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Clinical Sonography & Telecytology
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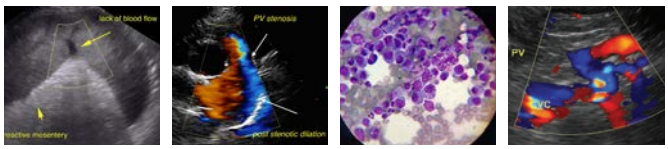

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Nora Spiwak

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16 Years

WEIGHT
9 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Elaina Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Elaina Petrone

INVOICE
35831

DATE
2/23/22

PRESENTING CLINICAL SIGNS

History of suspect IBD is normally on Z/D but owner ran out an fed Purina Pro Plan and had vomiting, diarrhea, hematochezia. Doing much better back on Z/D. History: Asymmetric septal hypertrophy – mild variant of hypertrophic cardiomyopathy; on Atenolol and fish oil.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. It has a normal uniform wall thickness of <0.2 cm. Contents including primarily anechoic fluid combined with both gravity dependent and suspended, echogenic, non-shadowing debris within the fluid. 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 (3.9 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.

The left kidney is normal in size (3.7 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

The right adrenal gland is unable to be visualized. The area is examined without evident pathology.

The left adrenal gland is normal in size (0.26 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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 moderately 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 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.

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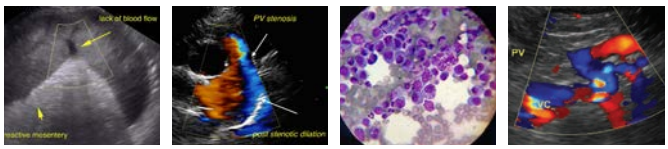

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The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

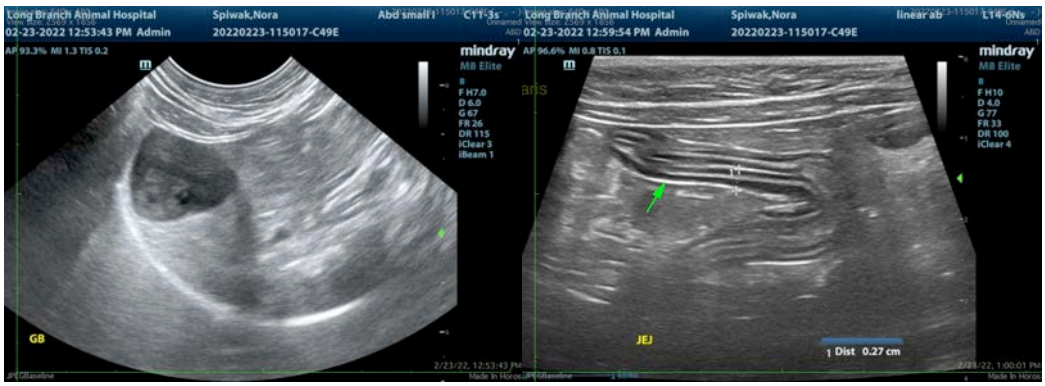
There is no evidence of peritoneal effusion. No appreciable lymphadenopathy in these images.

ULTRASONOGRAPHIC FINDINGS

- 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 – This can be seen with biliary stasis from fasting or illness. However, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort, and/or laboratory changes such as increased ALP and/or increased total bilirubin.
- Urinary bladder sediment – Consistent with cellular debris, mucus or crystalluria.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include urinalysis if not recently evaluated, followed by urine culture if indicated based on urinalysis results. A gastrointestinal malabsorption panel including TLI, FLI, folate and cobalamin to Texas A&M GI laboratory could be considered, given the historical inflammatory bowel disease, the thick muscularis, and the recent flare up, to see if additional medical management in the form of cobalamin, etc. may be helpful. However, given this patient's clinical response to a transition back to its hydrolyzed protein diet, further intervention may not be necessary.



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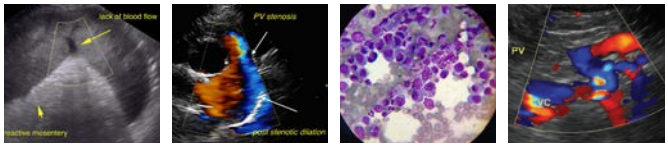

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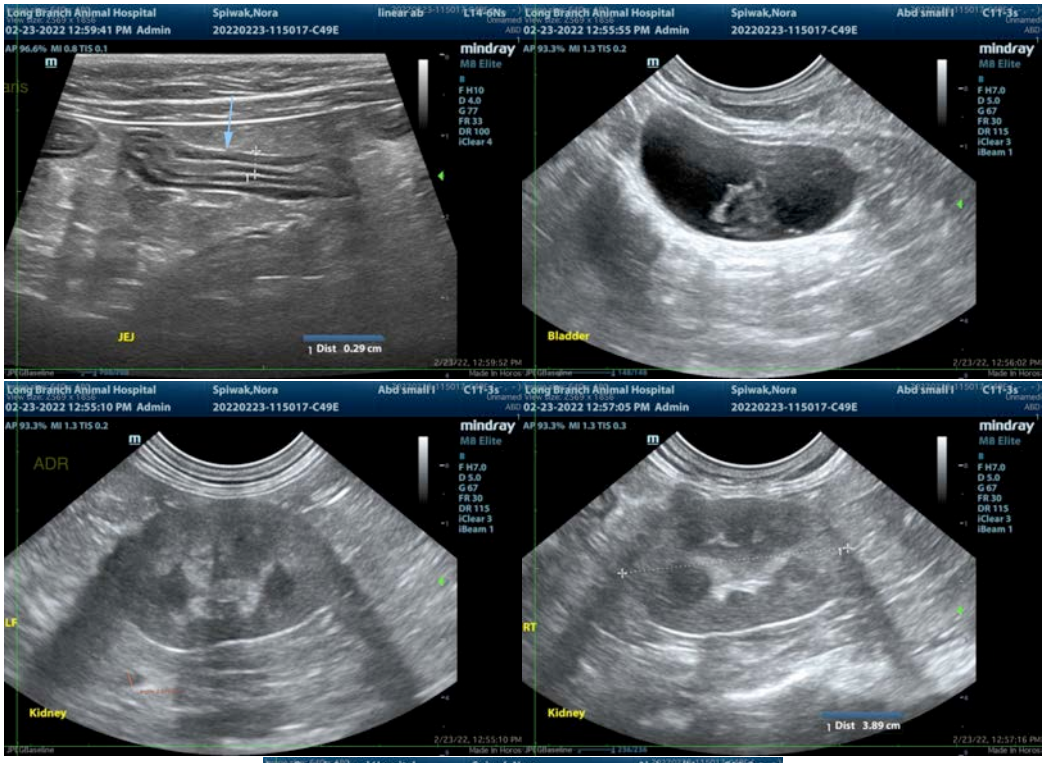

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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