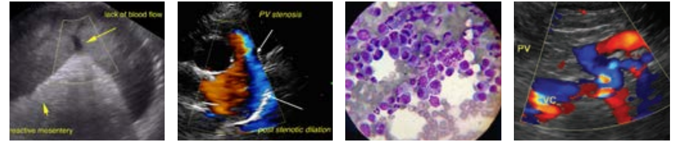
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Arwen Marty

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

18 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

38814

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Acute vomiting 2 lb weight loss since February Well controlled Hyperthyroid (oral Methimazole)
Abnormal PE/Chem/CBC/UA Results: CBC - WNL CHEM - ALB mildly low (2.2), elevatd amylase, hypokalemia T4 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. A 2.5 cm x 3.5 cm echogenic density is settled against the dorsal wall, and does not have power doppler flow. This appears most consistent with a large amount of urinary bladder sediment/debris/sand. Tissue cannot be ruled out, but is considered much less likely. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.0 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, or mineral observed. A small chronic infarct is noted at the cranial pole of the right kidney.

The left kidney is normal in size (4.18 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 (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm), 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

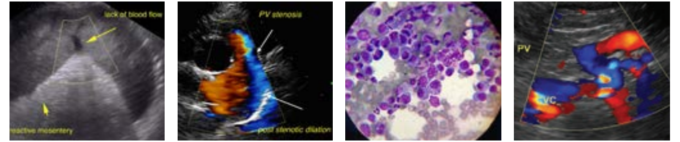
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is 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

Moderate to severe gastric stasis is present with dorsal deviation of the gastric fundus. Anatomically, the pylorus also does not appear in the typical expected position. There is a large amount of artifact present in the area as well.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears



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adequate (1-3 contractions per min). 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. There is no apparent lymphadenopathy.

PRIMARY 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.
- Marked gastric stasis with dorsal displacement of the fundus and an abnormal pyloric position – There is some concern for a sliding hiatal hernia or other form of hernia versus other anatomical, but unidentifiable defect.

SECONDARY FINDINGS

- Chronic right renal infarct
- Marked amount of urinary bladder debris/sand – consistent with cells or crystalluria. Tissue adhered to the wall cannot be ruled out, but is considered less likely based on the lack of power doppler flow.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture are recommended if not recently evaluated.

A gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended for further assessment of gastrointestinal health, given the thick muscularis and the reported weight loss.

Ultimately, biopsies of the bowel, being sure to include ileum, if possible, would be obtained to definitively diagnosis the infiltrative process. However, given the abnormal stomach position and the acute vomiting, immediate recommendations include conservative supportive therapy with fluid support, antiemetics, gastroprotectants, and fasting, with a recheck of the stomach in 24 hours.

Other diagnostic considerations could include thoracic and abdominal radiographs, potentially a barium study, to further identify a possible hernia.

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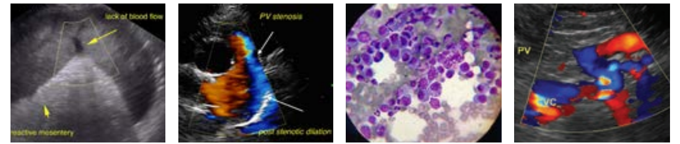

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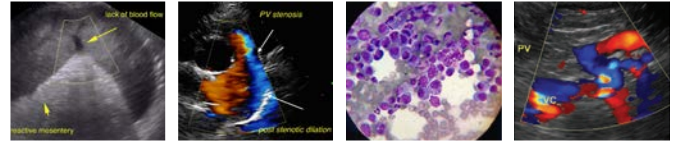

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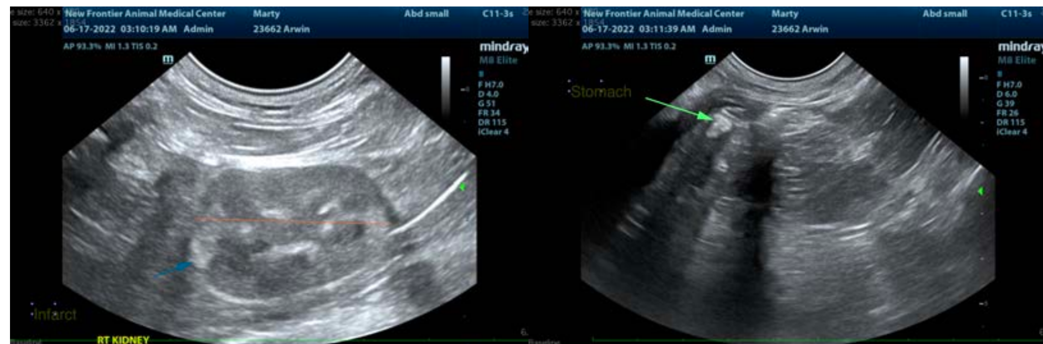

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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