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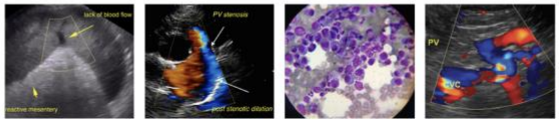


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Miss Kitters Mckamey

SPECIES

Feline

BREED

DSH

SEX

Spayed

AGE

7.15.2016

WEIGHT

12.15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Kim WIlson

INVOICE

11275

DATE

7.28.22

PRESENTING CLINICAL SIGNS

Presented today for recheck of hard palate mass. Patient is painful in left abdomen, and very anxious, which are new signs. Abdomen is pendulous (not present in previous visit). Owner believes the large abdomen and change in behavior began about a week ago.

Current Medications: prednisone 5 mg q 48 hrs
Radiographic Findings: large amount of stool in colon, intestines ventral, small, compressed loops. Left lateral faint large soft tissue density dorsocranial to left kidney.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distende. A scant 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 size (4.01 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.35 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is prominent in size (1.02 cm in width at the level of the hilus) with a slightly folded contour and smooth peripheral margins. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

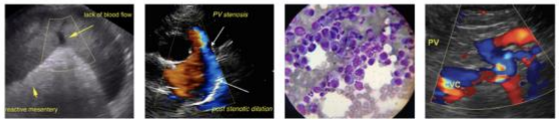
Liver

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 mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is over-distended (<5.00 cm) with soft, shadowing material, consistent with hair or grass. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme and soft, shadowing material. The small intestinal wall is normal in thickness with a normal layering pattern and



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appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains hard, shadowing fecal material.

Pancreas

The left limb of the **pancreas** is normal in size with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The shadowing material within the gastric lumen is most consistent with a large amount of hair, grass or similar. The soft, shadowing material seen intermittently throughout the small intestinal lumen likely represents the same substance. There is no obvious evidence of a small intestinal obstruction.
- The mild splenomegaly could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) or less likely, infiltrative neoplasia (i.e., round cell tumor).
- Nonspecific chronic, renal changes with bilateral cortical infarcts
- Constipation is suspected based on the clinical history, abdominal radiographs, and sonographic changes.
- 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

- An enema and supportive care are recommended to alleviate the constipation.
- Regarding the large, gastric hairball, consider an attempt at medical management, or surgical removal, if not improving. If surgery is pursued, repeat abdominal imaging should be performed just prior to anesthesia to ensure that the foreign material is still present within the gastric lumen.
- Regarding the renal changes, serial monitoring of the patient's kidney values, and urinalysis is recommended to assess for the development of azotemia and isosthenuria, respectively.
- A fine-needle aspirate of the spleen can also be considered to rule out round cell neoplasia (if clotting status is appropriate).

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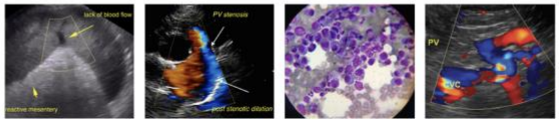

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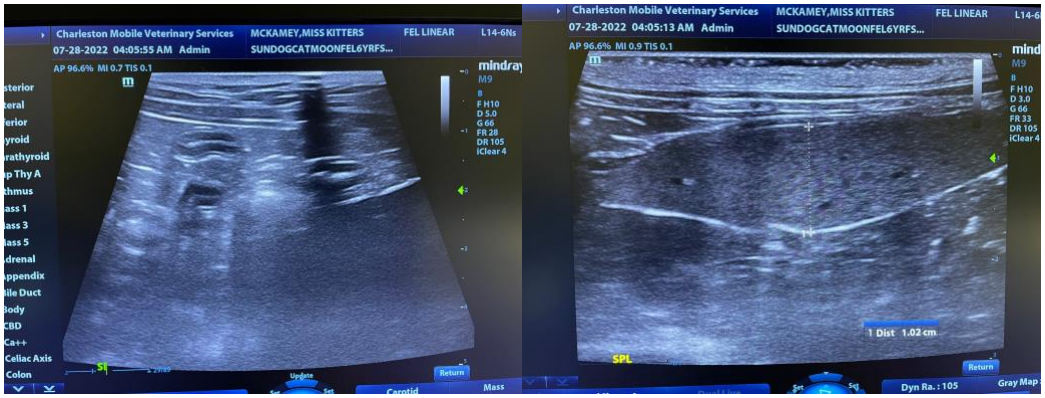

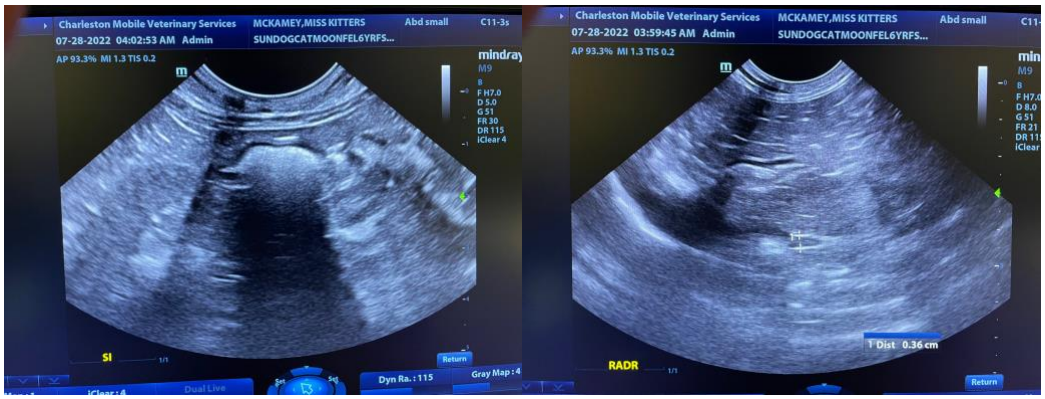

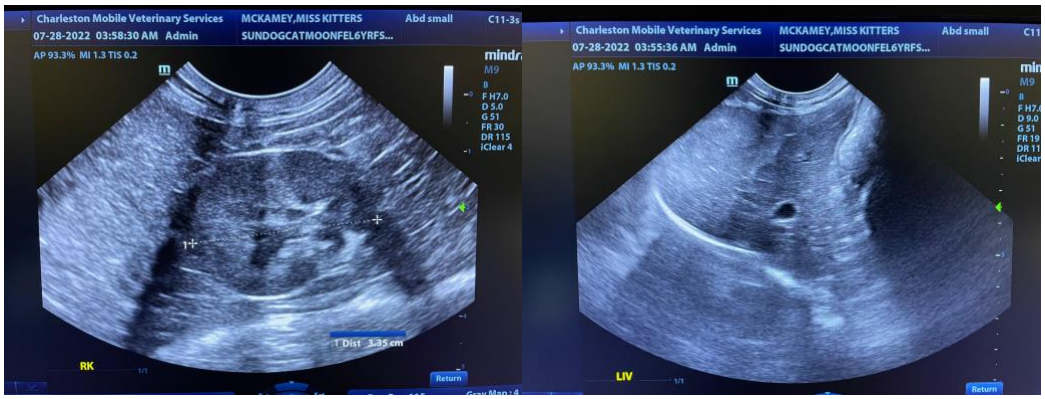

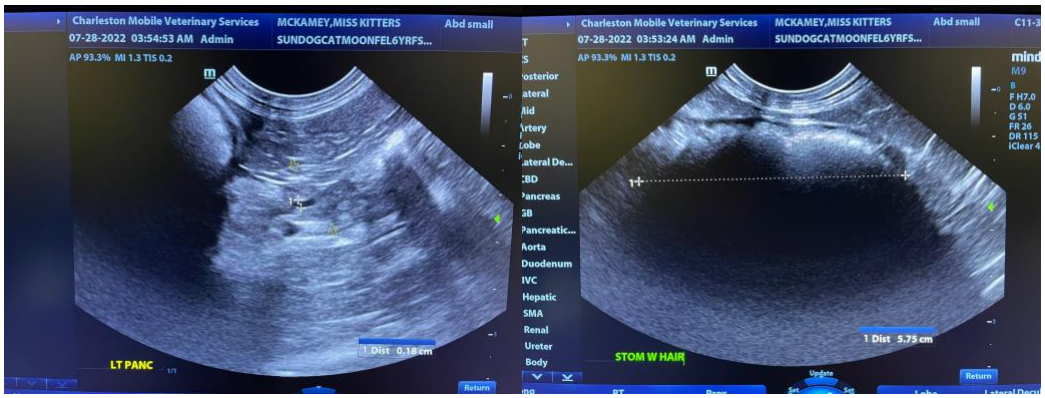

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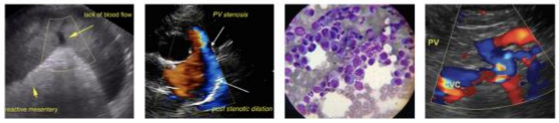

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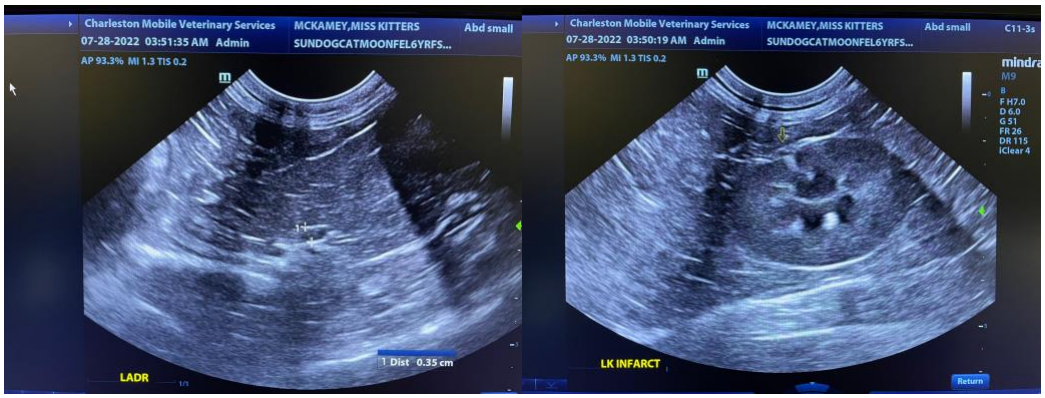

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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