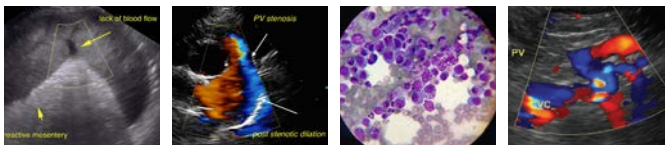
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stella Zarabe

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
9 Years

WEIGHT
6.5 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Alesha Glass

INVOICE
45744

DATE
3/8/23

PRESENTING CLINICAL SIGNS

Pet presented on friday for vomiting and decreased appetite. Blood work showed decreased sodium, potassium and chloride. pet improved over weekend after a cerenia injection was given on friday. However, sunday began vomiting again, lethargic, still eating but decreased. Vomit consists of orange color liquid, food and hair.

Abnormal PE/Chem/CBC/UA Results: decreased sodium, potassium and chloride on panel done on Friday.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. 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 (3.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized.

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.

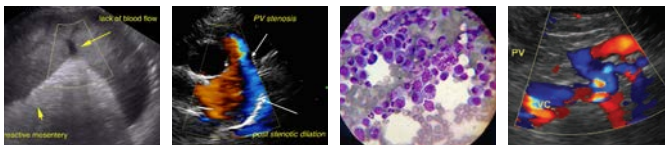
Liver

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 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 (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with echogenic non-shadowing luminal contents and gas, most consistent with normal ingesta. There is a subtle echogenic interface with distal progressively



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shadowing material consistent with possible hairball density or similar fluid absorbing material noted within the body of the stomach. There is no other evidence of obstruction, foreign material or infiltrative disease.

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 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Gastric contents most visually consistent with normal ingesta. However, given the mildly progressive shadowing in one area of the stomach, a hairball or other soft fluid absorbing material can't be definitively ruled out. There is no evidence of a mass or infiltrative disease.

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported plan to either scope or explore this patient, recommendations are an exploratory (if that is still the plan), because the gastric contents are likely not amenable to an efficient endoscopic procedure, especially if there is foreign material and it is a hairball. If surgery is elected for exploratory, full thickness biopsies of the entire GI Tract should be obtained at the same time to rule out other underlying infiltrative disease that may have led to the vomiting. If, given the lack of definitive obvious evidence of foreign material, the plan changes, recommendations are to offer supportive symptomatic medical management, fluids, antiemetics, etc., fast for another 12-24 hours, and then recheck imaging.

Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

If this turns out not to be an obstruction, but delayed gastric emptying, gastric ileus, etc. secondary to another underlying gastrointestinal disease, next diagnostic workup steps would include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

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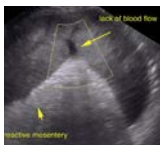
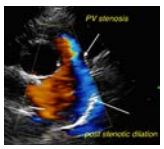
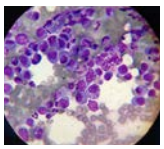
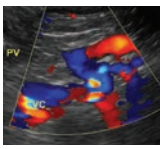

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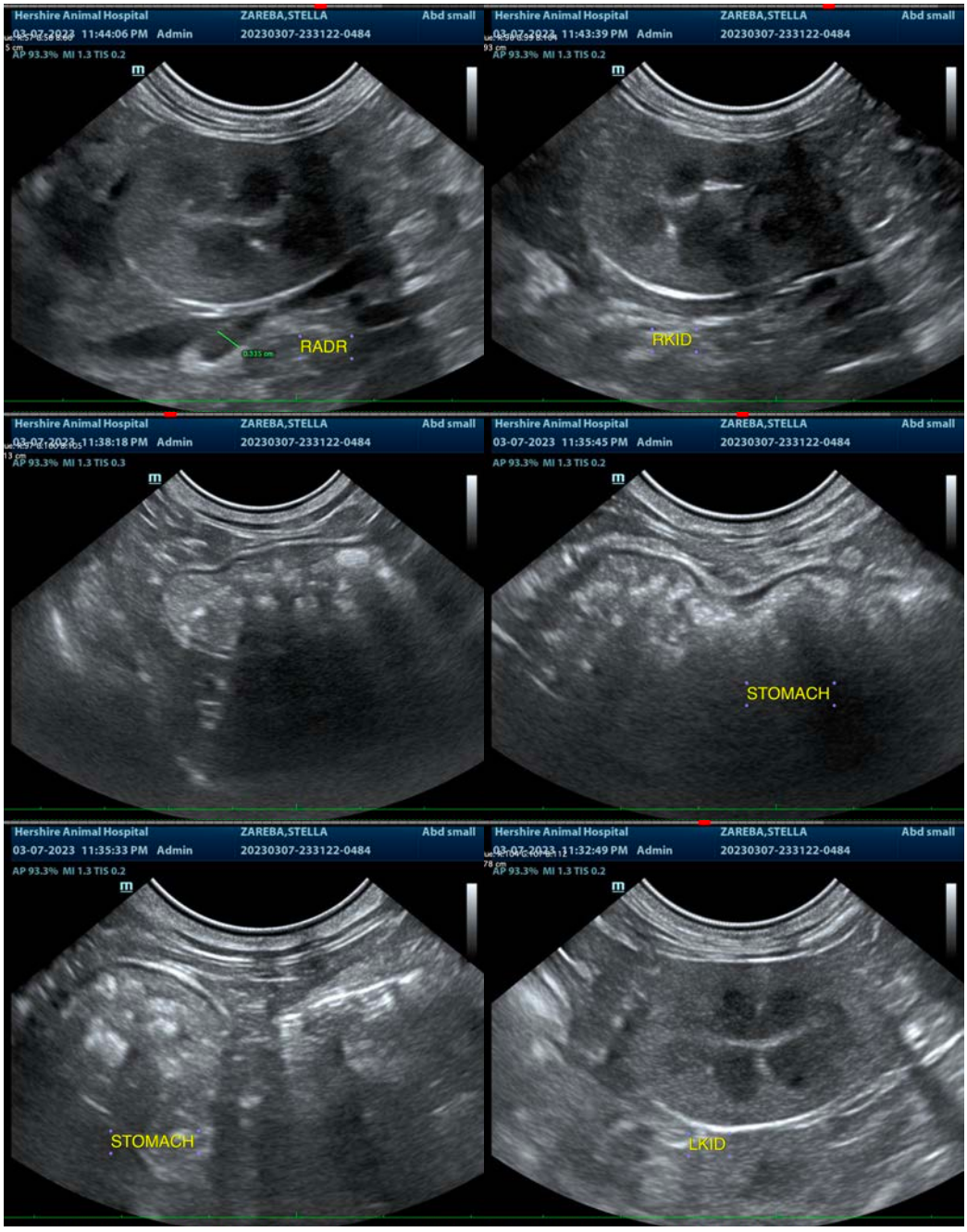

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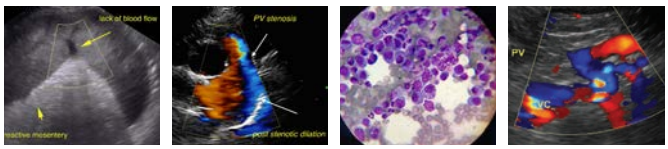

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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