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Clinical Sonography & Telecytology
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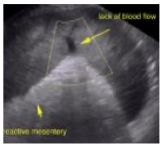
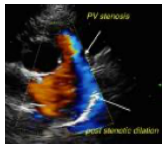
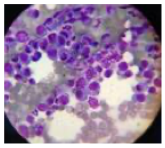
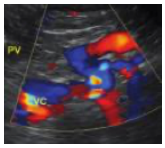





SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Pancake Davis

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Female Spayed

**AGE**
14 years

**WEIGHT**
3.42 lbs

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

**IMAGING PERFORMED BY**
Erica Harmon

**HOSPITAL NAME**
Wilvet South

**REFERRING VET**
Erica Harmon

**INVOICE**
13712

**DATE**
7.17.23

## PRESENTING CLINICAL SIGNS

History:
Regular Veterinarian: Willamette Veterinary Hospital, Corvallis.
History: O states there was 4-5 piles of regurge on the floor. Cat has been hiding this morning which is not normal for her. O states she is normally purring, but she's acting off. O is worried she's building a tolerance to her new diet, & also a flair up of her pancreatitis. O says there's been a lot of vomiting.
Symptoms: vomit, lethargic, hiding
Duration: Yesterday
E/D/U/D: E/D WNL U/D WNL
V/D/C/S: V+/D-/C-/S-
Indoor/Outdoor/both: indoor only

Previous Medical Conditions: tooth resorption issue. Small trachea that causes her to make noise when she breathes. Something to do with her nerves in her back legs that make her wobbly
Current Medications: none

Diet Type: hydrolyzed s/o index
Frequency: 1/4 cup in each bowl BID

UTD on all vaccines, spayed.

Abnormal lab-work values:
P eating per o, disc ddx for chronic vomiting, esp if food responsive, r/o IBD, rec abd u/s and labs, and supportive care, disc can perform labs, u/s here vs follow up with rDVM and provide supportive care tonight

O elects senior screen and abdominal u/s

u/s history:
Long HX of food intolerance, will do well on hypoallergenic diet for awhile then start vomiting again, has been on limited ingredient diets, now on hydrolyzed diet, p vomited 4-5 times overnight, and was hiding today. Last labs ~1yr ago unremarkable, senior labs (CBC/CHEM/Lytes/fPL/UA/T4) pending

supportive care provided while u/s and labs pending

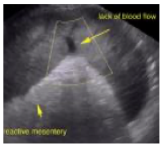
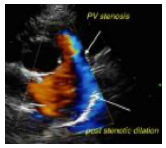
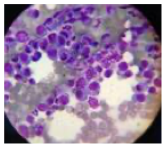
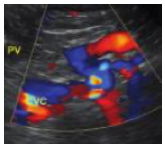
LRS 150ml SQ
Cerenia 1mg/kg SQ

## 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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right is normal in size (3.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 0.30 cm cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal

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vasculature appears normal.

***Adrenal Glands***
The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

***Spleen***
The spleen is normal in size (0.73 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 appears normal.

***Liver***
The left limb and base are prominent in size with slightly irregular contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.22 cm in diameter).

The gall bladder is moderately distended. A bilobed conformation is suspected. The wall is slightly thickened (up to 0.15 cm) and hyperechoic. Luminal contents contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***
The st gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A small intestinal segment in the right cranial quadrant (thought to be duodenum) is mildly to moderately fluid-distended and hypomotile. The remaining small intestinal segments are segmentally gas-distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

***Pancreas***
The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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

### Findings

- The pancreatic changes are suggestive of chronic +/- active pancreatitis.
- The fluid-distended duodenum could be consistent with ileus or a structural obstruction (i.e., foreign material, other). A foreign body is not seen but cannot be excluded.
- The gallbladder wall changes are suggestive of cholecystitis. A bilobed conformation is suspected.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the regurgitation, three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- A fPLI +/- a full Texas GI panel including serum cobalamin and folate, TLI and PLI, should also be considered.

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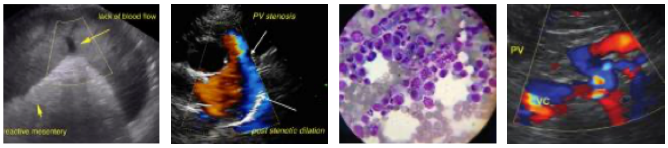

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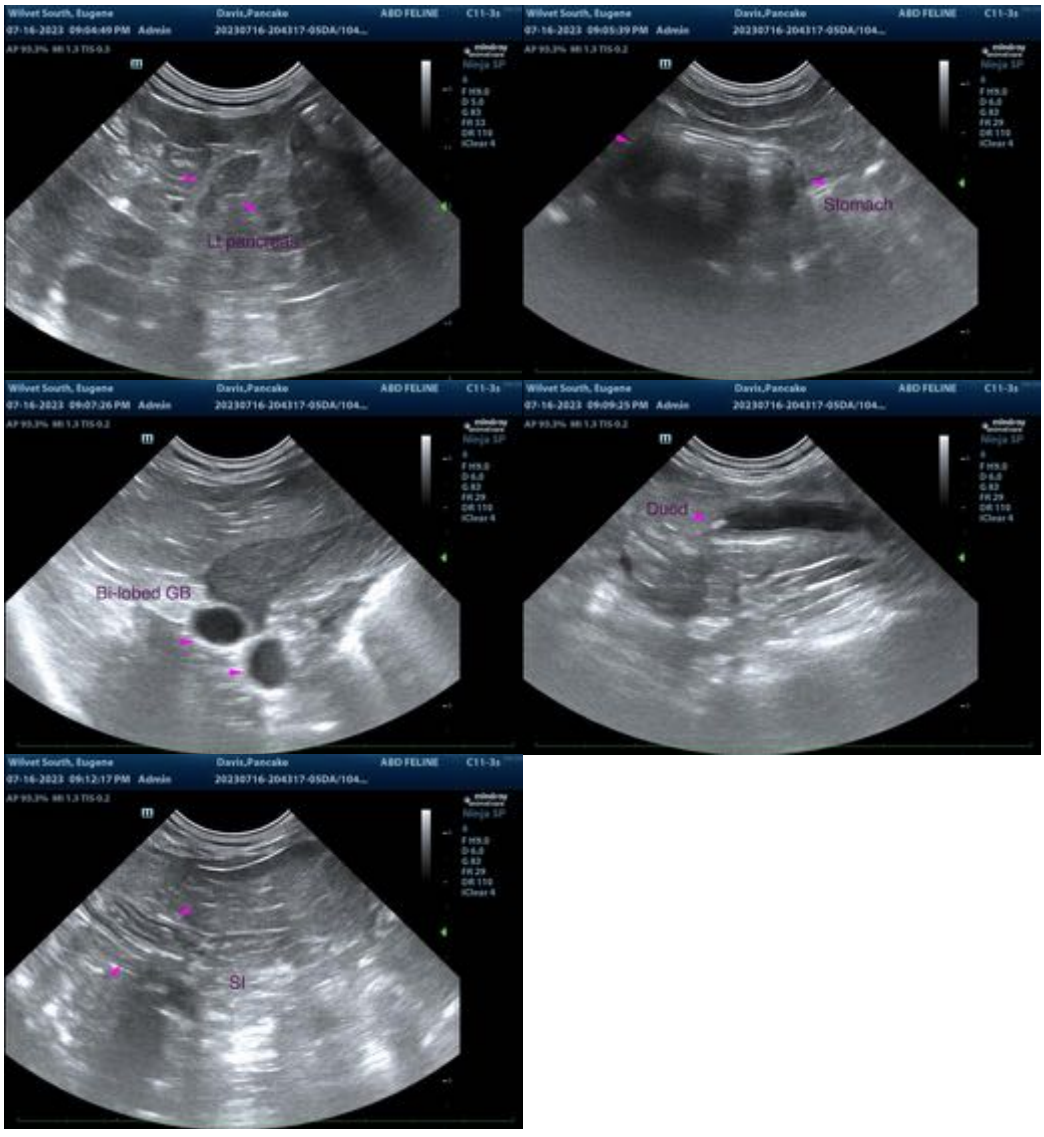
- Supportive care is recommended.
- Given the duodenal changes, consider a repeat ultrasound in 12-24 hours to reevaluate the dilation and reassess for obstruction.
- If the patient does not respond to medical management, and/or the above diagnostics are inconclusive, GI biopsies may be warranted.




**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.**

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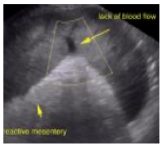
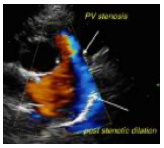
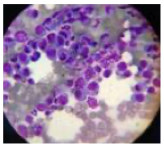
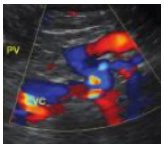

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com