



PATIENT PRESENTING CLINICAL SIGNS

Zoltan Gibbons Not eating or drinking. Uncomfortable on abdominal palpation
Abnormal PE/Chem/CBC/UA Results: Blood. Low Lymphocytes

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline 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.

BREED

DSH Right kidney is normal in size (3.77 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.

SEX

Neutered Male Left kidney is normal in size (3.39 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.

AGE

5 Years Right adrenal gland is normal in size (0.8 cm long x 0.29 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Left adrenal gland is normal in size (0.89 cm long x 0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

10.2 **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. The spleen measures 1.2 cm.

INTERPRETED BY

Beth Johnson, DVM DACVIM **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.

HOSPITAL NAME

Hamburg Vet Clinic 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.

REFERRING VET

Gastrointestinal

Dr. Branning The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is moderately fluid distended. No evidence of foreign material or infiltrative disease noted in these images.

INVOICE NUMBER

26156 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.

DATE

10/7/21



PATIENT

Zoltan Gibbons

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

SPECIES

Feline

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Mild hyperreactivity mesentery is noted around the body of the pancreas.

BREED

DSH

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- 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 as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

AGE

5 Years

- Prominent heterogenous pancreas – This finding is most consistent with chronic pancreatitis with a suspected acute on chronic flare up.

WEIGHT

10.2

- Moderately fluid distended stomach – most consistent with gastric ileus secondary to acute on chronic pancreatitis. Partial pyloric outflow obstruction cannot be ruled out but is considered much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include fine needle aspirate of the spleen if this patient's coagulation status is appropriate, and recommendations are to premed with Diphenhydramine in case the spleen is infiltrated with mast cells. Therapeutic recommendations include medical/supportive care of pancreatitis with IV fluids if needed, antiemetics, appetite stimulants, +/- pain medication if needed +/- antibiotics followed by monitoring of the stomach for improvement. If gastric distention does not improve with resolution of the peripancreatic inflammation, then repeat imaging with close examination of the pyloric outflow tract is recommended.

INTERPRETED BY

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DACVIM

HOSPITAL NAME

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REFERRING VET

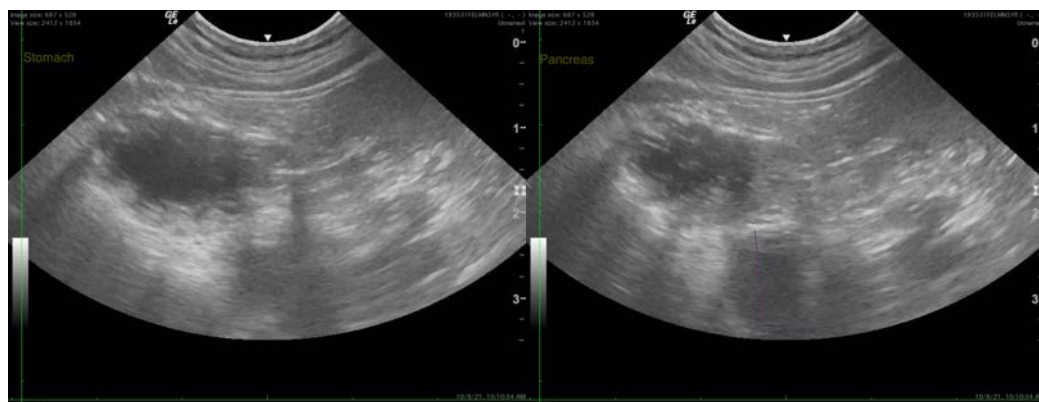
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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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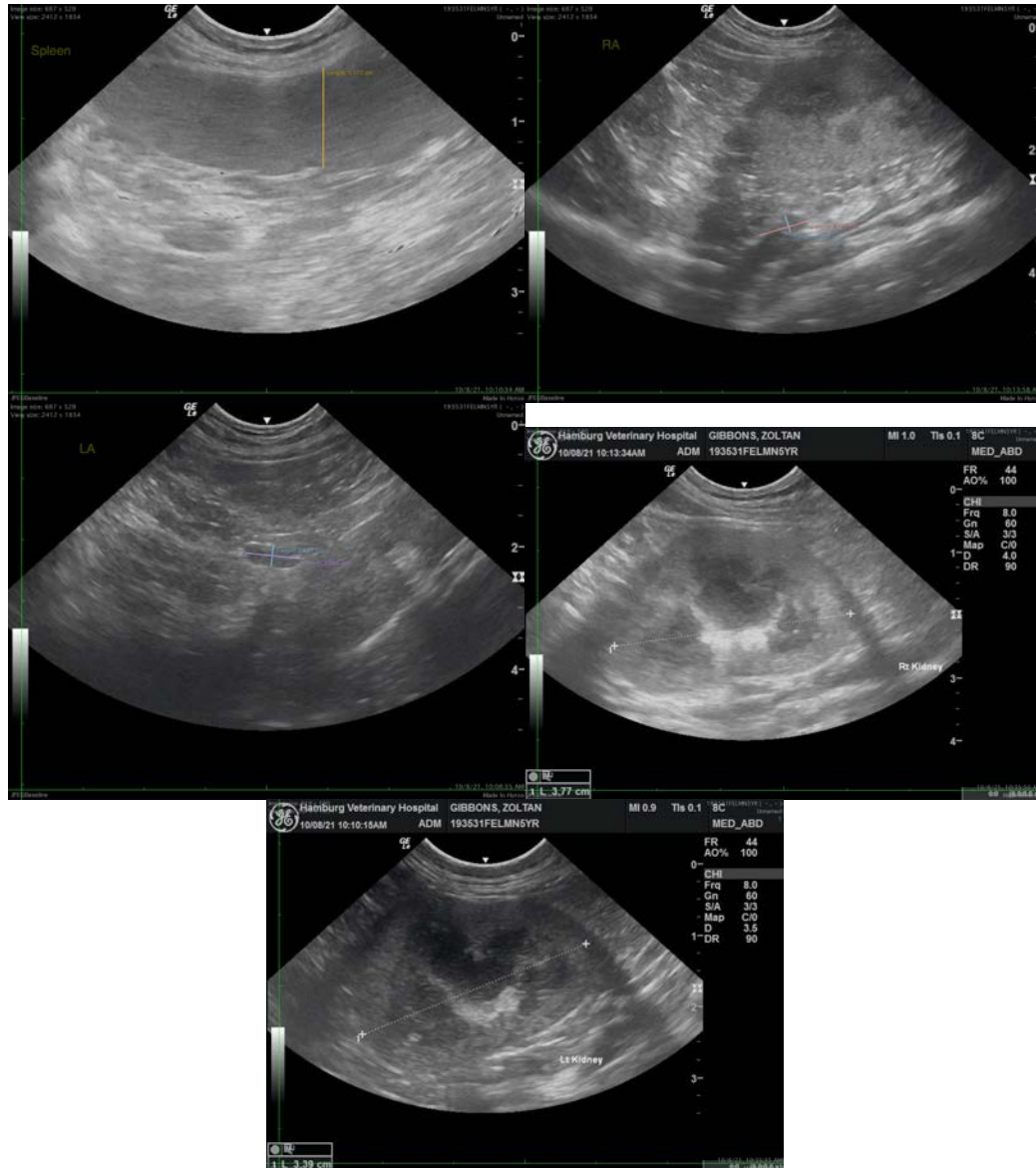
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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