



PATIENT

Shadow Fuchigami

PRESENTING CLINICAL SIGNS

3 day history of anorexia, no change after cerenia and Elura, which was started yesterday. Intermittent vomiting which is not new for him. Occasional soft stool which is self-limiting. HM-unchanged. Is hyperthyroid and on methimazole.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BW 1/3/23-WBC 3.7 K/uL, lymph 0.389 K/uL. T4 5.7 BW end of OCT—T4 was 0.7 but no documentation of med instructions for O. Also regenerative mild anemia, BUN 32

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

17 Years

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 measured 3.7 cm. The right kidney measures 4.3 cm.

WEIGHT

10 Pounds

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Der. Meghan Myers

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

HOSPITAL NAME

Hershire AH

Liver

The 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.

REFERRING VET

Dr. Meghan Myers

INVOICE

43929

The 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

DATE

1/5/23



| | |
|-----------------------------|--|
| PATIENT | |
| Shadow Fuchigami | The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. |
| SPECIES | |
| Feline | The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern or plication. Small intestinal hyperperistalsis is noted. In the mid to caudal abdomen, there is a slightly focally more fluid distended loop of bowel with brightly echogenic, non-shadowing contents that could still represent normal ingesta. However, foreign material cannot be definitively ruled out. Again, no plication, etc. is present to suggest obstruction, but it can't be ruled out. |
| BREED | |
| DSH | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| SEX | Pancreas |
| Neutered Male | The 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. |
| AGE | Free Abdomen |
| 17 Years | There is no evidence of free peritoneal effusion noted in these images. |
| WEIGHT | There is no apparent lymphadenopathy noted in these images. |
| 10 Pounds | PRIMARY FINDINGS |
| INTERPRETED BY | <ul style="list-style-type: none"> Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. While the appearance of the bowel is more consistent with gastroenteritis, given the focally mildly more fluid dilated loop with echogenic luminal contents described above, an early or partial obstruction secondary to foreign material can't be ruled out, but the lack of plication, etc. makes it lower on the list of differentials. |
| Beth Johnson, DVM DACVIM | SECONDARY FINDINGS |
| IMAGING PERFORMED BY | <ul style="list-style-type: none"> Urinary bladder debris Age related kidneys Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely. |
| Der. Meghan Myers | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| HOSPITAL NAME | Given this patient's chronic history of intermittent vomiting and diarrhea, if not recently evaluated, 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. |
| Hershire AH | If the Methimazole is being administered orally, a transition to transdermal could be considered in case oral administration is resulting in gastrointestinal upset. |
| REFERRING VET | |
| Dr. Meghan Myers | In the meantime, supportive/symptomatic medical management of gastroenteritis with antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable, appetite stimulants, and empirical |
| INVOICE | |
| 43929 | |
| DATE | |
| 1/5/23 | |



PATIENT

Shadow Fuchigami

deworming with a 5-day course of Panacur are all recommended. Given the slightly atypical appearance of the luminal contents described above, if clinical signs persist, an additional 12-24 hours of fasting is recommended with recheck imaging (both x-rays and ultrasound) to rule out progression of the changes that may signify an obstruction.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

10 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Der. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

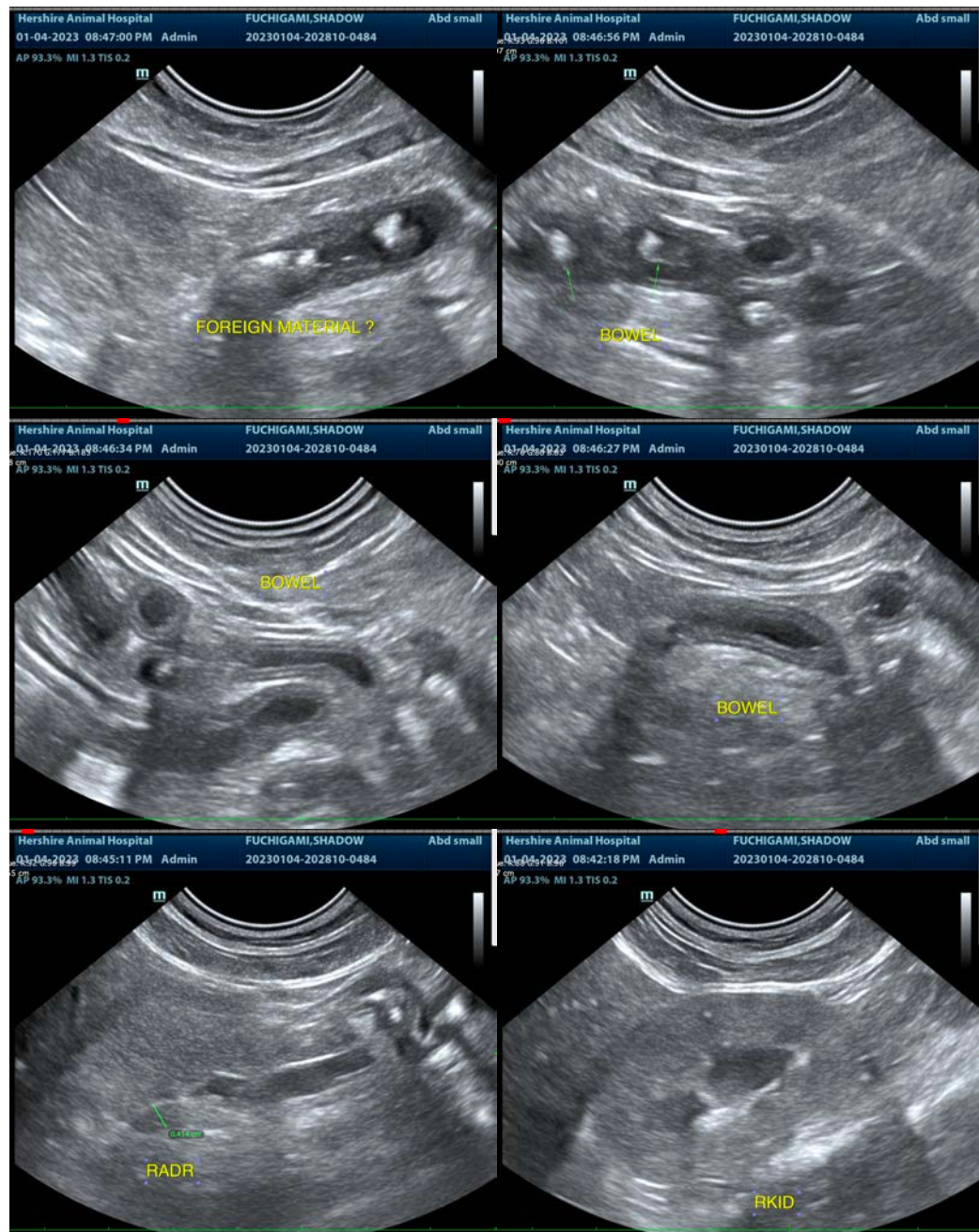
Dr. Meghan Myers

INVOICE

43929

DATE

1/5/23





PATIENT

Shadow Fuchigami

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

10 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Der. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

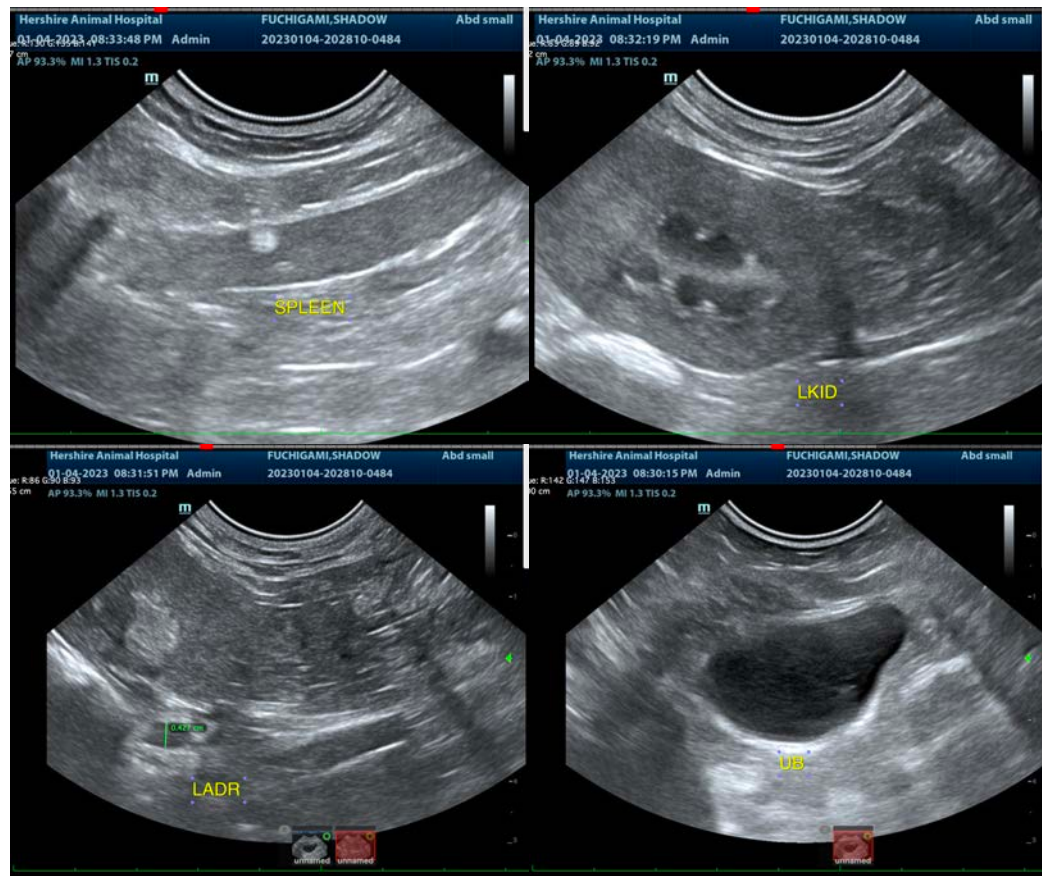
Dr. Meghan Myers

INVOICE

43929

DATE

1/5/23



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com