



DATE PRESENTING CLINICAL SIGNS

2/21/23

GN4R Boots presented last Thursday for pulling out her fur and scabbing. She was placed on chlorpheniramine 1 mg bid for possible allergies. On Friday she ate her morning breakfast but was very quiet all day and did not eat Friday pm. She was seen Saturday morning for lethargy and anorexia. She did eat a few treats but then vomited them up. X-rays taken showed a soft tissue density in the caudodorsal thorax that was not present today so that is suspected to be a hiatal hernia. She was treated over the weekend for possible pancreatitis and she has responded a little to the medications but not as well as had been expected. Current Medications: Cerenia 4mg sid, cyproheptadine 1mg bid, 50ml sq fluids given Sat and Mon am

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

GN4R Boots Beaulieu

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11/7/07

WEIGHT

7.75 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measured 3.64 cm. The left kidney measured 3.43 cm.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Cat Sense Feline
Hospital

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. A discrete, well demarcated, hyperechoic non-capsular disrupting nodule was noted in the mid spleen. Splenic vasculature appears normal.

REFERRING VET

Dr. Sinclair

INVOICE

42913

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 visible stomach wall is normal in thickness and layering. The stomach is markedly distended with echogenic, non-shadowing, luminal contents and gas. This is most consistent with normal ingesta. However, given this patient's reported history of fasting delayed gastric emptying can be considered soft cloth, fluid absorbing foreign material is considered less likely, but 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) 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 free peritoneal effusion noted in these images.

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

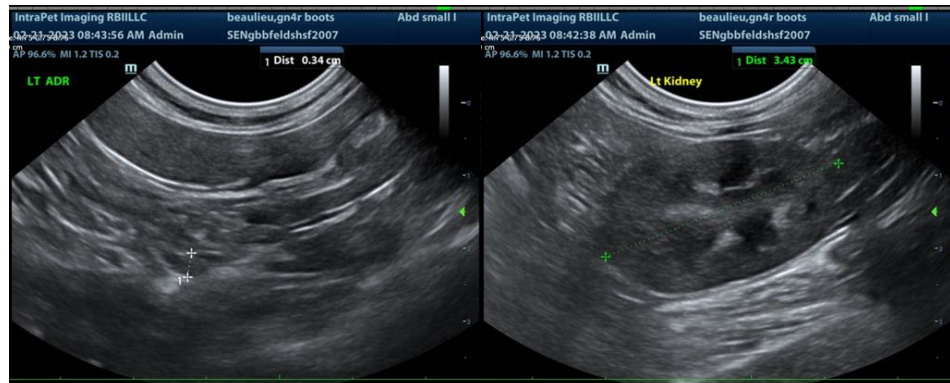
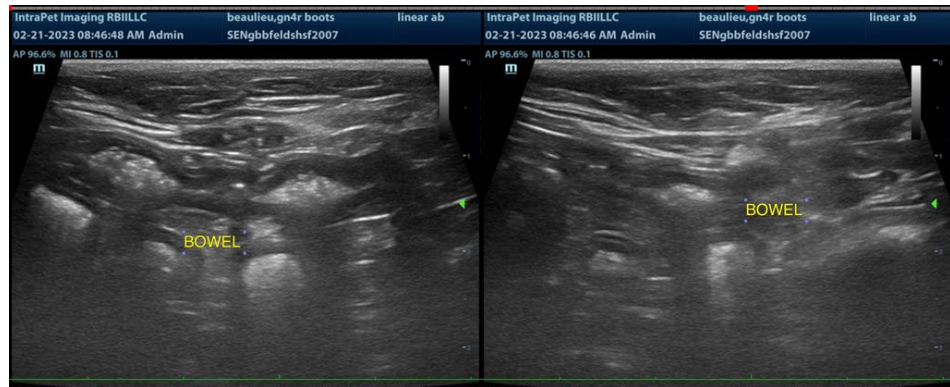
Primary Finding

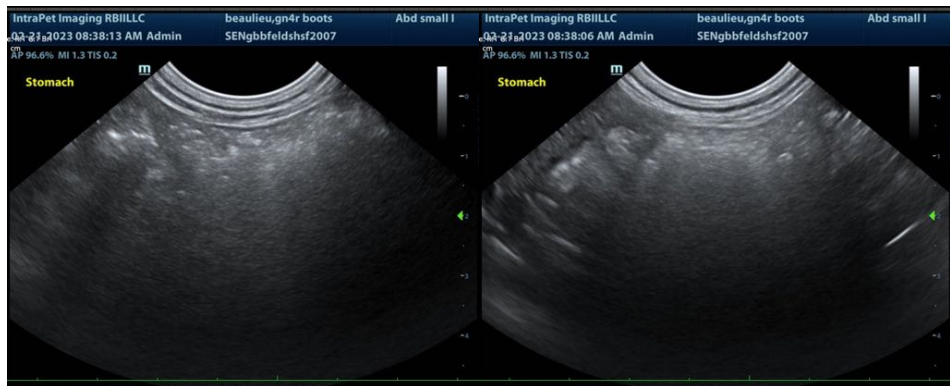
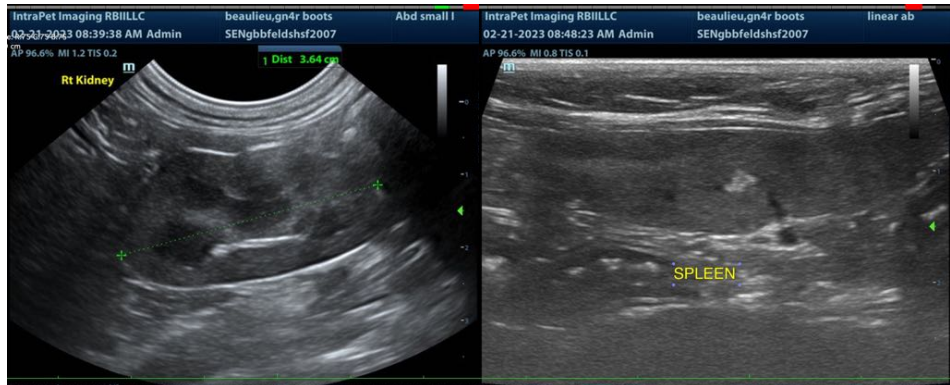
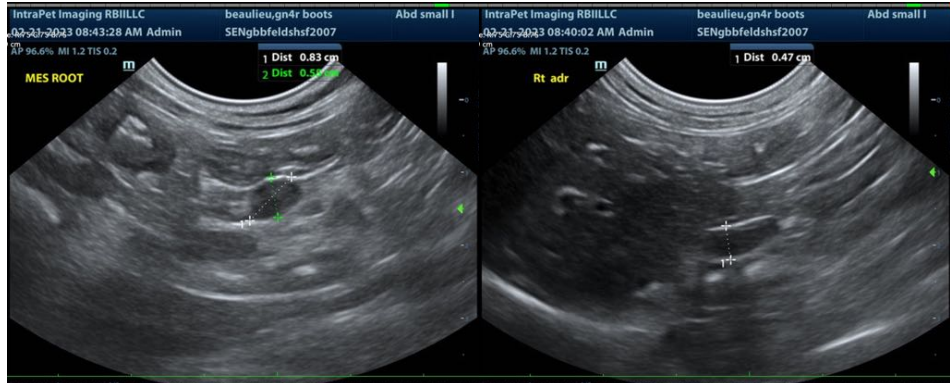
- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor. **Hyperechoic splenic nodule** – most consistent with benign myelolipoma. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Full stomach** with contents most consistent with normal ingesta; however, given the reported history of fasting delayed gastric emptying can be considered and/or while considered less likely hairball density or other soft cloth fluid absorbing foreign material cannot be ruled out.
- **Reactive mesenteric lymphadenopathy.** 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.

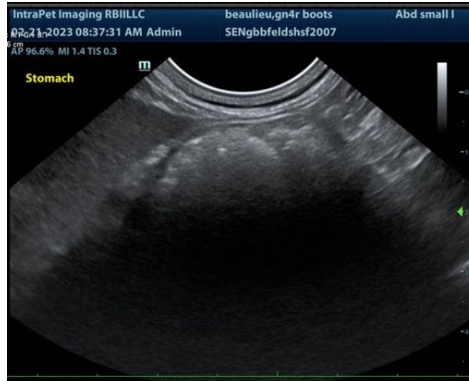
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Further diagnostic recommendations given this patient's reported vomiting include a T4 and free T4 if not recently evaluated as well as 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.
2. FNA of the spleen can be considered if the patient's coagulation status is appropriate.

3. Given that this patient's clinical signs began after a course of antibiotics and are reportedly mildly improving, gastroenteritis secondary to the antibiotics is also a differential and continued supportive/symptomatic medical management as well as long as clinical signs continue to improve may be all that is necessary. If however, clinical signs persist additional fasting and recheck imaging of the stomach is recommended to help further evaluate normal ingesta/delayed gastric emptying versus foreign material. Additionally a barium swallow can be considered.







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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