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Clinical Sonography & Telecytology
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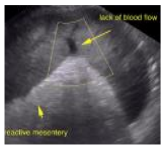
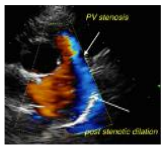
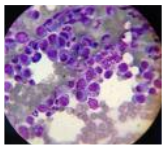
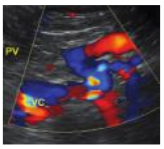





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lumpy Mullikan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Giammanco

INVOICE

12811

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: Continued vomiting, anorexia, cachexia. Suspect GI neoplasia vs IBD vs other. Current meds: Cerenia, Famotidine, Ondansetron, Unasyn, IVF (NaCL

Abnormal PE/Chem/CBC/UA Results: Azotemia, elevated ALT. U/A nsf

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 mildly 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 2.0 cm, are normal.

The left kidney is normal size (3.36 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.47 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 region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is not definitively visualized due to the severe diffuse bowel pathology.

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.

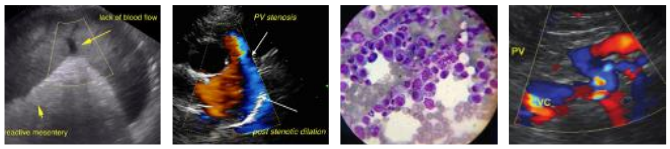
The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely fluid distended and hypomotile. Fluid appears to be refluxing back into the distal esophagus. The gastric wall is normal in thickness with a normal layering pattern. Within the caudal abdomen (just cranial to the urinary bladder), a segment of bowel appears to be intussuscepted. Most of the small intestinal loops are severely distended with echogenic fluid and hypomotile. Several loops, however, are minimally fluid distended. The colonic wall is normal.

Pancreas

The right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral



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contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.29 cm in diameter).

Free Abdomen

A small amount of anechoic free fluid is visualized. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

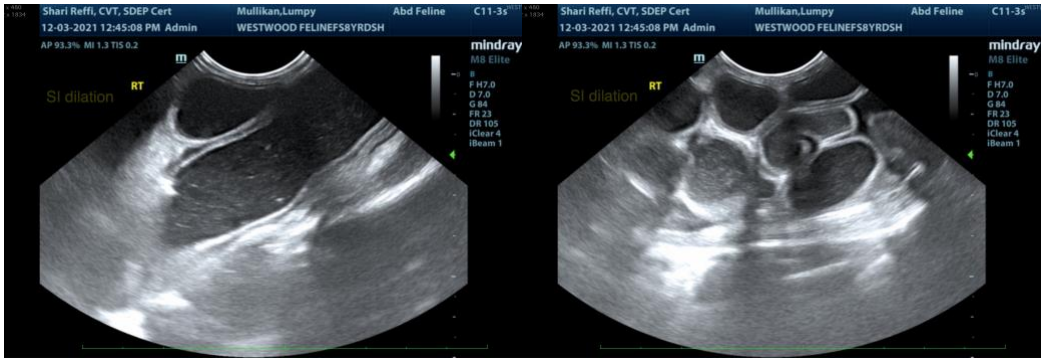
- Suspected small intestinal intussusception in the caudal abdomen with subsequent bowel obstruction and secondary peritonitis

Secondary Findings

- The pancreatic changes are suggestive of mild acute or chronic low-grade pancreatitis.
- The trace left pyelectasia may be secondary to fluid therapy, age-related remodeling, pyelonephritis or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia
- An abdominal exploratory is recommended once the patient is stabilized. Gastrointestinal biopsies should be obtained at the time of surgery, particularly in the intussuscepted region to help determine if underlying neoplasia is an underlying cause.
- Also consider fecal evaluation for ova and Giardia



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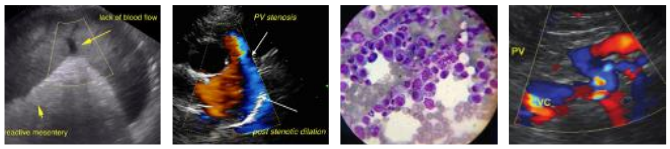

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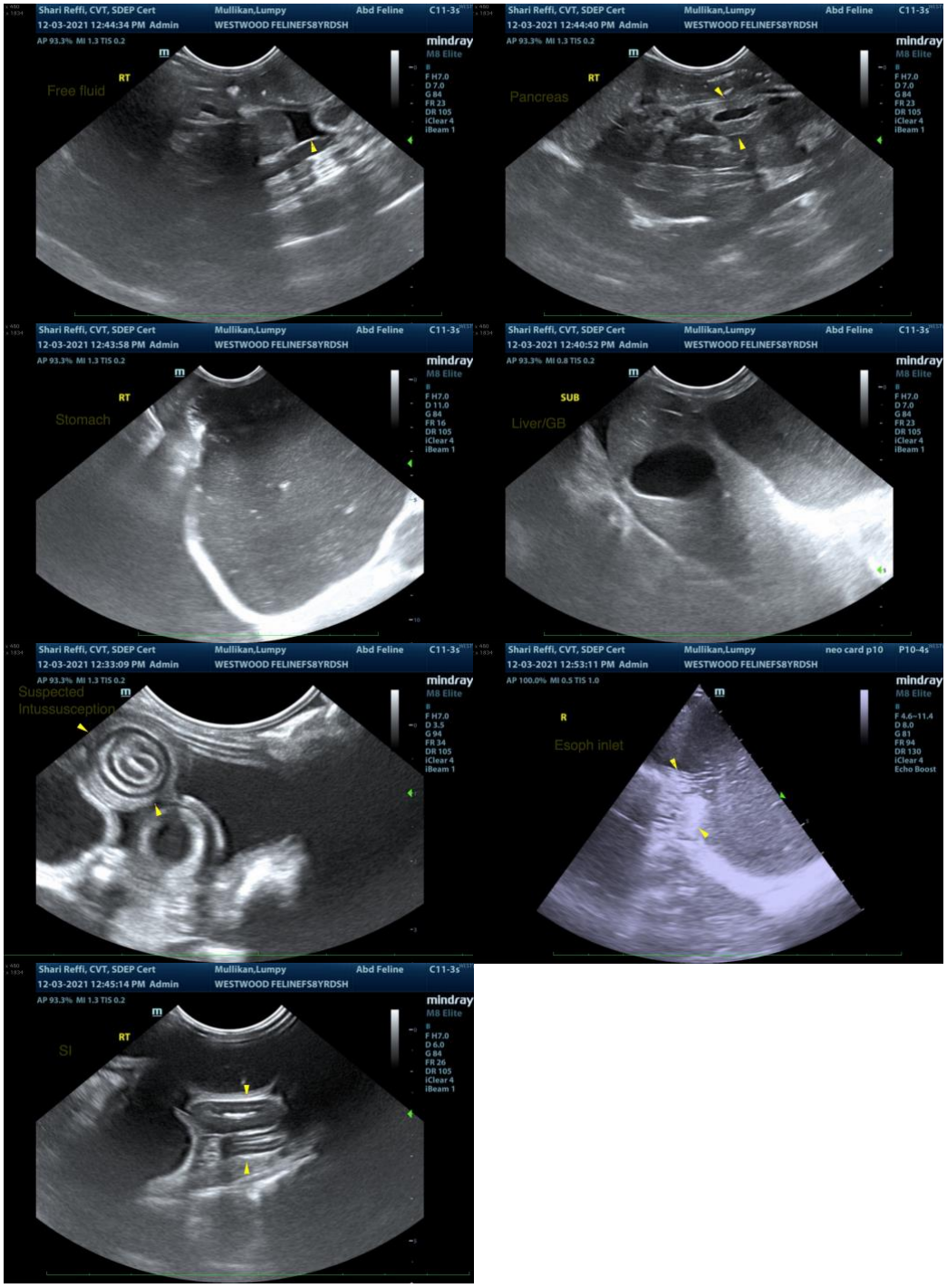

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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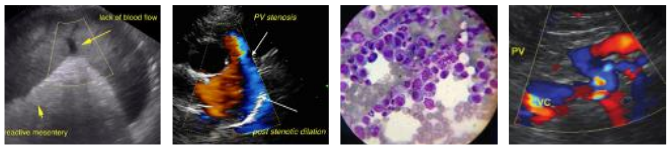

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