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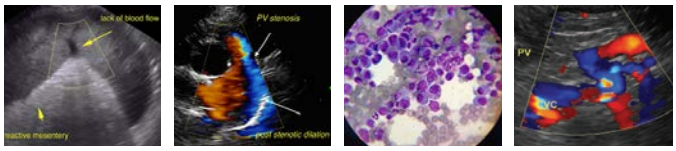
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gracie Richardson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Dr. Jenny Parrish

INVOICE NUMBER

33947

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Owner called us out because cat is still not eating well. Cat went into Carver Street for same issue, cerenia helps, but cat returns to same behavior once stop meds. Also has been on prednisolone when o can get her to eat it. Difficult to precisely ascertain exactly how often this actually is.
Abnormal PE/Chem/CBC/UA Results: no weight loss, exam WNL Vet Screen/CBC/T4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately 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.

Right kidney is normal in size (3.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (3.53 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Right adrenal gland is normal in size (0.92 cm long x 0.35 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.9 cm long x 0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable. 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.

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. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The body of the stomach wall is normal in thickness and layering. However, the stomach is moderately to markedly fluid distended with a curvilinear reflective hyperechoic interface and acoustic shadowing, concerning for foreign material. The shadow from that combined with gas and fluid makes full visualization of the gastric wall difficult. However, there appears to be some pyloric or proximal duodenal wall thickening measuring up to 1-1.2 cm thick with some loss of layering in that area.

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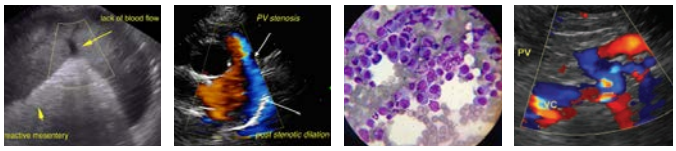

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine 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. **See stomach description.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Thick pylorus/proximal duodenal wall and stomach contents with acoustic shadowing, concerning for foreign material such as hairball or cloth density that is able to uptake fluid and give this appearance. Normal ingesta caused by delayed gastric emptying due to some pyloric thickening is also possible versus foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess gastrointestinal function, followed by allowing complete GI tract emptying and reassessment of an empty stomach and small bowel with both abdominal x-rays and abdominal ultrasound.

If the stomach material remains present and/or the thickening remains present, gastroscopy to further evaluate the stomach contents +/- remove any foreign material as well as to assess pyloric outflow tract and obtain biopsies may be warranted. Other options would include an exploratory laparotomy and gastrotomy with full thickness biopsies of any abnormal thickened areas.

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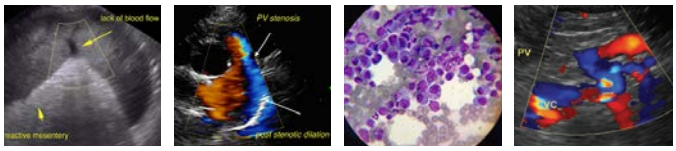

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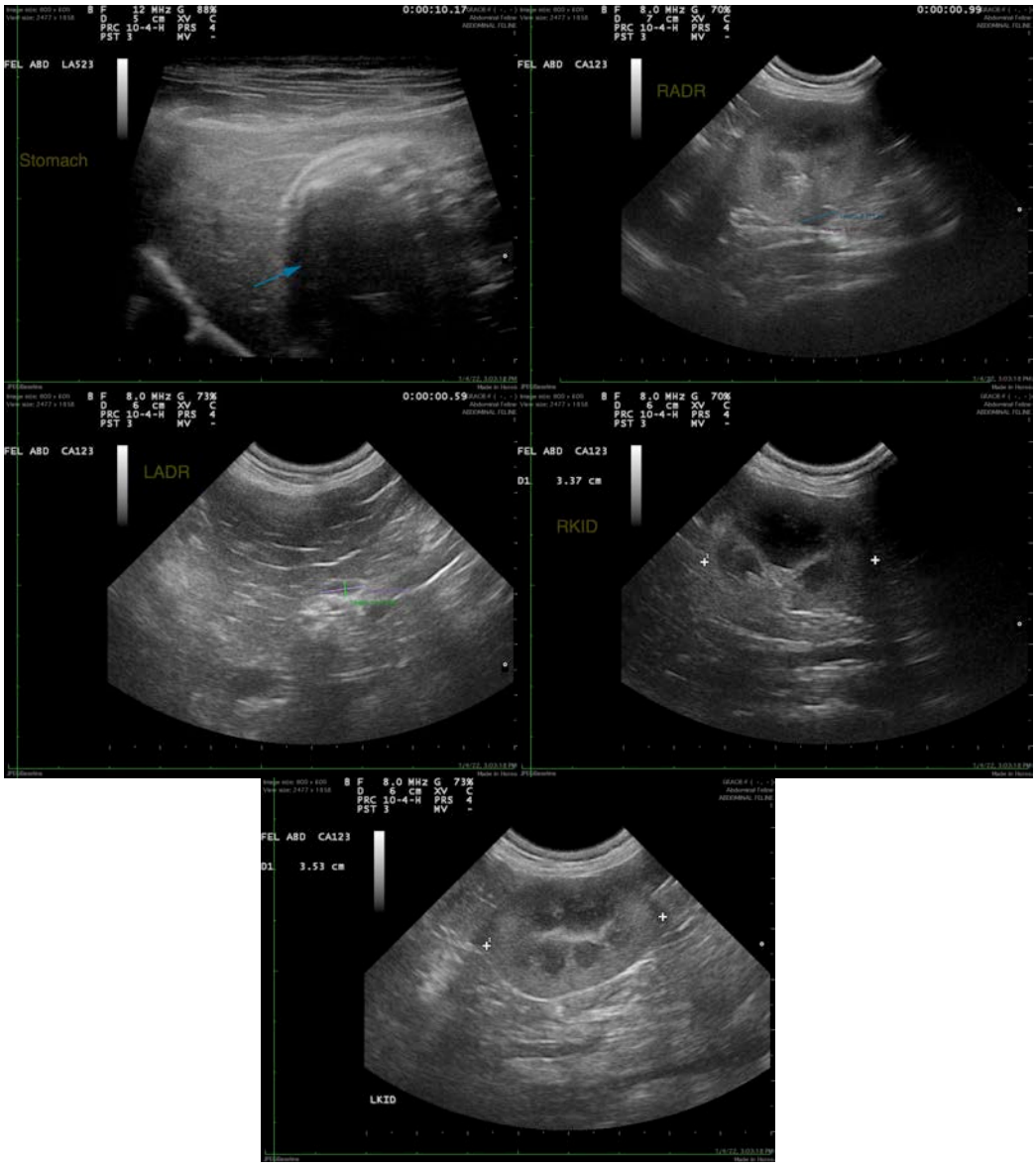

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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