

**DATE**

10/21/21

PRESENTING CLINICAL SIGNS

History: Acute vomiting 10-8-21; radiographs did not show radiolucent FB or show obstructive pattern. Treated symptomatically. Taken to Pet ER 1 week ago, AUS suspects soft FB, treated symptomatically; advised f/u U/S. Current Medications: Not provided by the veterinarian.

PATIENT

Pumpkin Stokes

Lab Results: Not provided by the veterinarian.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Himalayan

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered male

Left kidney is normal in size (4.26 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

8/1/09

Right kidney is normal in size (4.36 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

8.1 lbs

Adrenal Glands

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (0.93 cm long by 0.41 cm thick), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Cat Hospital at Towson

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Brunt

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

92544

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The small intestines revealed normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

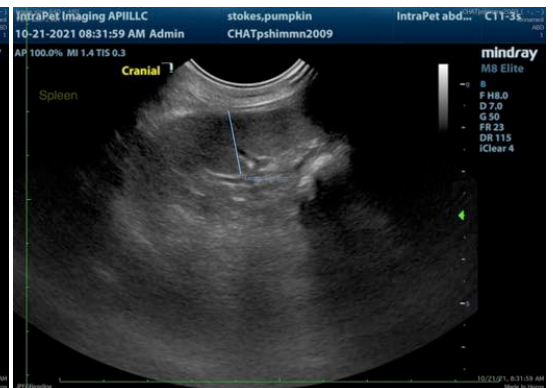
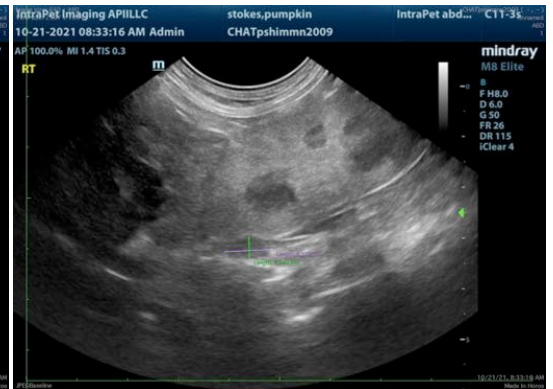
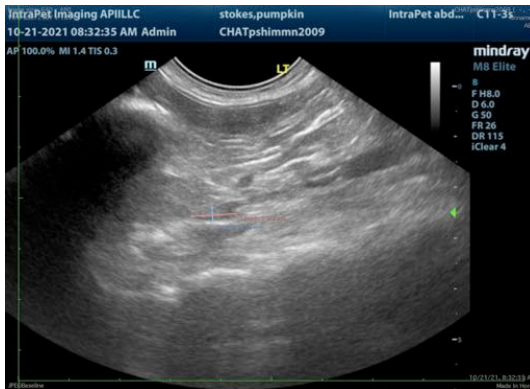
ULTRASONOGRAPHIC FINDINGS

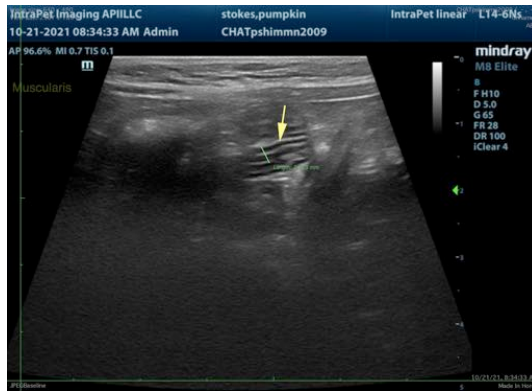
PRIMARY FINDINGS:

- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Hyperechoic normal size kidney – most consistent with normal fat deposition.
- Coarse splenomegaly – 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.
- Feline thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- No visible foreign body or obstructive pattern is observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a full CBC and serum chemistry with electrolytes if not already performed as well as urinalysis and urine culture if indicated pending urinalysis results. Other diagnostic recommendations include FNA of the spleen if the patient's coagulation status is appropriate as well as a gastrointestinal malabsorption panel including TLI, PLI, folate, and cobalamin to Texas A&M GI laboratory. If a splenic aspirate is not diagnostic for the cause of these clinical signs the next diagnostic step recommended is full thickness biopsies of the small bowel. If more advanced diagnostics are not pursued empirical therapy with a diet change to include novel or hydrolyzed protein diet as well as empirical cobalamin +/- empirical steroids may be considered.





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

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