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Clinical Sonography & Telecytology
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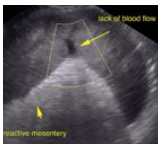
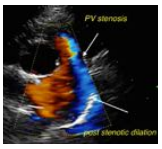
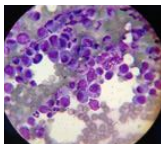
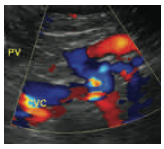





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Emma Tuchscherer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

9.3 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa

REFERRING VET

Dr. Haynes

INVOICE

95777

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Chronic history of vomiting. Screening for GI tract disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (3.44 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (3.48 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.96 cm long x 0.33 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.47 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

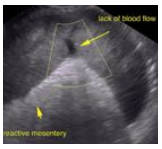
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

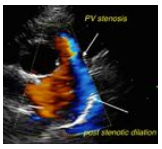
Liver

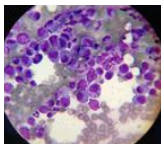
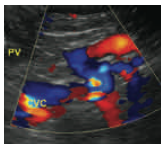
Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic bile and gravity dependent echogenic sediment. The wall is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

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.





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The small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

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

Pancreas

Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to hypoechoic echogenicity.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- 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.
- Cholecystic debris of unknown clinical significance. It can be seen with biliary stasis from fasting or illness; however, it can also be associated with hepatobiliary disease in cats. It should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALKP and/or increased total bilirubin.
- Prominent, heterogenous pancreas. This is consistent with normal age remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already evaluated CBC, serum chemistry panel, electrolytes and urinalysis is recommended given the gallbladder changes to further assess the hepatobiliary status. A gastrointestinal malabsorption panel is also recommended. This includes a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the gastrointestinal tract and pancreas. Given the patient's chronic vomiting, total T4 and free T4 are also warranted. In the meantime, empirical therapy could be tried with transition to a novel or hydrolyzed protein diet. Ultimately biopsies of the intestines being sure to include the ileum if possible may be necessary to definitive diagnosis an underlying infiltrative bowel disease and better direct therapy to control clinical signs. If biopsies are not possible other empirical therapies could include steroids. If there is evidence of hepatobiliary disease on the lab work then management recommendations include addressing that and reassign clinical signs before further pursing gastrointestinal tract biopsies.

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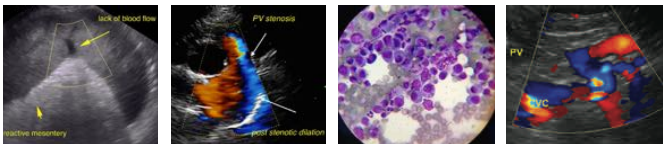

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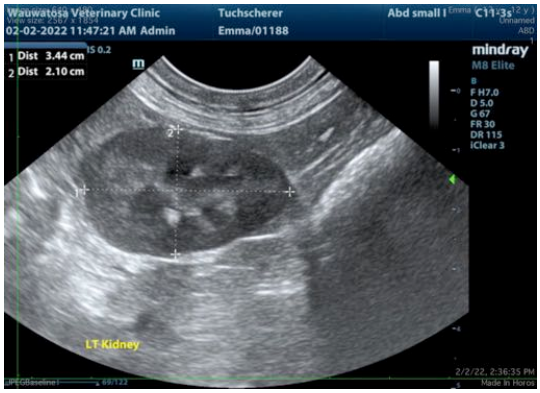

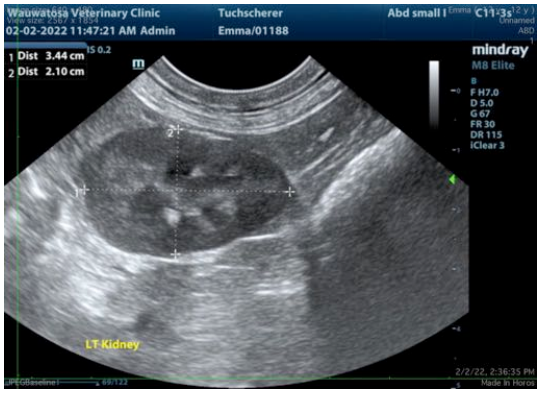

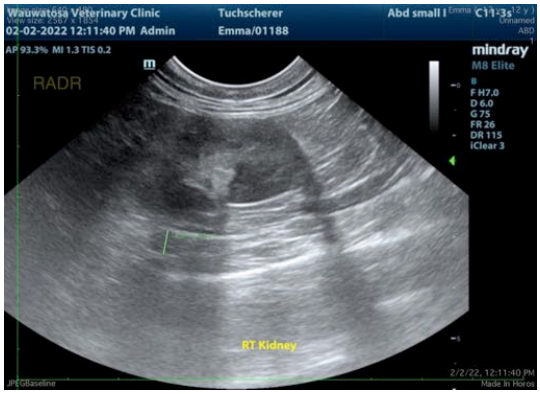

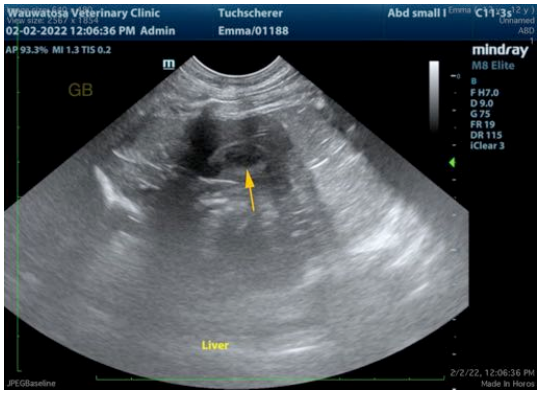

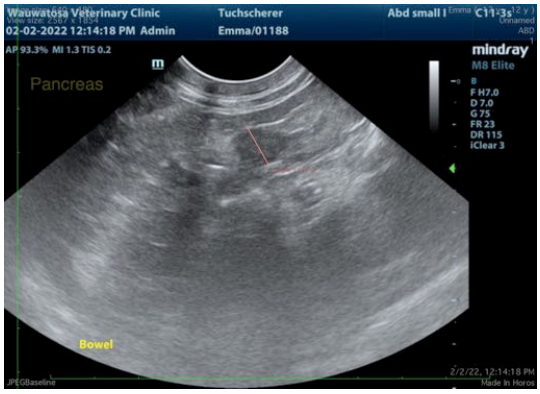

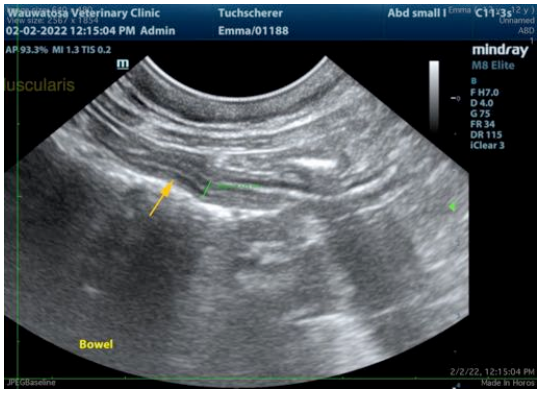

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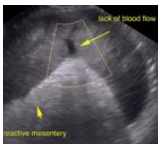

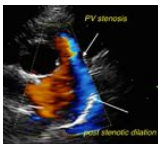

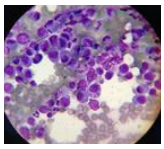
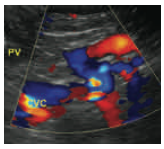

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com