider a repeat ultrasound in 1-2 weeks, preferably when the bladder is more distended. Multiple patient positions and bladder agitation during the scan would be useful to determine if the lesion is free floating versus arising from the wall. Ultimately, a cystotomy with biopsy may be necessary to get a definitive diagnosis.

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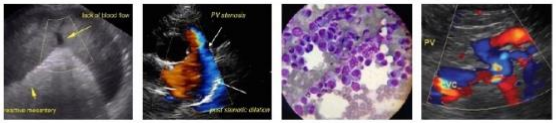

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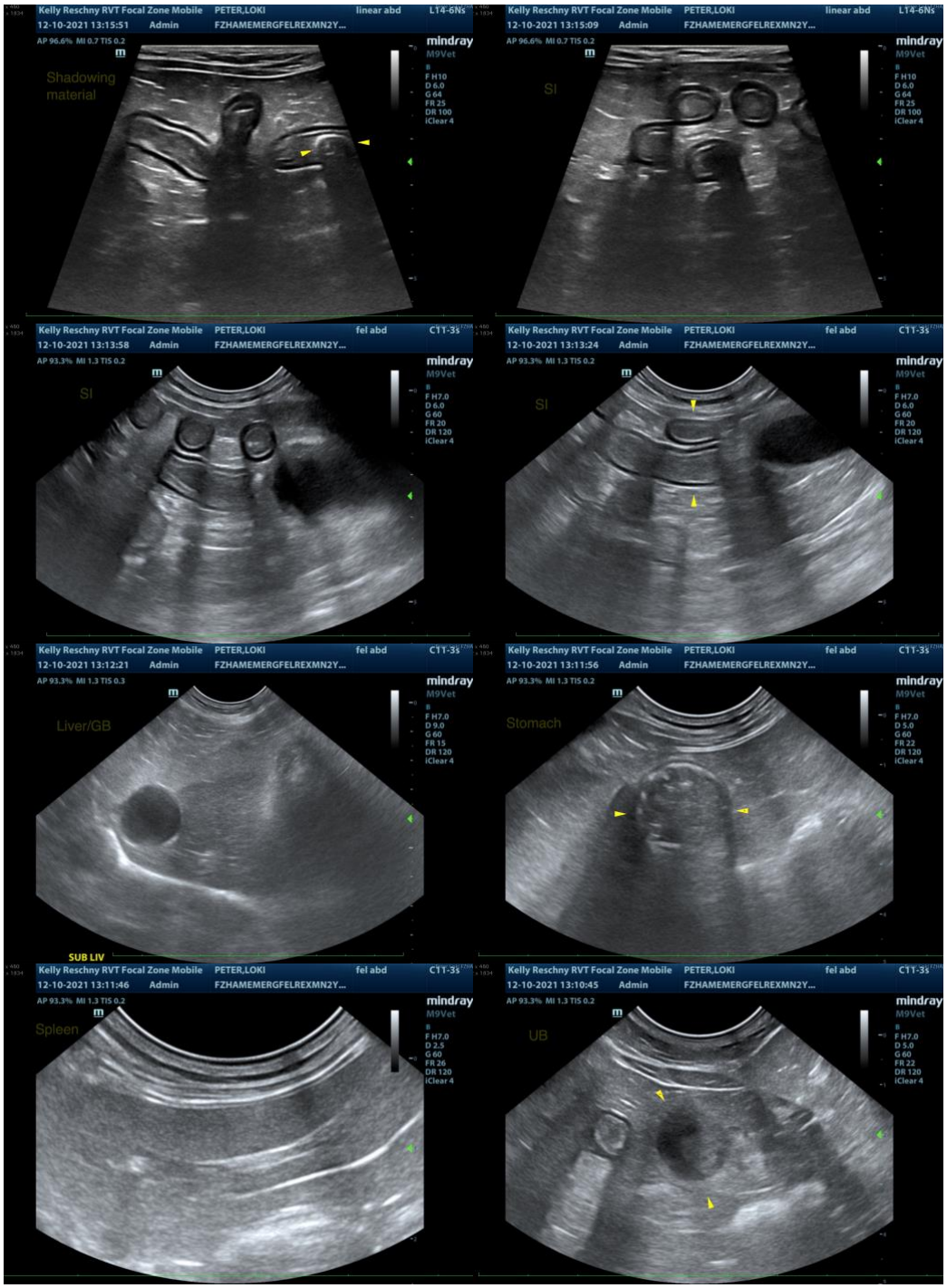

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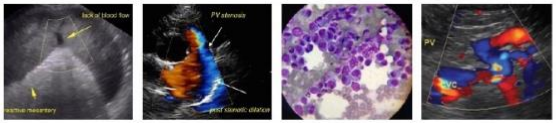

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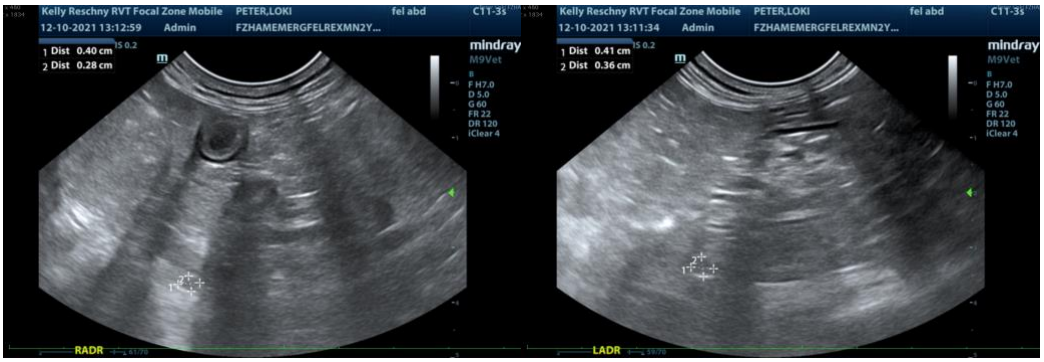

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com