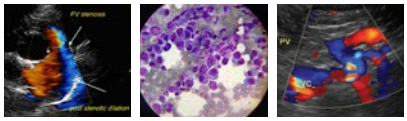
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/16/23

PATIENT

Speedy Wilson

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

4/4/10

WEIGHT

9.1 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

45310

PRESENTING CLINICAL SIGNS

Monday AM: started vomiting yellow bile - was not interested in eating and seemed uncomfortable – did not eat the whole day - called Dr Sinclair: was evaluated Monday night - BW, radiographs, injection ondansetron and cerenia (was heavily drooling when they got there), SQ fluids - brought home that night and was still not interested in eating or drinking. Since have been able to coax him into small licks of food but no water intake - has not been interested in treats - has not been lying down outside in meatloaf position. Did have BM and urine in the litter box Monday - since has only urinated once yesterday. Has been licking at FF and ate dried chicken breast this AM. Known to not be a big eater but will eat consistently - wellness patte, wellness morsels - eats poultry flavors - still wanting people food. Housemate is currently getting chemo (first treatment 1 week ago, did get chlorambucil treatment) - share food bowls and litter box Rdvm dx from Monday: - BW: Glu 265, Na 145, K 3.3, Cl 112 - T4 2.3 - Ua: Usg 1.032 - Radiographs - per owner: NSF Current meds: - Ondansetron - last given injection 830a - Cerenia - last given yesterday 630p - Mirtazapine - last given 10p - K in water - last given 10p - Attempted simethicone - Got b12 inj (0.2) - Gaba - last given Monday night - 50 ml SQ fluids - giving 2x/day - last given 830a.

Current Medications: See above.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (3.5 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.

The left kidney is normal in size (3.62 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

The areas of the adrenal glands are examined without evident pathology.

Spleen

The 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

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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic duct is mildly dilated and tortuous in appearance.

Gastrointestinal

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.

Diffusely, 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. However, focally in the mid abdomen, there is a mildly fluid dilated segment consistent with focal stasis or ileus or gastroenteritis without strong evidence of an obstructive pattern, plication, and/or visible foreign material to support the reason for the stasis. There is enhanced hyperechoic mesenteric fat adjacent to the bowel loop.

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

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Focal 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.
- **Chronic active pancreatitis –** An acute on chronic smoldering process contributing to the concurrent focal ileus can't be definitively ruled out.
- **Tortuous, mildly dilate cystic duct** – This may be secondary to chronic or an acute on chronic pancreatitis or concurrent or even resolved cholangitis and should be interpreted in combination with supporting laboratory changes, clinical signs, etc.

SECONDARY FINDINGS

- Urinary bladder debris

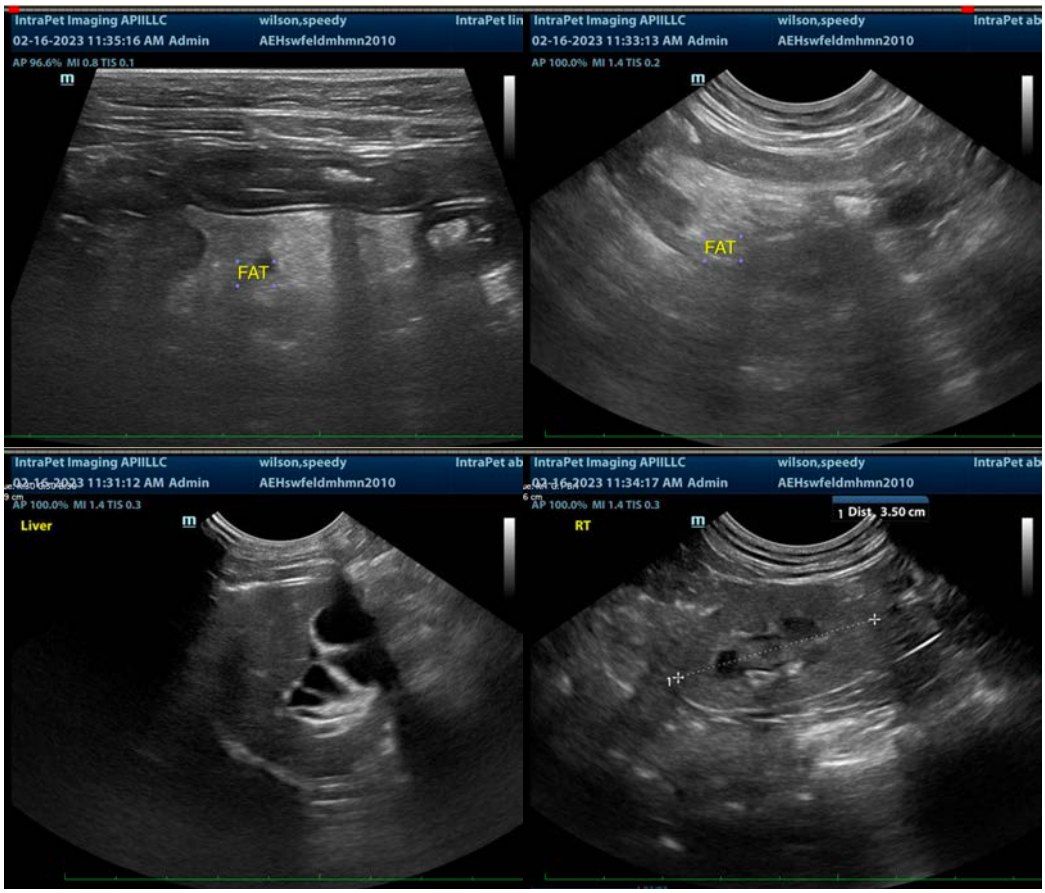
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

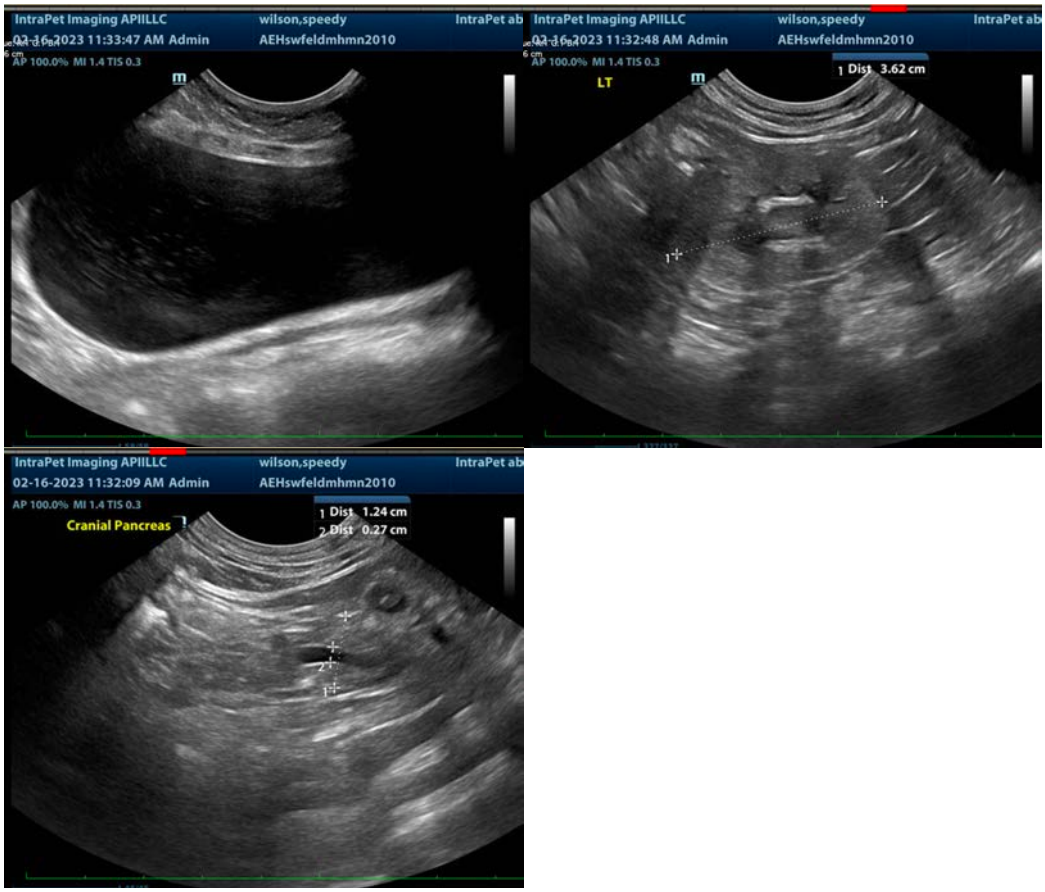
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, supportive/symptomatic medical management of potentially mild pancreatitis as well as gastroenteritis +/- cholangitis ("Triaditis") is recommended with antiemetics, gastroprotectants, appetite stimulants, or nutritional support, including a feeding tube as needed, pain management if clinically indicated, +/- broad-spectrum antibiotics, fluid therapy, etc.

If clinical signs don't resolve and/or persist/progress, recheck imaging, especially of the focal small bowel loop described above is recommended.





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
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