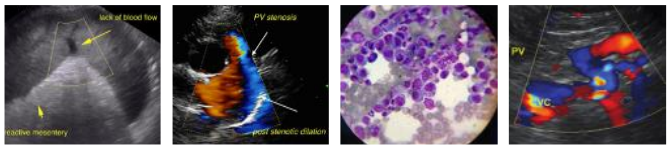
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Biggie Crowe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Scott

INVOICE

21028

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: weight loss, FeLV + for years went to referral 2 weeks ago for ADR and wheezing/coughing- pneumonia diagnosed on chest rads and anemia/low WBC on bw consistent with FeLV status- pet was given liquid doxy and got better but then regressed and is not 100%- still hiding, not himself, making gurgling noises?. will still cough up some phlem with some food- unsure if a true cough

Abnormal PE/Chem/CBC/UA Results: Recheck rads today- chest clear but abdominal cavity- intestines gas filled and dilated- almost looked like an obstructive pattern it was so significant lot of excessive drool in mouth upon exam (no teeth due to full mouth extractions)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents, as well as some echogenic suspended debris and dependent mineral/sand debris. No masses or distinct 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 left kidney measures 4.2 cm. The right kidney measures 4.5 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

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.

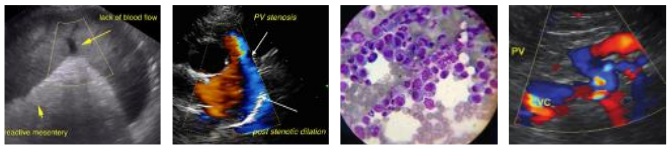
Liver

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 lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted. The large amount of gas present within the bowel is markedly limiting complete visualization, and while an obstructive pattern is not visualized, it cannot be ruled out.

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. There is no apparent lymphadenopathy.

In the caudal abdomen, superficially, there is a 1.6 x 1.1 cm structure with a hyperechoic wall and anechoic center previously believed to be fluid dilated bowel.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The fluid and gas dilated small bowel loops appear most consistent with gastroenteritis, likely secondary to dietary indiscretion or intolerance or infection (bacterial, viral, other), parasitic or protozoal disease, toxin, potentially drug reaction given the recent history of doxycycline, or other metabolic disease, such as pancreatitis vs other. Having said that, there is a large amount of artifact created from gas, preventing full visualization of the intestines in a way that can definitively rule out partial obstruction or foreign material, etc.

- After speaking to sonographer, the fluid dilated structure previously presumed to be dilated bowel is located very superficially in the caudal abdomen and may actually represent a cavitated lymph node or abscess and may or may not be located in the abdomen vs subcutaneous space.

Secondary Findings

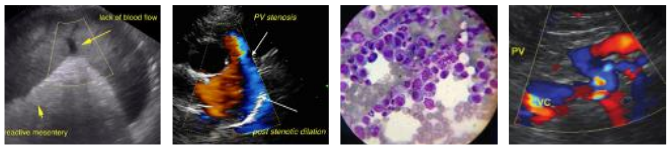
- Urinary bladder debris, including some mineral/sand debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended, beginning with CBC/Chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Pending patient response, re-imaging (being sure to include increased depth and linear probe images) of the structure is recommended +/- FNA if patient's coagulation status is appropriate.

In the meantime, supportive/symptomatic medical management of gastroenteritis is recommended with antiemetics, gastroprotectants, a probiotic such as Visbiome or Proviable (if diarrhea is present),



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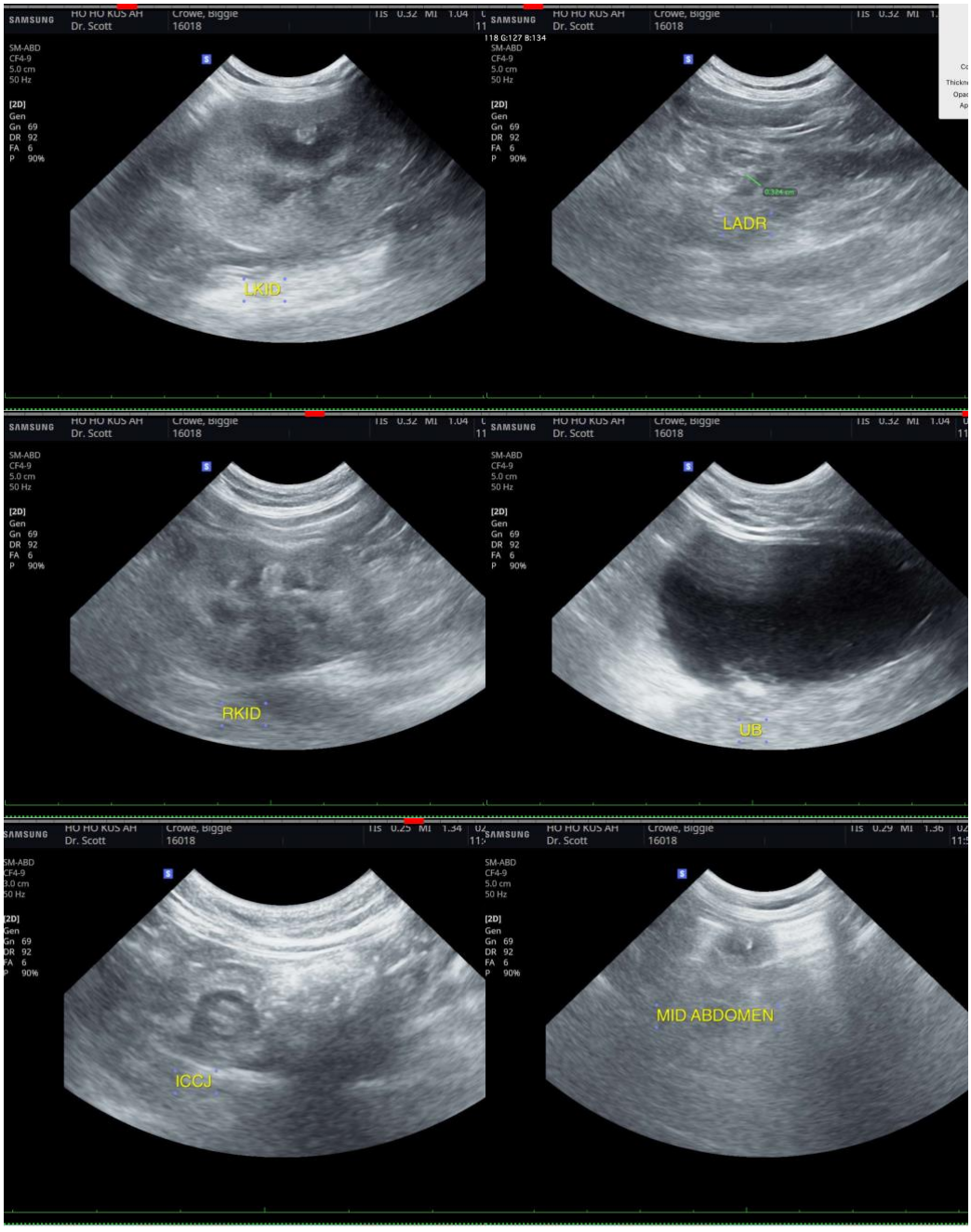
empirical deworming with a 5-day course of Panacur, and potentially, if tolerated, a bland easy-to-digest diet. Fluid therapy, pain management, etc., as needed, based on physical exam findings. However, if clinical signs persist, recheck imaging of both x-rays and ultrasound are recommended, at which time, a linear probe with a zoomed in study of the bowel is recommended (if possible) for further evaluation of the wall integrity, layering, thickness etc.



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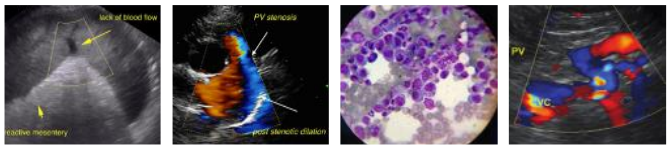

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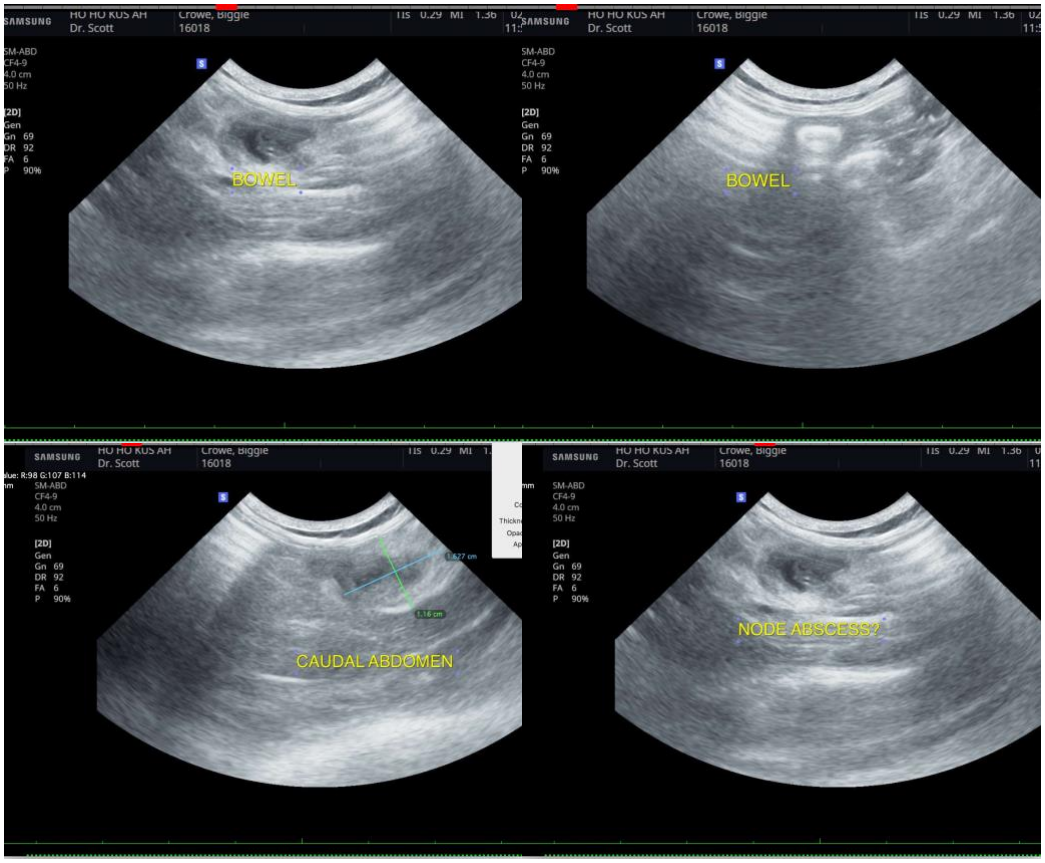

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com