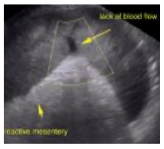
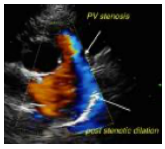
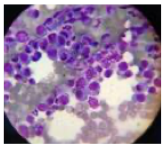
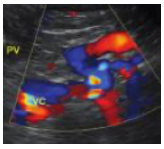
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Pudee Book

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Center

REFERRING VET

Dr Welti

INVOICE

12241

DATE

2.17.23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting since Sunday. P would vomit after trying to eat or drink anything. Vomit started off as a white foamy color and since patient has completely stopped eating the vomit color is now yellow and foamy. Last time the patient had a full meal was Saturday when the patient usually has an excellent appetite. P tends to eat O hair and sometimes goes through the trash.
Previous Health Concerns: Had x-rays done in the past which revealed p ate hair ties.
Current Medications: none Appetite/When did they eat last: No appetite/last ate Sunday.

Abnormal PE/Chem/CBC/UA Results: CBC: Eos (0.05) Mono (0.06) Neu (1.45) WBC (2.63) chem: Alb (3.6) Gluc (155) Epoc: Lactate (5.38) gluc (161) K (3.6) Rads: Stool in colon, Empty small intestines, stomach – inflammation vs. FB but no distention

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 is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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 in size (3.89 cm in length) with a normal shape, architecture and 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 in size (3.98 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.85 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.

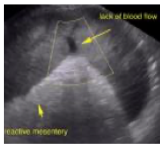
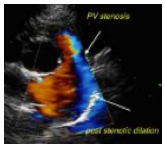
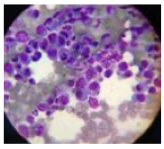
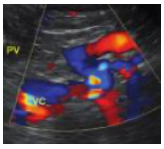
Liver

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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 thickness is normal with a normal layering pattern and appropriate mural

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detail. Discreet masses are not identified. The colonic wall is normal. There is no 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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.
- Mild bilateral age-related renal changes

*An obvious cause for the patient's clinical signs is not definitively identified in this study. There is no obvious evidence of a foreign body/obstruction. Differentials include microscopic gastrointestinal disease (i.e., infectious/parasitic disease, food allergy/intolerance, dietary indiscretion, inflammatory bowel disease), underlying metabolic issue, pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- Also consider the following:

  1. Fecal evaluation for ova and Giardia
  2. fPLI +/- a full malabsorption panel
  3. Symptomatic care for acute gastroenteritis is recommended. If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a more comprehensive GI work-up may be warranted.

- Given the patient's age leukopenia/neutropenia, a repeat CBC with clinical pathology review should also be considered, along with feline leukemia and FIV testing. If leukopenia persists, a bone marrow aspirate may be warranted.

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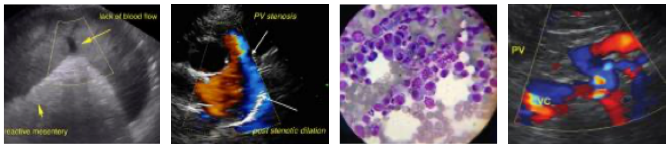

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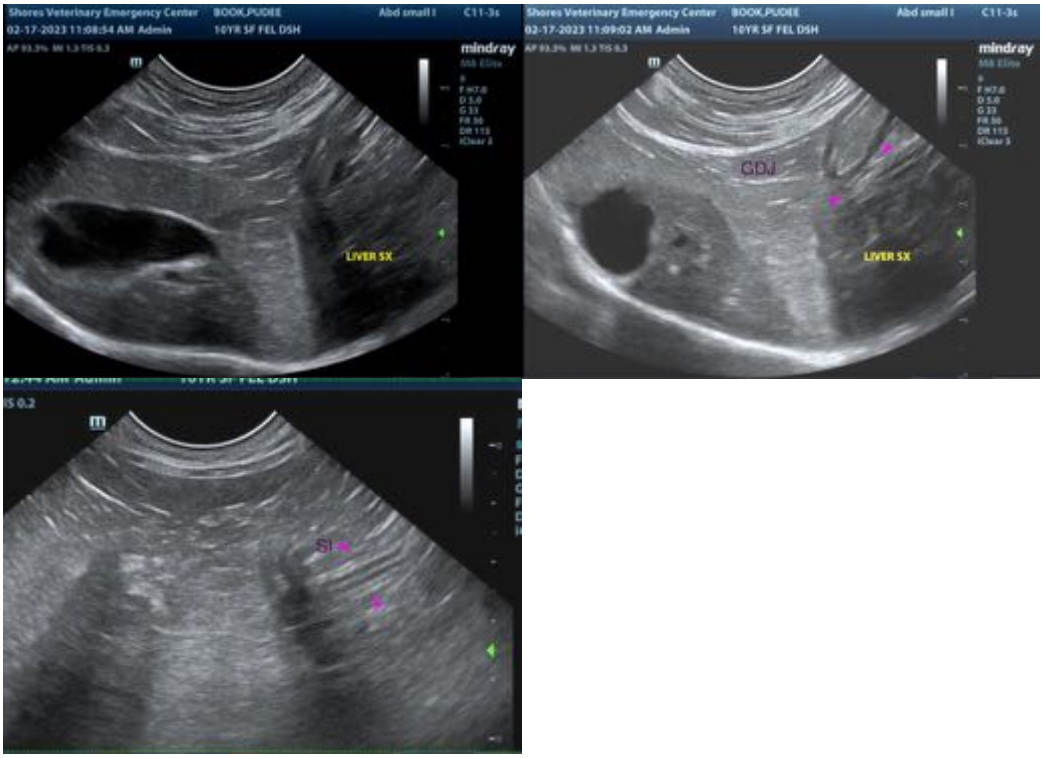

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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