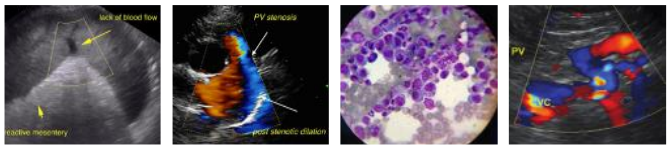
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Pepsi Roberts

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

2.86 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

20854

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: P has had rapid wt loss, been vomiting, and not eating. Placed NGT to remove 120 mls of fluid off stomach. Took rads, did BW. CBC: HCT 39.1%, eosinophils 0.07k/ul, PLT 802k/ul (H), Chem17: glucose 189mg/dl (H), BUN 51mg/dl (H), amylase 1769u/l (H) ePOC: ph 7.446 (H), Potassium 3.0mmol/l (L), chloride 108mmol/l (L), Lactate 5.57mmol/l (H), BUN 55mg/dl (H), Glucose 157mg/dl (H) T4: 1.6ug/dl (N)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.33 cm. The right kidney measures 3.63 cm. The capsule in the right kidney is mildly irregular as a results of a chronic infarct at the cranial pole.

Adrenal Glands

Left adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal. *See Free Abdomen section.

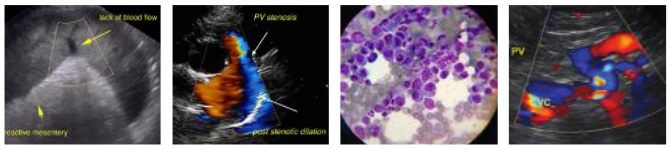
Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous in appearance, but not pathologically dilated, which is often a normal anatomic variant in cats.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. *See Free Abdomen section.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

In the mid abdomen, near the right kidney, believed to the duodenum, there is a small bowel loop that is mildly more fluid distended than the others and contains a small curvilinear echogenic density with acoustic shadowing that is believed to represent normal ingesta/potentially granular or mineral debris and gas, however, foreign material cannot be definitively ruled out.

No lymphadenopathy or free fluid is noted.

In the mid to caudal abdomen, there is a 1.2 cm x 2.3 cm oblong, slightly heterogenous, primarily hypoechoic structure that is believed to be a rounded tail to the spleen. However, that origination can't be definitively determined in these images, and an enlarged mesenteric lymph node vs other can't be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Suspected hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. Enlarged lymph node in the area of the spleen cannot be definitively ruled out.

- The appearance of the bowel in this patient is most consistent with a postprandial state with contents appearing consistent with normal ingesta, chyme, gas, etc., with potential gastric stasis or ileus present, secondary to underlying gastrointestinal other metabolic disease not ultrasonographically visible. Partial obstruction and/or foreign material can't be definitively ruled out, but there is no definitive evidence of that at this time.

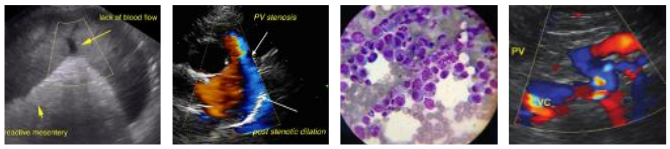
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An overall general metabolic health screen is recommended, including CBC/chemistry panel and electrolytes, as well as urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A fine needle aspirate of the spleen is recommended if patients coagulation status is appropriate.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, supportive/symptomatic medical management of potential pancreatitis, gastroenteritis vs other, in the form of antiemetics, gastroprotectants, appetite stimulants or



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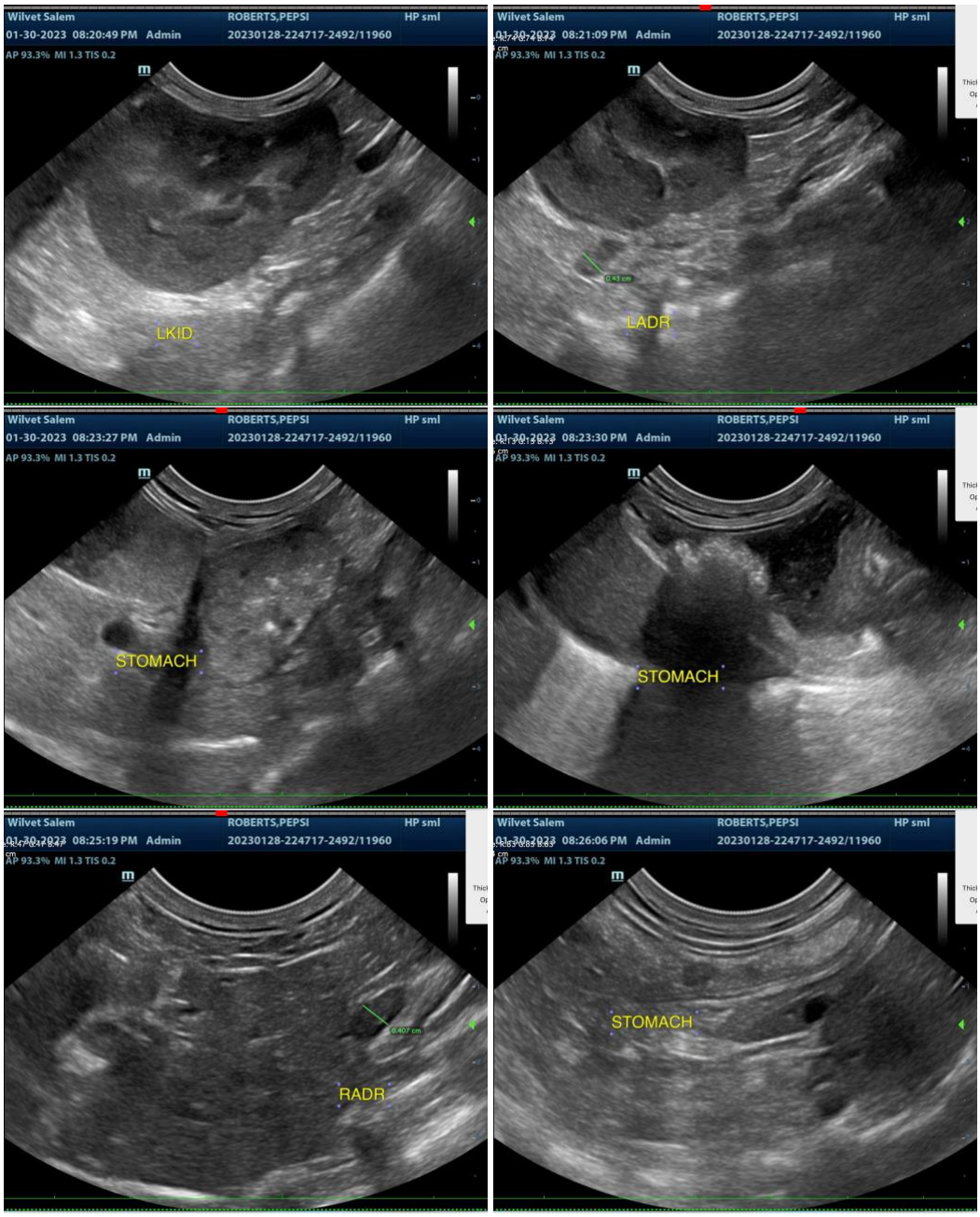
nutritional support (as needed), including, potentially, the nasogastric tube place for both feeding, as well as gastric suction, until ileus resolves, pain management (if necessary), fluid therapy, etc. If clinical signs persist, recheck imaging, ideally fasted, is recommended to help further differentiate suspected gastric stasis/ileus vs progressive obstructive pattern.



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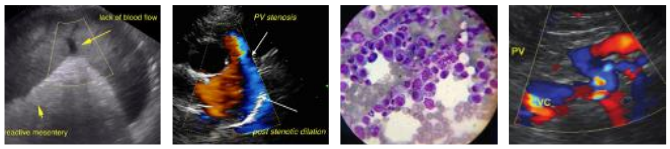

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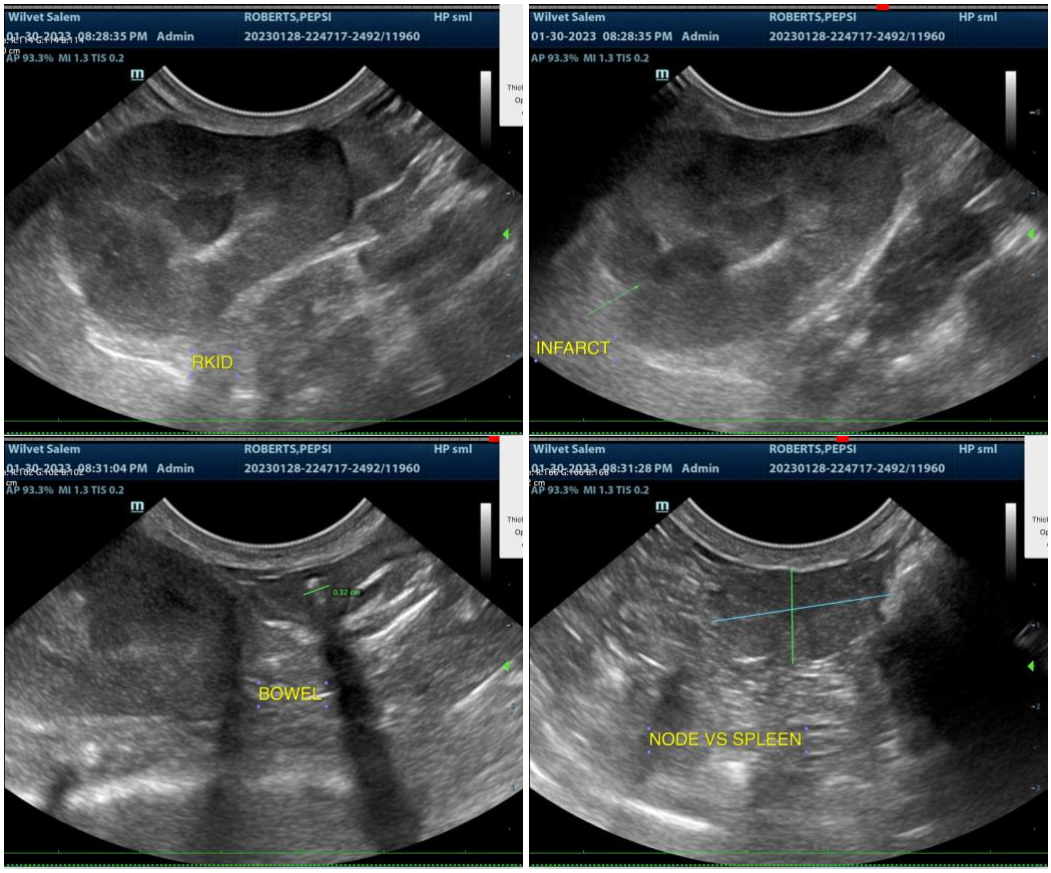

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com