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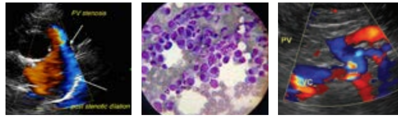

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/21/21

PATIENT

Sammy Hirsch

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10/20/07

WEIGHT

8.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Scarborough

INVOICE

26576

PRESENTING CLINICAL SIGNS

History: Inappetant and weight loss for several weeks/months. Will eat with Mirataz application but not as well as she did. According to o, pet seems needier than before. Indoor only, no other pets in household. Exam BCS 3/9, tense on abd. palp but no masses or organomegaly. Not grooming herself well, several regions where mats were cut out. Coat dry and dull. Normal auscultation heart and lungs but some debris L nares. No lymphadenopathy. No v/d.

Current Medications: Mirataz QOD.
Lab Results: Labs mostly unremarkable except for low RBC count and TP.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin 100mg administered prior to scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness of less than 0.2 cm. Contents include primarily anechoic fluid combined with a large amount of suspended, echogenic (some consistent with mineral, but non-shadowing) debris within the fluid. No masses or cystoliths observed. The trigione and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Right kidney is normal in size (3.42 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 (3.59 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 (0.79 cm long x 0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.33 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 stomach is moderate to markedly distended with translucent fluid and small echogenic debris as well as larger echogenic foci consistent with normal kibble. The wall has normal layering. However, the mucosa appears hypoechoic and thickened in areas, measuring up to 1.1 cm thick at its thickest.

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa.

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

Pancreas

The pancreas is diffusely prominent in size and mildly irregular in shape with a diffusely coarse, heterogeneous echotexture and hypoechoic echogenicity. Surrounding mesentery and fat is hyperechoic/reactive. No free fluid noted.

Free Abdomen

There is no evidence of peritoneal effusion. No appreciable lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

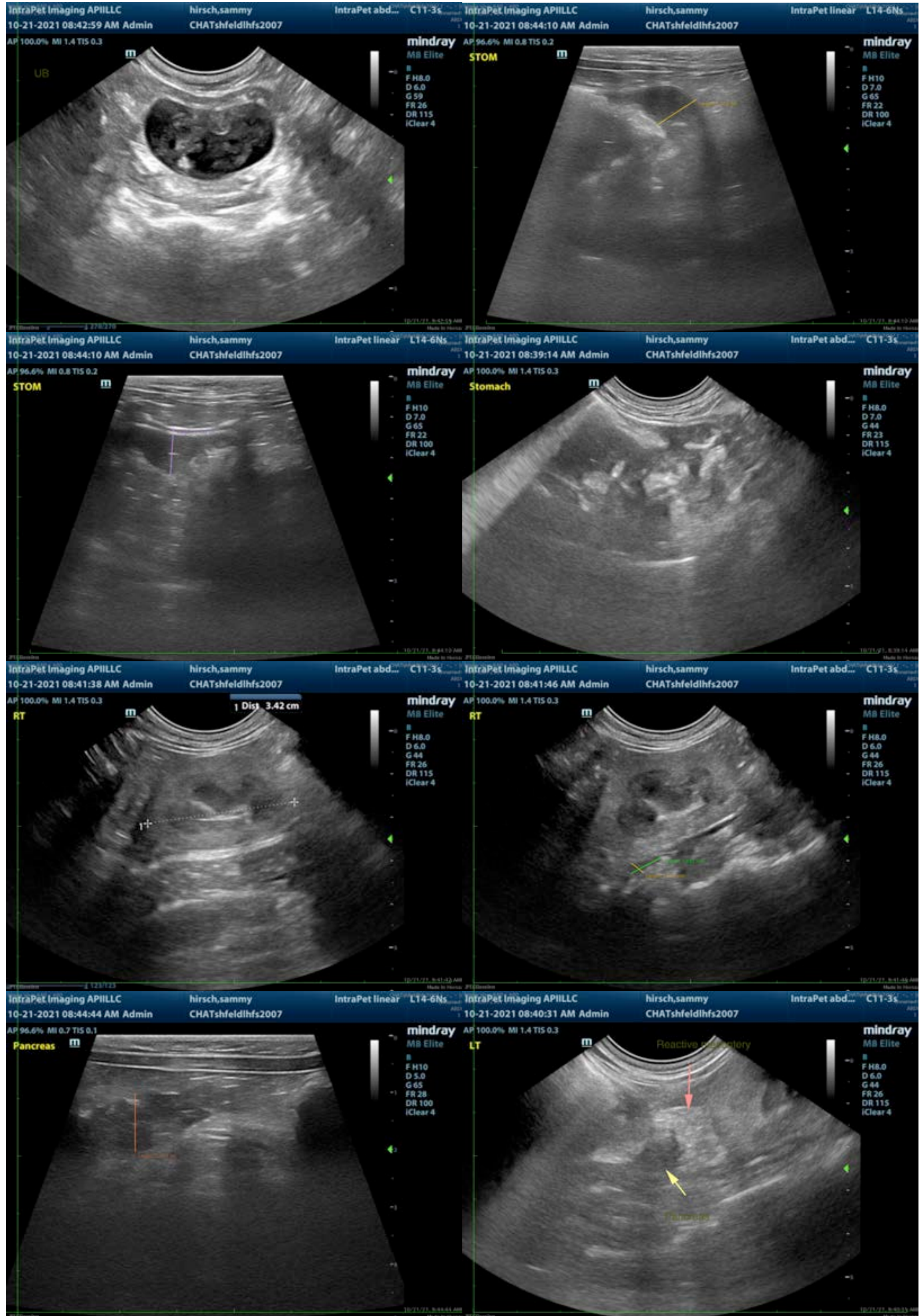
- Diffusely hypoechoic, heterogeneous pancreas and reactive surrounding mesentery – consistent with acute and potentially acute on chronic pancreatitis.

- 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.

Moderately to markedly fluid distended stomach with a thick mucosa - This area cannot be definitively ruled out as fluid accumulation. Color flow Doppler was difficult to interpret accurately due to artifact. However, thick mucosa is considered most likely. Differentials for these gastric changes include ileus secondary to pancreatits versus another metabolic condition. Partial obstruction cannot be ruled out, but is considered less likely without a reported history of vomiting and without visible foreign material noted. Infiltrative disease is possible, including infiltrative neoplasia given the thick mucosa.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Options include fasting this patient for a longer duration and then reassessing the stomach wall for changes along with color doppler. if the thickened mucosa is determined to be tissue versus fluid accumulated up against the inner wall, a fine needle aspirate of that stomach wall would be recommended if patient’s coagulation status is appropriate. Gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended given the concurrent small bowel changes, followed potentially by full thickness biopsies of both the small bowel and stomach if a diagnosis is not obtained with the previously mentioned gastric wall aspirate. Therapeutic recommendations include management of acute pancreatitis with antiemetics, appetite stimulants, fluid support, and pain medication as needed +/- antibiotic therapy while pending results of the aforementioned diagnostics.



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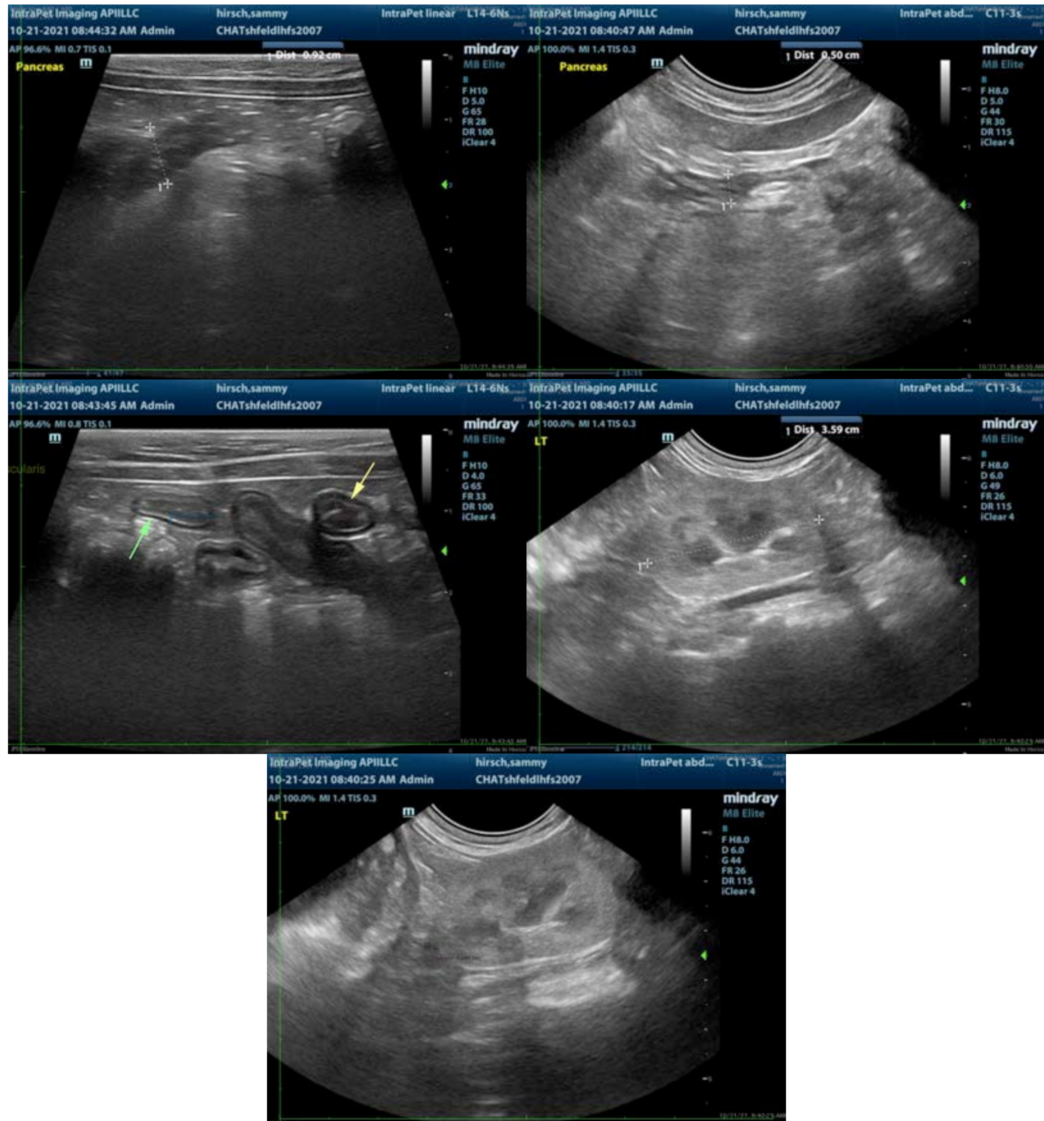

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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