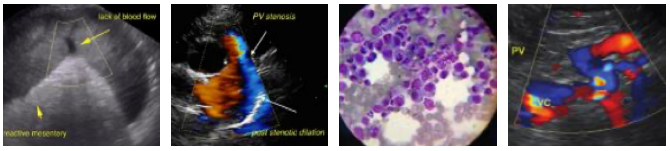
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tilly Wigington

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
5 Yrs.

WEIGHT
4.53 kg.

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

IMAGING PERFORMED BY
Dr. Barthelemy

HOSPITAL NAME
Fish Creek Pet Hospital

REFERRING VET
Dr. Van Sluys

INVOICE
14782

DATE
3/22/23

PRESENTING CLINICAL SIGNS

History: Presented yesterday for vomiting. Treated symptomatically. Returned today with full mentation, had large volume diarrhea last night. Hx of IBD.
Abnormal PE/Chem/CBC/UA Results: Labs yesterday showed non regenerative anemia. Repeat labs today show hypoglycemia, moderate leukopenia, hemoconcentration. Retroviral negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal size (4.16 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.

The right kidney is normal size (4.09 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.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.53 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

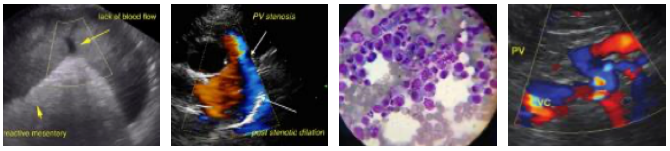
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1:1. 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.

Gastrointestinal

The gastric lumen is 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 (mild to moderate). 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. The colonic lumen is diffusely fluid distended. There is no obvious evidence of a foreign body/obstruction.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is



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mildly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

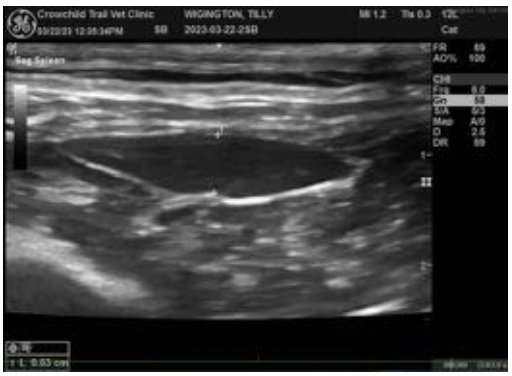
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

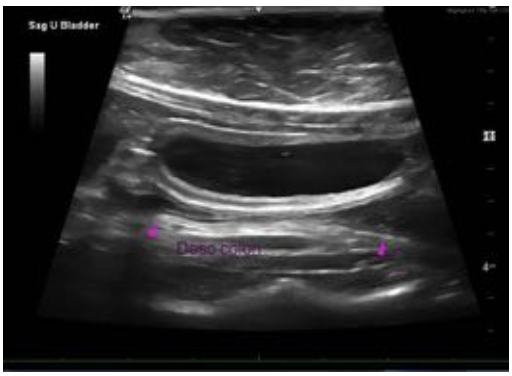
ULTRASONOGRAPHIC FINDINGS

- Diffuse gastrointestinal ileus. Functional ileus is suspected due to the diffuse nature and lack of obvious evidence of a foreign body or mass causing an obstruction.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for acute gastroenteritis/inflammatory bowel disease flare up is recommended. Also consider a fecal evaluation for ova and Giardia. If GI signs persist, a more comprehensive GI workup (i.e., malabsorption panel, +/- GI biopsies) may be warranted.
- Given the history of vomiting, also consider thoracic radiographs to assess for evidence of aspiration pneumonia.
- Regarding the hypoglycemia, an obvious cause is not identified. Considerations include insulinoma, sepsis, liver disease, hypoadrenocorticism, other. If the hypoglycemia is persistent, further diagnostics to evaluate these issues should be considered. In the meantime, dextrose supplementation is recommended.





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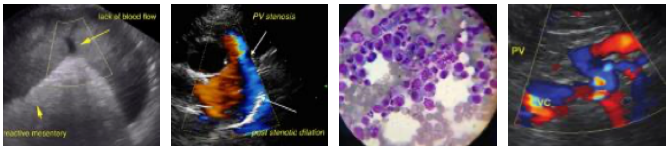

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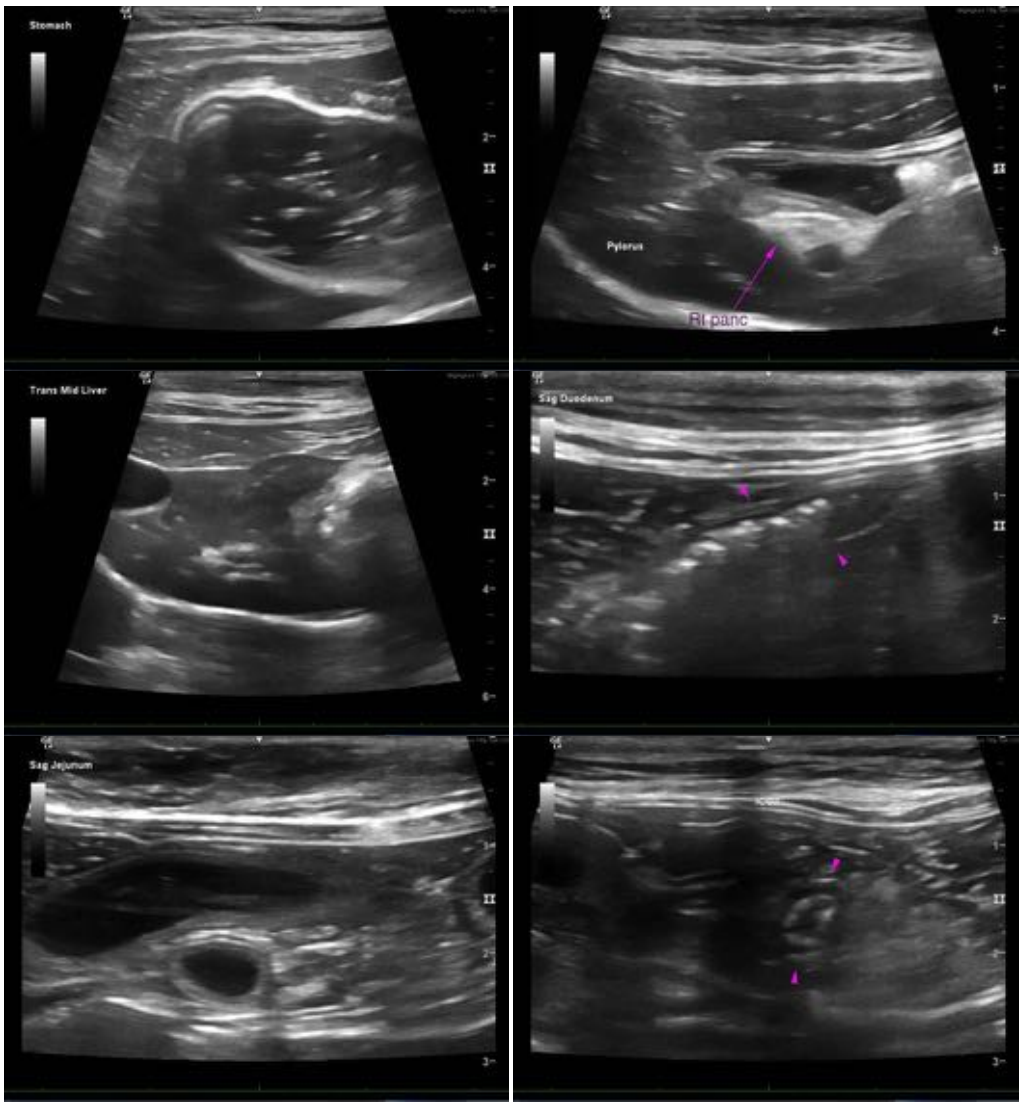

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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