



PATIENT

Bandit Rogers

PRESENTING CLINICAL SIGNS

4 day duration of inappetence/anorexia. O reports pt is hiding more and lethargic at home.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

BREED

Siamese

The right kidney is normal in size (4.5 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.

SEX

Neutered Male

The left kidney is normal in size (4.4 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.

AGE

7 Years 8 Months

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

14.7 Pounds

The left adrenal gland is normal in size (0.37 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

IMAGING PERFORMED BY

Dr. Jacquie Preston

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. A 0.6 cm x 0.7 cm hyperechoic nodule is noted. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

All Creatures AH

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

REFERRING VET

Dr. Kline

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is overdistended/dilated with contents that are echogenic, but not solid, and still allow some through transmission. No acoustic shadowing is present.

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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.

DATE

3/9/22



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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.

Pancreas

SPECIES

Feline

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.

BREED

Siamese

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Neutered Male

Overdistended dilated stomach containing echogenic contents without acoustic shadowing – Rule outs include normal ingesta with gastric stasis or potentially pyloric outflow obstruction of unknown cause based on these images versus foreign material with fluid uptake such as a hairball or other soft material. There is no evidence of small bowel dilation or plication to indicate small bowel involvement.

AGE

7 Years 8 Months

Hyperechoic liver nodule – differentials include fibrosis or calcification caused by an old hematoma or infarct, chronic inflammation, granulomatous disease versus primary hepatic neoplasia or metastatic disease, which cannot be ruled out due to the possibility of similar appearing lesions on ultrasound.

WEIGHT

14.7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis and/or gastrointestinal disease can be present with relatively unremarkable ultrasound. Therefore, a gastrointestinal malabsorption panel include TLI, PLI, folate and cobalamin is also recommended for further investigation of the GI tract and the pancreas, in case diffuse gastrointestinal disease or pancreatitis is resulting in gastric stasis. If CBC, serum chemistry and urinalysis have not been recently evaluated, they are also recommended.

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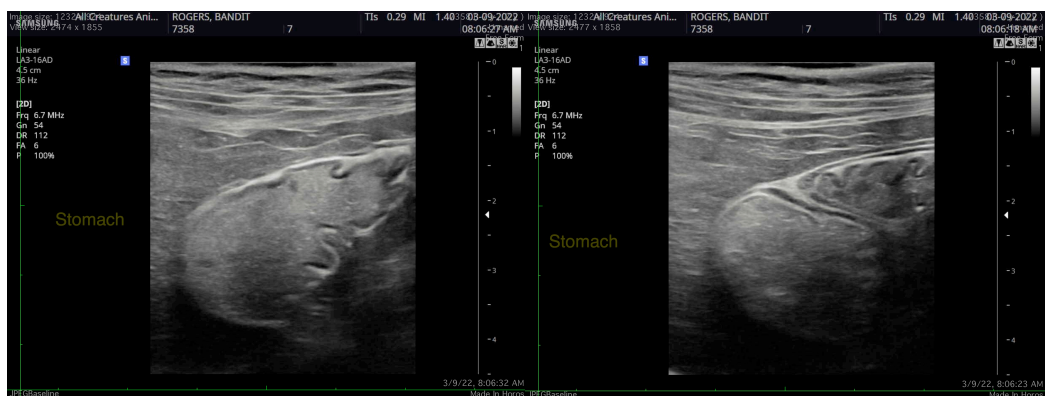
Recommendations include supportive medical management with fluid therapy, antiemetics +/- promotility agents with monitoring of the stomach either radiographically or fasted ultrasound for resolution of the gastric distention. If resolution does not occur and/or clinical signs persist, and the echogenic material remains present, gastroscopy or surgical exploratory laparotomy for gastric content removal could be considered. If surgery is indicated and pursued, biopsy of the liver nodule is also recommended.

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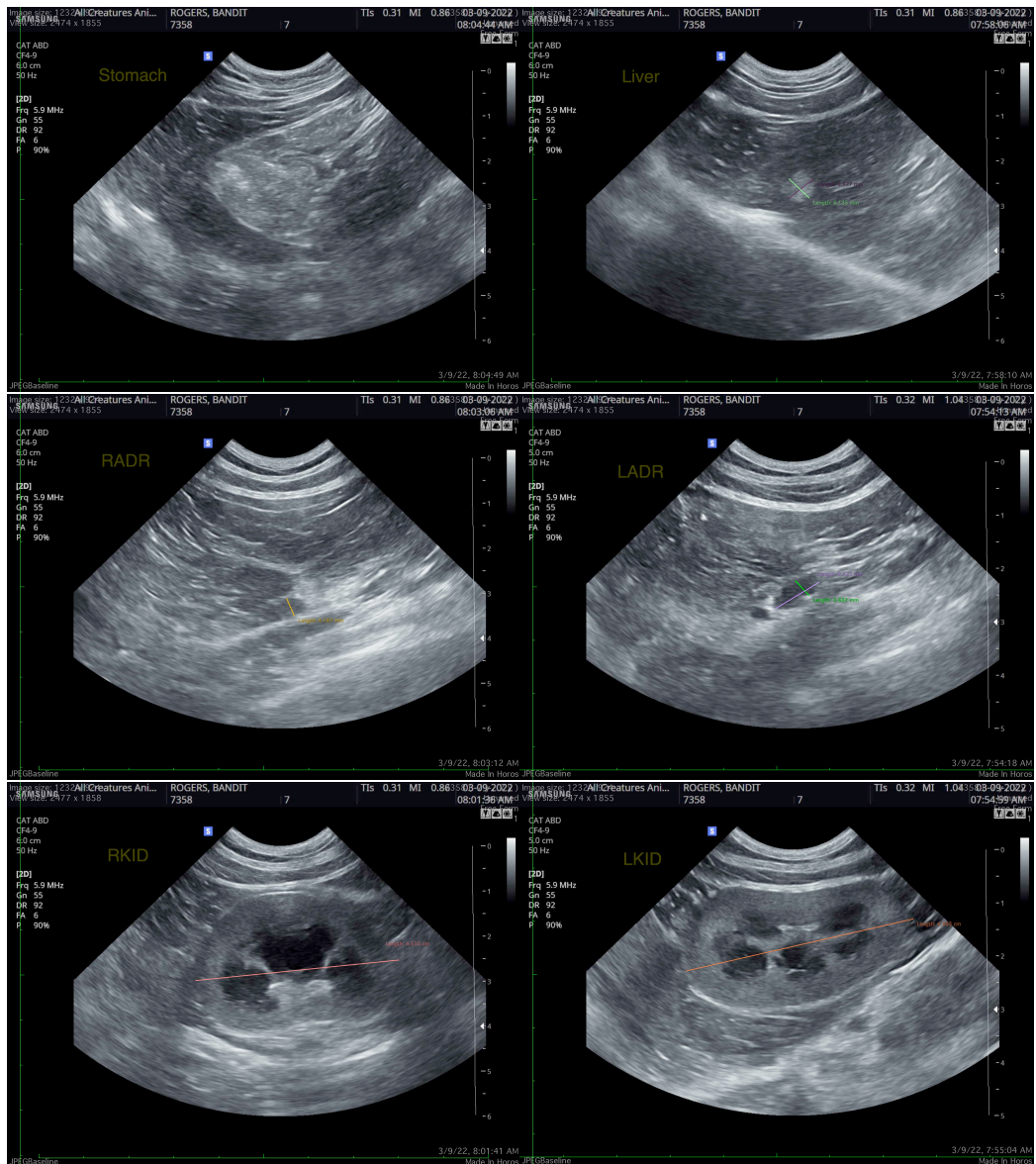
Dr. Kline

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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
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