



PATIENT PRESENTING CLINICAL SIGNS

Maui Hammond

Patient transferred from AHA for evaluation of vomiting x 2 days, anorexia. Patient does like to play with hair ties, but no other known ingestion of any noxious, toxic, foreign substances. Patient is indoor/outdoor. PE by AHA revealed mild abdominal pain, bunched intestines with appreciable gas. Patient received Cerenia and it was recommended he transfer to EVH for further work-up/supportive care.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4

WEIGHT

5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Abnormal PE/Chem/CBC/UA Results: PE: ~ 5% dehydrated. ABDO: Soft, supple, non-painful. Firm, thickened structure in the caudal abdomen, most consistent with formed feces in the colon, but can't r/o intestinal FB. MS: Evidence of mild weight loss (epaxial muscle atrophy). Primary care DVM diagnostics: CBC/CHEM-17: -- unremarkable, mild neutropenia reported Radiographs reported to demonstrate possible linear FB pattern, however no obvious obstruction. Radiographs were not shared with EVH for review.

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 (4.64 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 (4.2 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.

Adrenal Glands

The right adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

Spleen

Spleen is subjectively large in size (1.1 cm thick) 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.

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Emergency Vet
Hospital

REFERRING VET

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DATE

7/1/23



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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.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta/gas cannot be definitively ruled out but is considered less likely.

BREED

DSH

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.

SEX

Neutered Male

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

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.

WEIGHT

5 kg

Free Abdomen

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There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- Gastric Hairball – similar density soft foreign material cannot be ruled out. Normal ingesta and gas can't be definitively ruled out but are considered less likely.
- 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.
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the stomach should be interpreted in combination with patient's last meal as well as improvement versus progression with continued fasting and recheck imaging as is reportedly already planned. If the appearance of the stomach remains unchanged, an exploratory laparotomy could be considered for suspect gastric foreign material removal. Upper GI gastroscopy could also be considered but can be less successful when the foreign material appears consistent with hairball.

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The appearance of the spleen trends in appearance toward benign. Pending results of gastric content evaluation and patient clinical signs, progression, etc., if further workup is ultimately indicated, a fine needle aspirate of the spleen could be considered at that time if patient's coagulation status is appropriate.



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Additionally, if not recently evaluated, 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 ratio is recommended.

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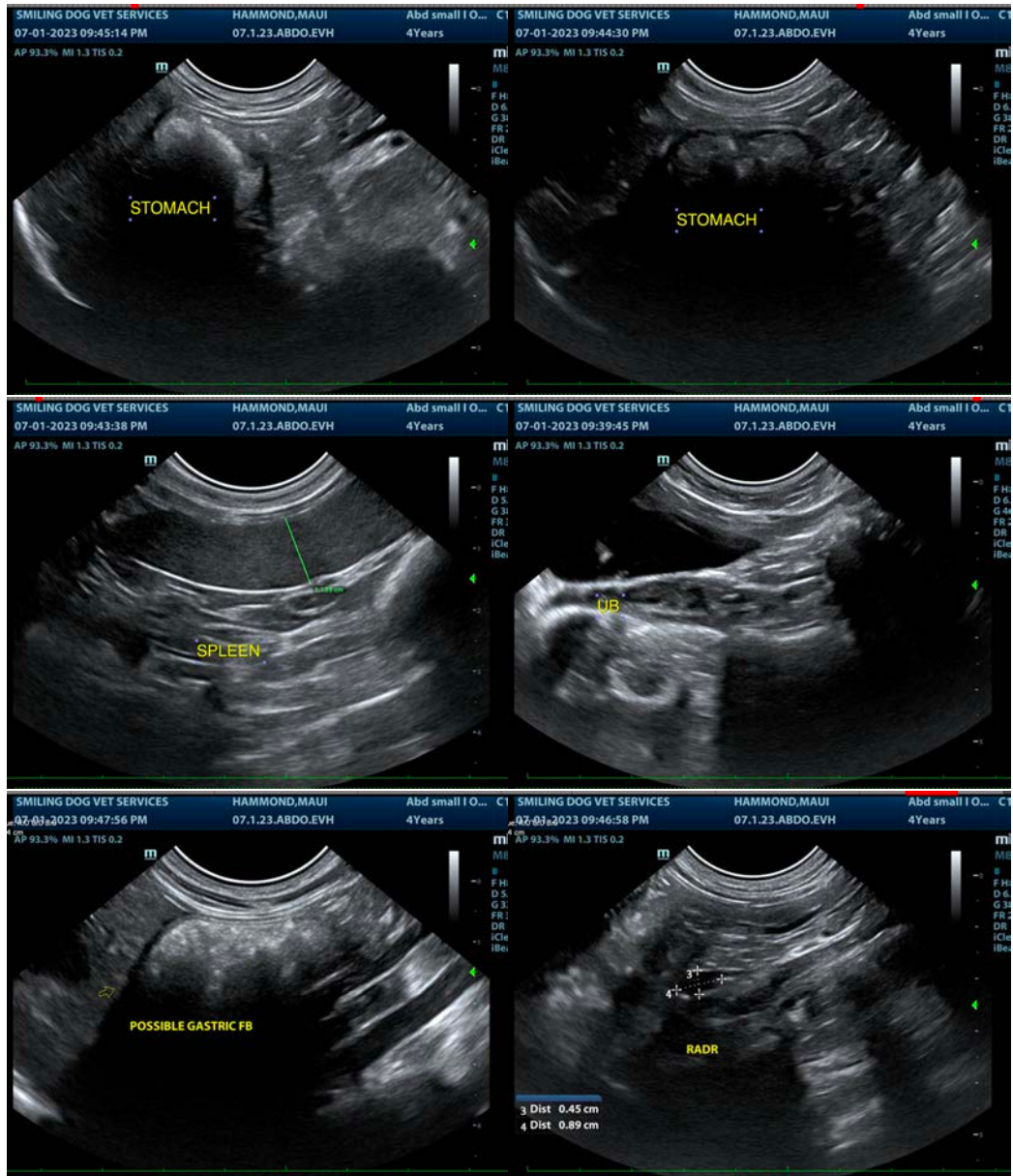
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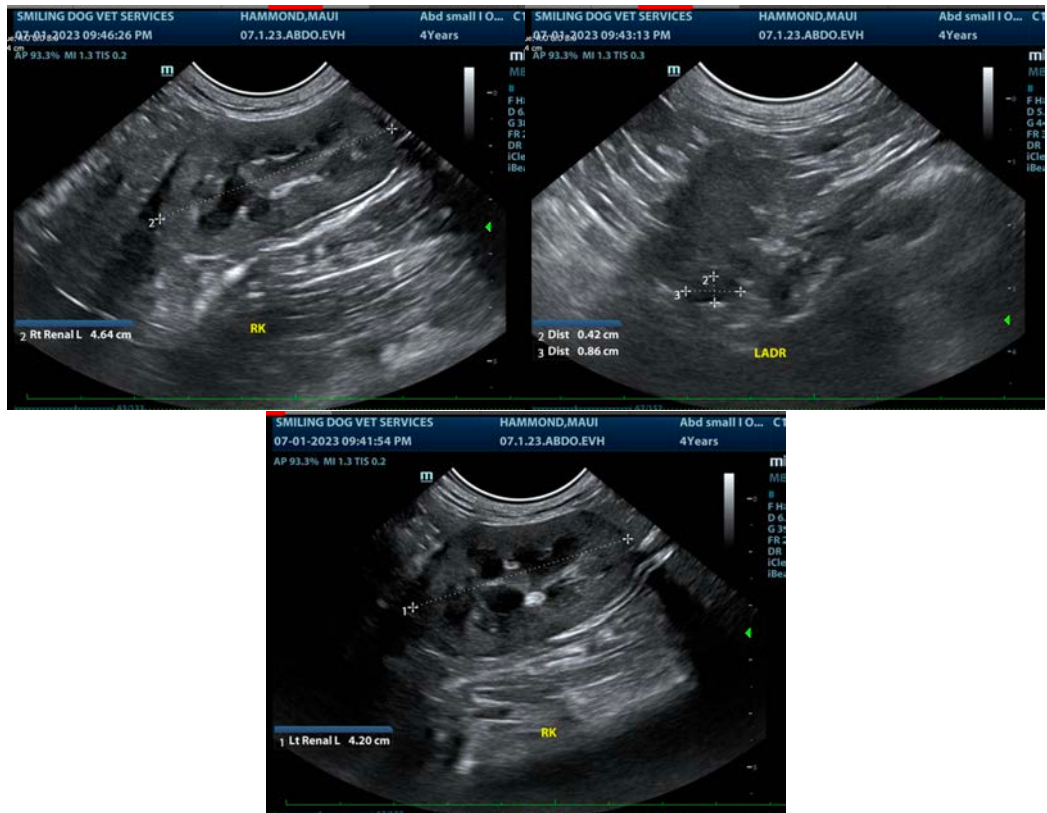
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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