



DATE	PRESENTING CLINICAL SIGNS
12/5/22	History: 12/1/22 - Presented for decreased appetite. P.E - 5-6% dehydrated, moderately tense abdomen. 12/2/22 - Owner called. Pet eating some if hand fed. But otherwise not eating.
PATIENT	
Mew Rinker	Current Medications: 12/1/22 - Started transdermal Mirtazapine SID and Hill's I/D diet Lab Results: 12/1/22 - CBC/Chem 11 - WNL; Snap FPL - Normal Rads: stomach full of what appears to be large pieces or coarse texture material, abnormal gas pattern but not definitive obstructive pattern. Hospitalized, 150 ml 0.9% NaCl SQ, Did not feed, Repeated rads 6 hrs later. Repeat abdominal rads - stomach still relatively full of a finer textured material, but some contents passing thru into the intestines, gas patterns changed and more consistent with gastroenteritis, can not rule out foreign material in the stomach.
SPECIES	
Feline	Date of Previous IntraPet Ultrasound: No previous.
BREED	Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
DSH	Imaging Performed By: Stephanie Warga RDCS, RVT.
SEX	
Neutered Male	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
6/13/20	Urinary bladder is adequately 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.
WEIGHT	Left kidney is normal is size (3.84 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.
11/2 Pounds	Right kidney is normal is size (3.9 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.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	Adrenal Glands
HOSPITAL NAME	Left adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Parkville AH	Right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
REFERRING VET	Spleen
Dr. Suter	Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.
INVOICE	Liver
19019	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 visible stomach wall is normal in thickness and layering. The stomach is not overly distended but does contain an echogenic interface with distal progressively shadowing material possibly consistent with normal ingesta/gas, however, a hairball or other similar fluid absorbing material cannot be definitively ruled out.

The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

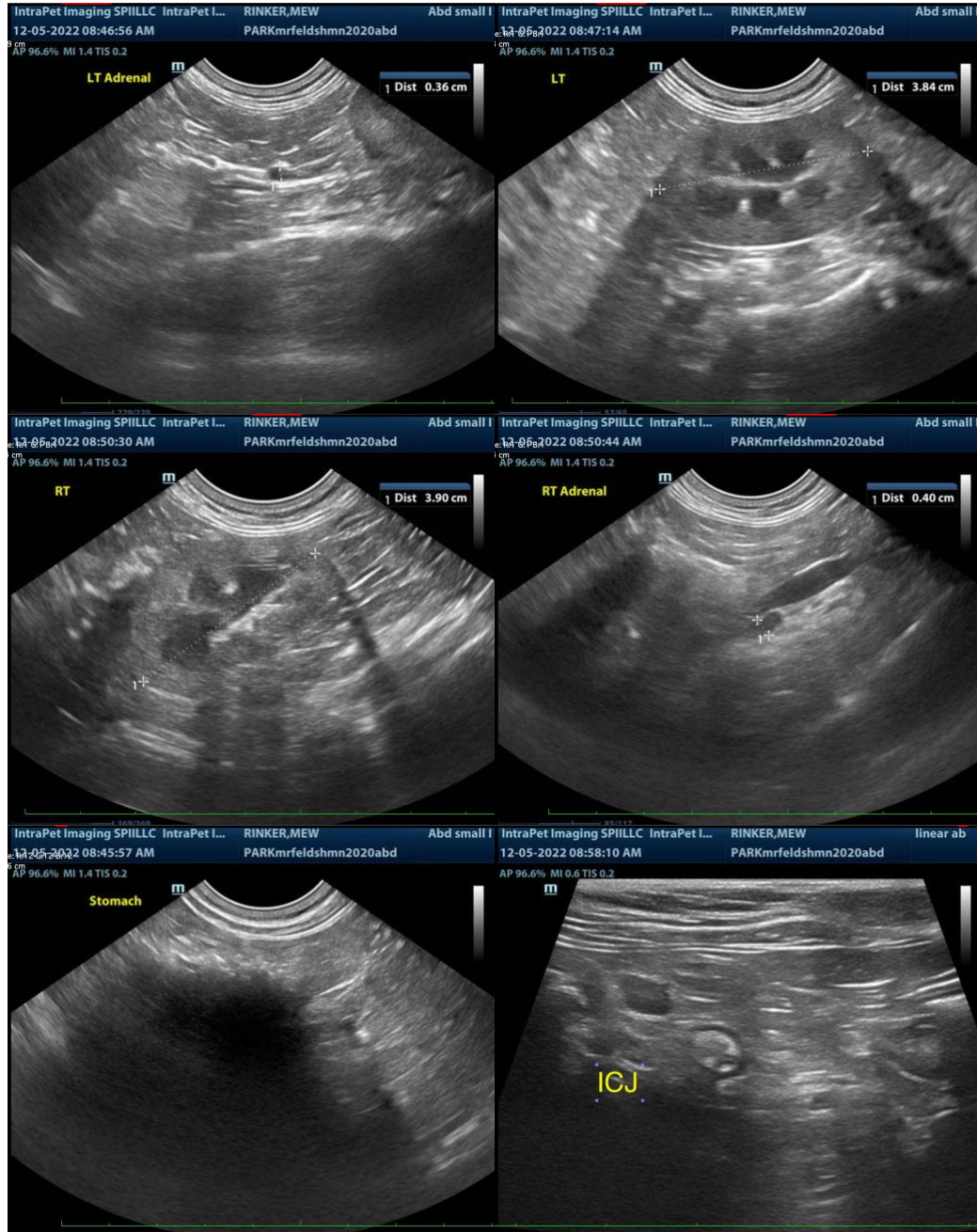
ULTRASONOGRAPHIC FINDINGS

- Gastric contents most consistent with normal ingesta/gas given the lack of distention, obstructive pattern, etc. However, a hairball or other similar density foreign material cannot be definitively ruled out.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fecal exam, followed by continued medical management of suspected gastroenteritis, including antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable, empirical deworming with a 5-day course of Panacur and a bland easy to digest diet.

If clinical signs persist, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function, as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease, as well as recheck imaging of both x-rays and ultrasound to more definitively rule out a gastric foreign body.



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.

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