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Clinical Sonography & Telecytology
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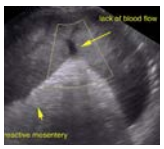
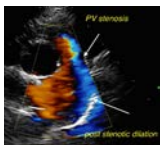
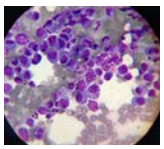
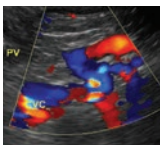

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1-800-838-4268 info@sonopath.com

PATIENT

Alfred Cess

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Ashley McCaughan

HOSPITAL NAME

Marina Village Vet & Integrative VC

REFERRING VET

Dr. Ashley McCaughan

INVOICE

43317

DATE

6/21/23

PRESENTING CLINICAL SIGNS

Presented 2 days ago to hospital with Fever of unknown origin, lethargy and hyporexia. Case Details: Alfred presented for a 1-2 day history of lethargy and general grouchiness. Hyporexia, no VCDS. PE: Temp 104 P 220 R 40. Anxious in hospital. CBC - mild neutrophilia (16,000) with leukocytosis (18,000). Elytes wnl and chemistry (glucose 198). Abdomen is uncomfortable on palpation exam - sl distended gassy GIT. Indoor/outdoor. No history of eating any cat toys, etc. Rule outs include: FB vs enteritis; FEVER OF UNKNOWN ORIGIN. Therapeutics: Buprenorphine, SQF, and Amoxicillin to go home. Radiology report (3 view abdomen) from DACVR: Conclusion - The study indicates a small foreign body with partial intestinal obstruction. The appearance of the foreign body is suggestive of trichobezoar although this cannot be definitively ascertained. -There is strong concern for an underlying enteropathy possibly related to passing foreign material. -The study is negative for evidence of perforation.

Abnormal PE/Chem/CBC/UA Results: QAR, 5% dehydration. CBC - mild neutrophilia (16,000) with leukocytosis (18,000). Elytes wnl and chemistry. Abdominal discomfort and gas distension on palpation. Sedated for ultrasound (dexdormitor, buprenorphine) due to pain.

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.

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.

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.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

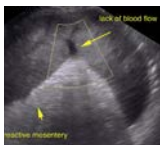
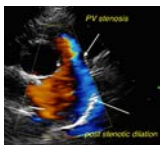
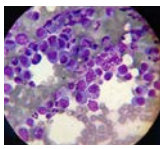
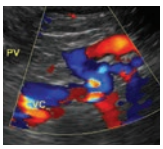
Liver

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 and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball

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density (or similar fluid absorbing material) noted. However, normal ingesta and gas can occasionally have this appearance.

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, except in the proximal abdomen, where there are several bowel loops that contain echogenic contents and gas, consistent with normal ingesta, however foreign material cannot be definitively ruled out. There is no evidence of plication or dilation to suggest an obstruction.

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.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- The gastric and proximal small bowel contents could represent foreign material such as a hairball or similar density soft foreign material, given the shadowing, most prominent in the stomach. However, ingesta and gas in a relatively post-prandial study can have a similar appearance and cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported fever, lack of vomiting, etc. combined with the lack of plication or an obstructive pattern to suggest an obstruction, foreign body and/or partial obstruction, while possible, is considered a less likely cause of this patient's clinical signs. Given the young age, indoor/outdoor lifestyle, etc., recommendations include a comprehensive infectious disease workup as well as potentially a fine needle aspirate of the spleen if patient's coagulation status is appropriate, while providing supportive/symptomatic medical management of clinical signs for now. Close monitoring is recommended, and if clinical signs persist/progress, especially if vomiting begins, etc., recheck imaging should be considered to help further identify a possible early or partial emerging obstruction not visible in these images at this time.

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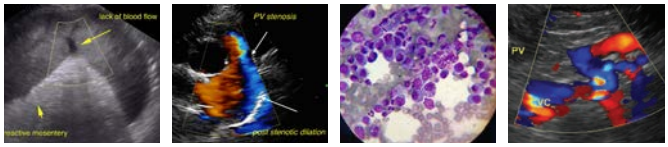

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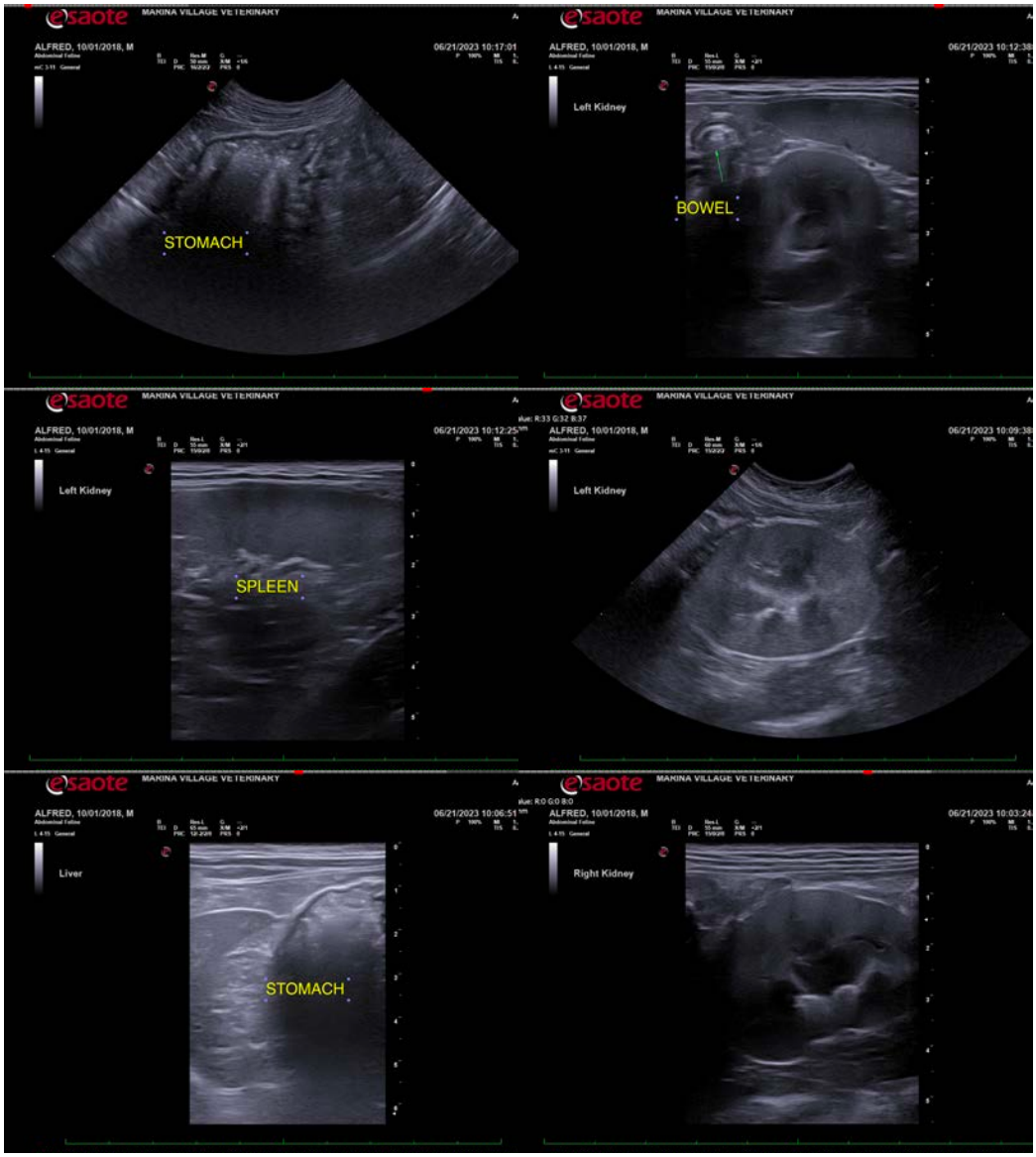

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com