**PATIENT**

Mia Bailey 55306A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 years

WEIGHT

3.86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec
Dr. Daggett

INVOICE

11886

DATE

12.19.22

PRESENTING CLINICAL SIGNS

History: Mia was previously evaluated by MVS ER service on 12/16 for ribbon ingestion. Abdominal radiographs were. Hannah selected outpatient care; Mia was given SQF and Cerenia. She was less energetic than normal over the weekend and is now inappetent. She has not consumed any food since yesterday evening. Owner reports that she vocalizes when she is picked up. Gabapentin 50mg tab; 1 tab q8-12h

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.53 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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.

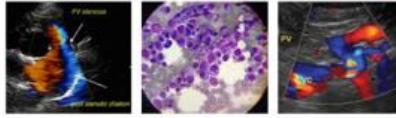
Liver

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 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 echogenic fluid and gas. 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Mucosal speckling is seen in a few small intestinal segments. Discreet masses are not identified. The ileoceocolic junction is normal. The wall of the descending colon is borderline thickened (up to 0.26 cm) with some hyperechoic speckling noted. There is no obvious evidence of an obstructive pattern.

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Pancreas

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

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Possible mild acute pancreatitis in the left limb with adjacent peritonitis.

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Secondary Findings

- The mild intestinal mucosal speckling is suggestive of an inflammatory process.
- The medullary bands seen in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present.
- The mild left adrenomegaly could be consistent with stress, hyperplasia, or less likely, an emerging tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fPLI +/- full malabsorption panel, including serum cobalamin and folate, TLI and PLI, should be considered.
- Supportive care for gastroenteritis/pancreatitis is recommended. If clinical signs do not begin to improve within 48-72 hours of medical management, a more advanced GI work-up may be warranted.

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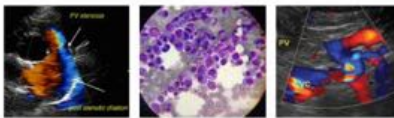
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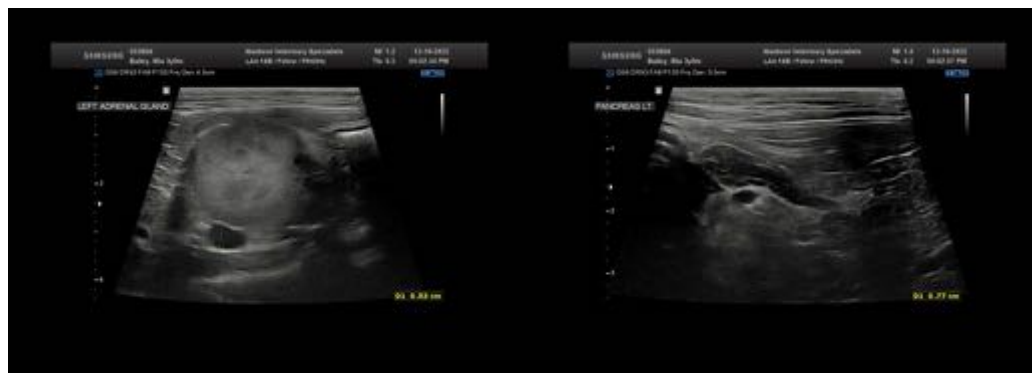
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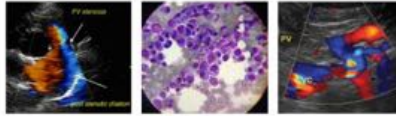
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com