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Clinical Sonography & Telecytology
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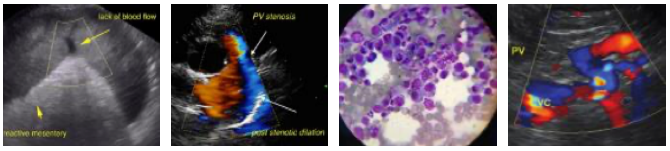


PATIENT
Bella SPCA

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
3 lbs.

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

IMAGING PERFORMED BY
Dr. Laura Field

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Laura Field

INVOICE
14570

DATE
2/8/23

PRESENTING CLINICAL SIGNS

History: Was found in a neglectful home, Has consistently bloated abdomen, and when initially presented a few weeks ago- was gas distention. Abdomen still feels bloated, coat is unkempt. Bloodwork is normal but has chronic ear debris and is deaf. Is still ADR.
Abnormal PE/Chem/CBC/UA Results: x-ray report: 1. The esophageal and gastric distention is suspected be secondary to aerophagia. Gastric atony due to gastroenteritis, nonspecific diseases or inflammatory bowel disease cannot be ruled out. 2. Concurrent enteritis due to nonspecific etiologies. Systemic disease such as pancreatitis or inflammatory bowel disease can have similar rated graphic change. 3. Constipation. 4. Possible nephrolithiasis. 5. As stated the esophageal distention is likely due to aerophagia. If there is a clinical history of regurgitation and a primary megaesophagus would be more likely at that time. 6. Feline asthma. 7. Intervertebral disc disease at L6-S1. CBC anemia hc low 25 (30-52) hgb 9.3 (9.8-16.2) mcv 35 (35-53) mchc elevated 36 (28-35 low retics 2.9 (3-50) neutrophils 11 (2.3-10.29) monocytosis 0.78 (0.05-0.67) CHEM wnl besides increased amylase 1561 (500-1500) TT4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of gravity-dependent mineralized sand vs a distinct calculus is observed within the lumen along with a small amount of suspended echogenic debris. The region of the trigone is normal.

The left kidney is normal size (4.11 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. Renal vasculature is normal.

The right kidney is normal size (3.35 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. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

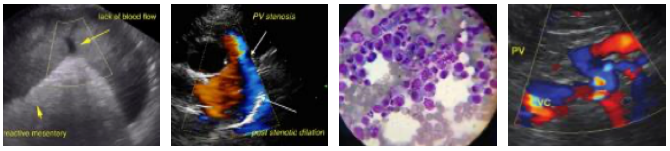
The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 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



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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 detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and heterogeneous in appearance with numerous varying sized cystic structures. The pancreatic duct is visible but not overtly dilated.

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 pancreatic changes are consistent with chronic pancreatitis with age-related remodeling +/- fibrosis and parenchymal cysts.

Secondary Findings:

- Bilateral, chronic age-related renal changes with right non-obstructive nephrolithiasis.
- Urinary bladder sand vs small calculus.

*An obvious cause for the patient's bloated abdomen is not definitively identified in this study. Differentials include aerophagia (i.e., secondary to primary respiratory disease or gastroenteritis), abdominal pain, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia and a GI panel including serum cobalamin, folate, TLI and PLI to further evaluate for underlying gastrointestinal and pancreatic disease.
- Also consider a low fat or limited antigen diet.
- If the patient is exhibiting evidence of regurgitation, consider a barium esophogram (preferably via fluoroscopy) +/- an upper GI endoscopy to assess for esophageal disease.
- If the patient is symptomatic for asthma, medical therapy may be warranted.

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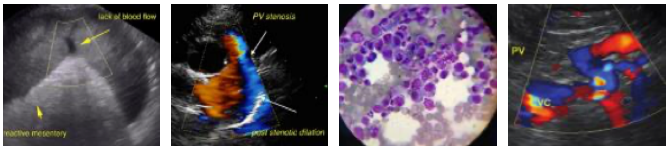

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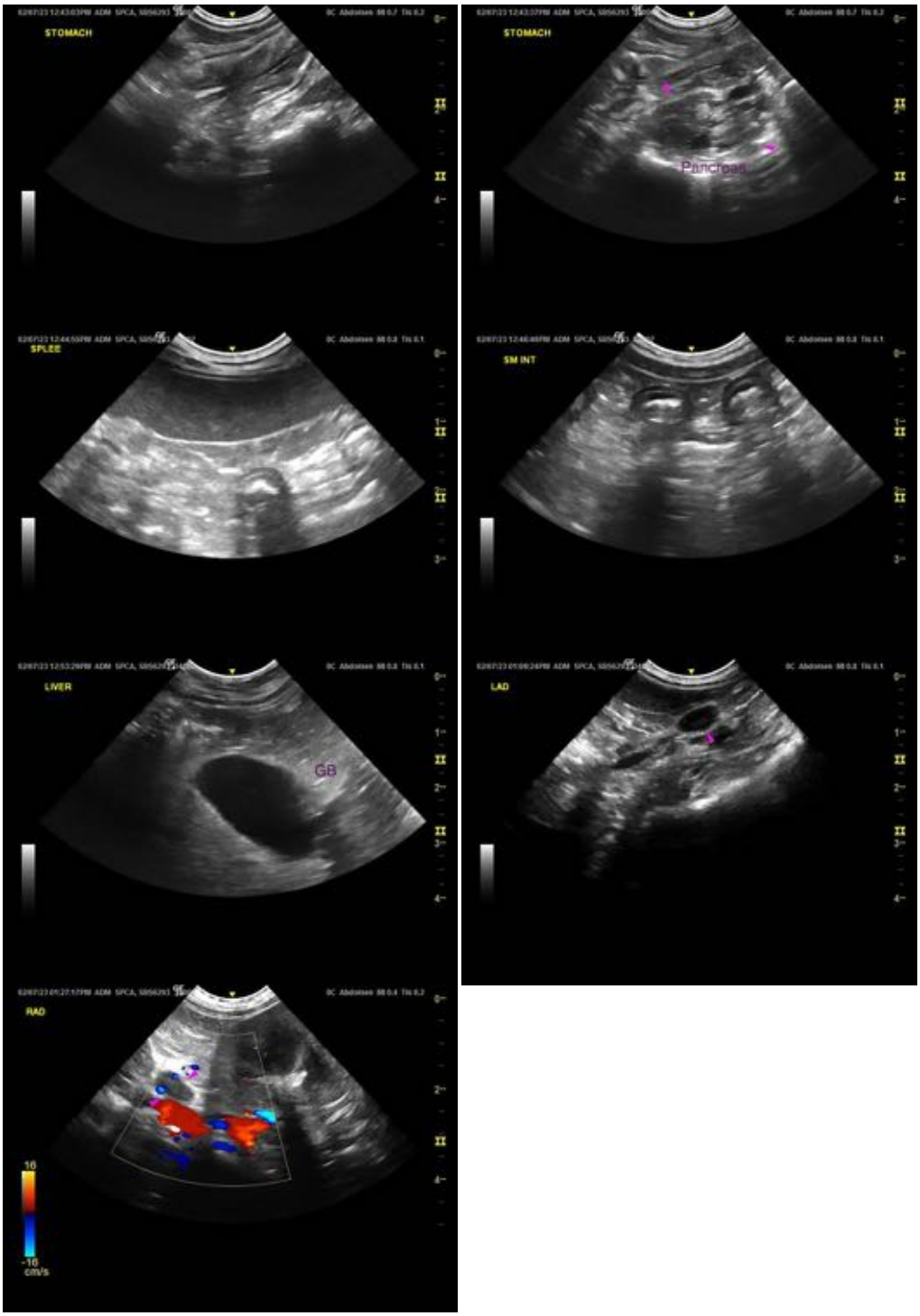

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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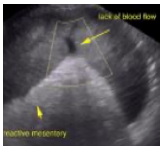
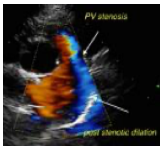
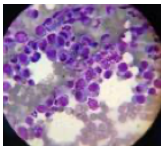
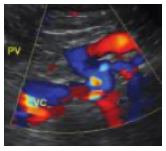

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