



PATIENT

Friday Honneffer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis,
OR

REFERRING VET

Justin Vaughn

INVOICE

14250

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Pt has not been holding down food, vomiting throughout the day, mucus, eventually pink tinged. Reports pt did well last night. Had one coughing fit yesterday. O reports pt went through a similar situation in Jan, reports it happens every 2-3 weeks. e/d wnl now, was not a few days ago, no diarrhea. Pt gets laxatone, Miralax and mushroom fiber. jm This is pt second vomiting episode. First was 2 months ago. Last a couple days. Pt app was down. No diarrhea. SEcond was just recently. This is day 3 and pt seems to feel better. No vomiting since yesterday. Ate last night and this AM fine. No diarrhea. Normal activity level now. Has issues w/ hairballs and vomits them up regularly. Pt previously had eosinophilia. Owner did deworm w/ pyrantel.

Abnormal PE/Chem/CBC/UA Results: Slightly thin BCS, otherwise NSF on PE Abdominal/thoracic rads taken: Lat and V/D cat o gram: Mild peribronchial cuffing w/ marginal evidence of R lung lobe consolidation. No effusion. No masses. Small R kidney most visible on lateral. No opaque FB. No obstructive pattern. Ingesta in stomach and formed stool in colon. Good serosal detail Bloodwork/UA: SC: Creat 1.6. BUN 37. Phosphorous 4.4. All other UR. CBC: UR T4: 2.1 UA: USG 1.024. IS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately 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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is normal size, measuring 3.7 cm. The right kidney is small, measuring 1.97 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.25 cm long x 0.29 cm at cranial pole and 0.34 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.81 cm long x 0.18 at cranial pole and 0.35 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.



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Gastrointestinal

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. A focal highly reflective curved interface with acoustic shadowing is present. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

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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.

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

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Pancreas

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.

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Free Abdomen

No appreciable lymphadenopathy or free fluid is present in these images.

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ULTRASONOGRAPHIC FINDINGS

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DACVIM

- This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. The right kidney appears more severely affected.
- An echogenic shadowing density in the stomach, which given the concurrent ingesta in the stomach, could be normal ingesta, however, a foreign object/material cannot be ruled out.

IMAGING PERFORMED BY

Jessica Bailes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include recheck imaging fasted to further assess the structure in the stomach. Other recommendations include a free T4, given the total T4 in the upper half of the normal reference range, as well as a gastrointestinal malabsorption panel, including TLI, PLI, cobalamin and folate (to Texas A & M GI Laboratory) as chronic pancreatitis as well as gastrointestinal disease can be present a relatively unremarkable ultrasound.

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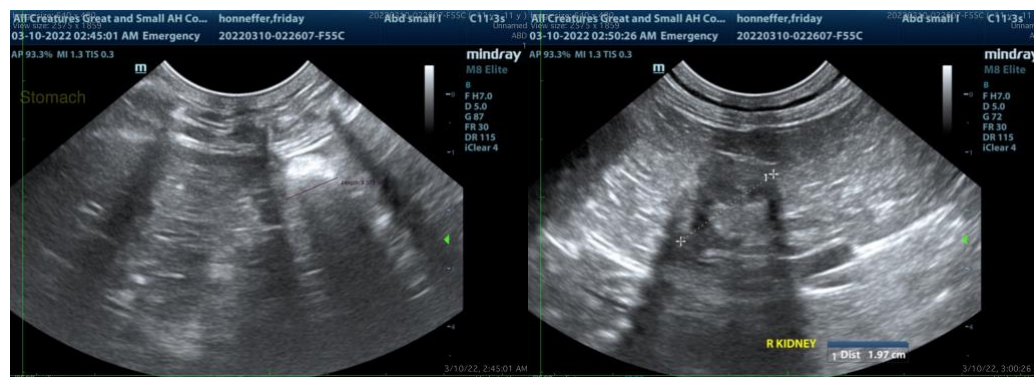
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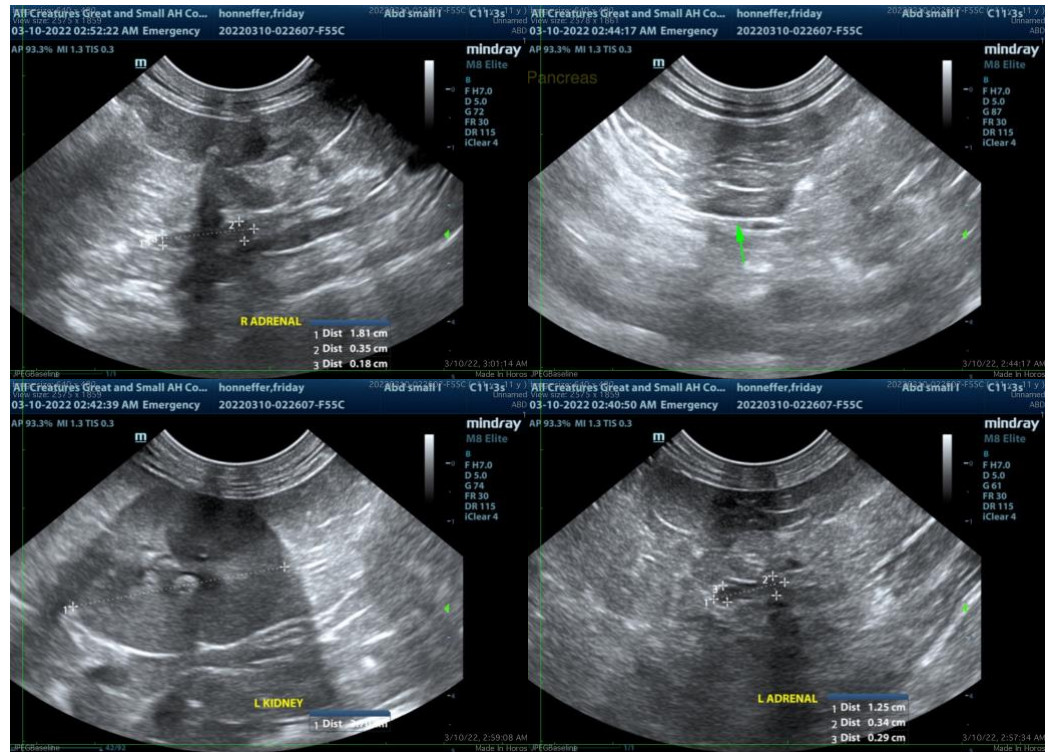
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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