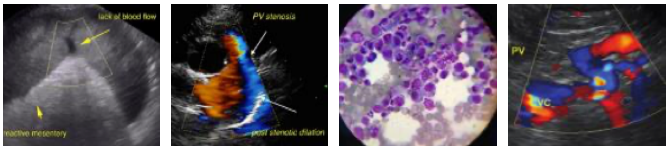
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Little Baby Tullis

SPECIES
Feline

BREED
Domestic mediumhair

SEX
Female, spayed

AGE
3 Yrs.

WEIGHT
8.3 lbs.

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

IMAGING PERFORMED BY
Dr. Reser

HOSPITAL NAME
Harvest Hills VH

REFERRING VET
Dr. Reser

INVOICE
14779

DATE
3/22/23

PRESENTING CLINICAL SIGNS

Patient presented for weight loss, lethargy, anorexia. Dehydrated. Painful in cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.72 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 (3.58 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 abnormalities are observed.

Spleen

The spleen is normal in size (0.52 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

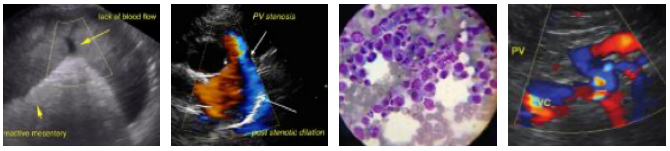
Gastrointestinal

The gastric lumen is moderately to severely fluid 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 diffusely fluid distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen



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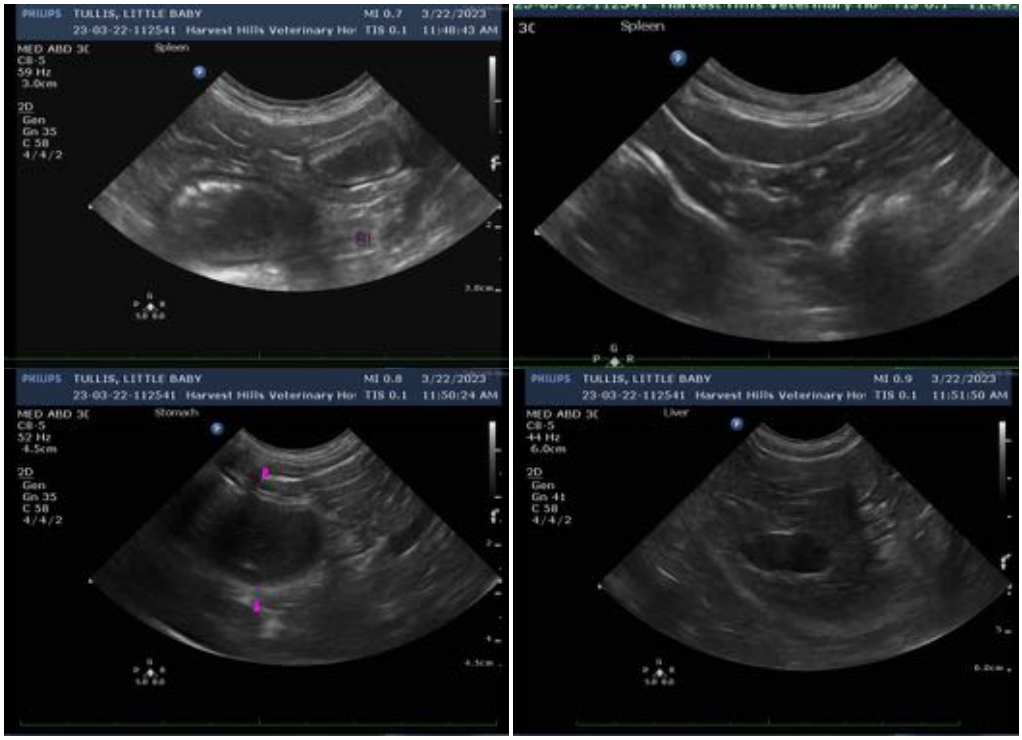
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Diffuse gastrointestinal ileus. Functional ileus (i.e., secondary to gastroenteritis) may be present. Alternatively, although a foreign body was not seen sonographically. A GI obstruction (i.e., foreign body, mass) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider abdominal radiographs to further assess for possible foreign body.
- If a conservative approach is desired, consider a recheck ultrasound in 12 hours to reevaluate for a bowel obstruction. Alternatively, if an aggressive approach is desired, an abdominal exploratory can be considered If no obstruction is seen, GI biopsies should be obtained.
- Regarding the lymphocytosis, a CBC with clinical pathology review is recommended along with feline leukemia/FIV testing and thoracic radiographs (to evaluate for lymphadenopathy in the chest) should be considered.
- Regarding the azotemia, a urinalysis is recommended to help determine if the patient's elevation in kidney values is secondary to dehydration vs primary renal disease.



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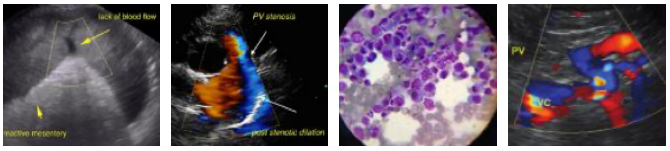

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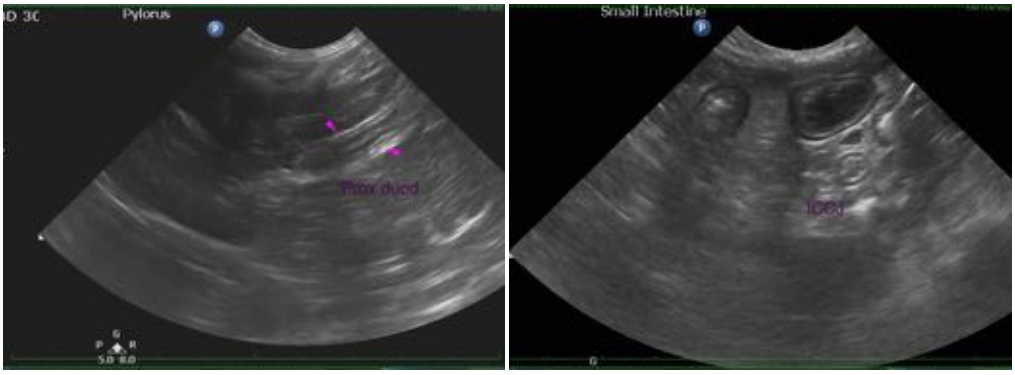

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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