

**DATE PRESENTING CLINICAL SIGNS**

7/18/22

Chronic vomiting- 1-2 times weekly and persistent diarrhea. Transitioned to a hydrolyzed protein diet. Vomiting stopped on tapering course of steroids but diarrhea worsened. Vomiting started again after discontinuing steroids.

PATIENT

Beauregard Headrick

Current Medications: None currently. 100mg Gabapentin prior to scan.

Date of Previous IntraPet Ultrasound: 5/19/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Stat Report: Not requested.

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

Urinary System

Urinary bladder is adequately 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.

SEX

Neutered male

Left kidney is normal is size (3.92 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

1/16/16

Right kidney is normal is size (4.23 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.

WEIGHT

10.4 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The area of the right adrenal gland is examined without evident pathology.

Spleen

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.

HOSPITAL NAME

Eastern AH

Liver

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. Likely incidental intrahepatic biliary mineral densities are appreciated in these images.

REFERRING VET

Dr. Wu

INVOICE

16680

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 density (or similar fluid absorbing material) noted. In addition to the suspected hairball or like material, there is a

smaller curvilinear echogenic density with a stronger acoustic shadow, consistent with a smaller foreign body, potentially a pill versus other.

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A prominent hypoechoic lymph node is present near the stomach. No appreciable free fluid is present in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric Hairball – similar density soft foreign material cannot be ruled out.
- Reactive gastric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

Secondary Findings

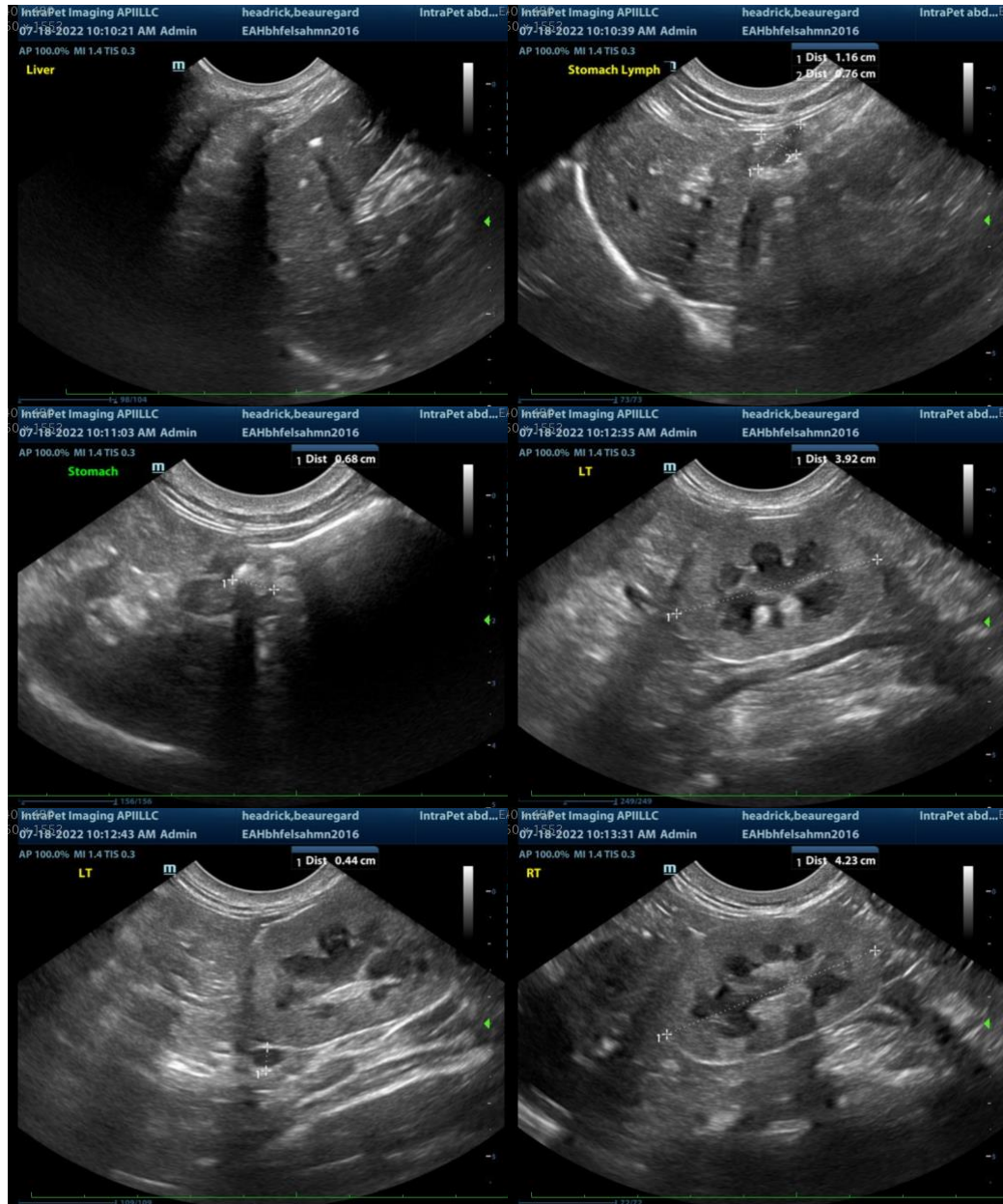
- Incidental, likely subclinical intrahepatic biliary mineral densities noted

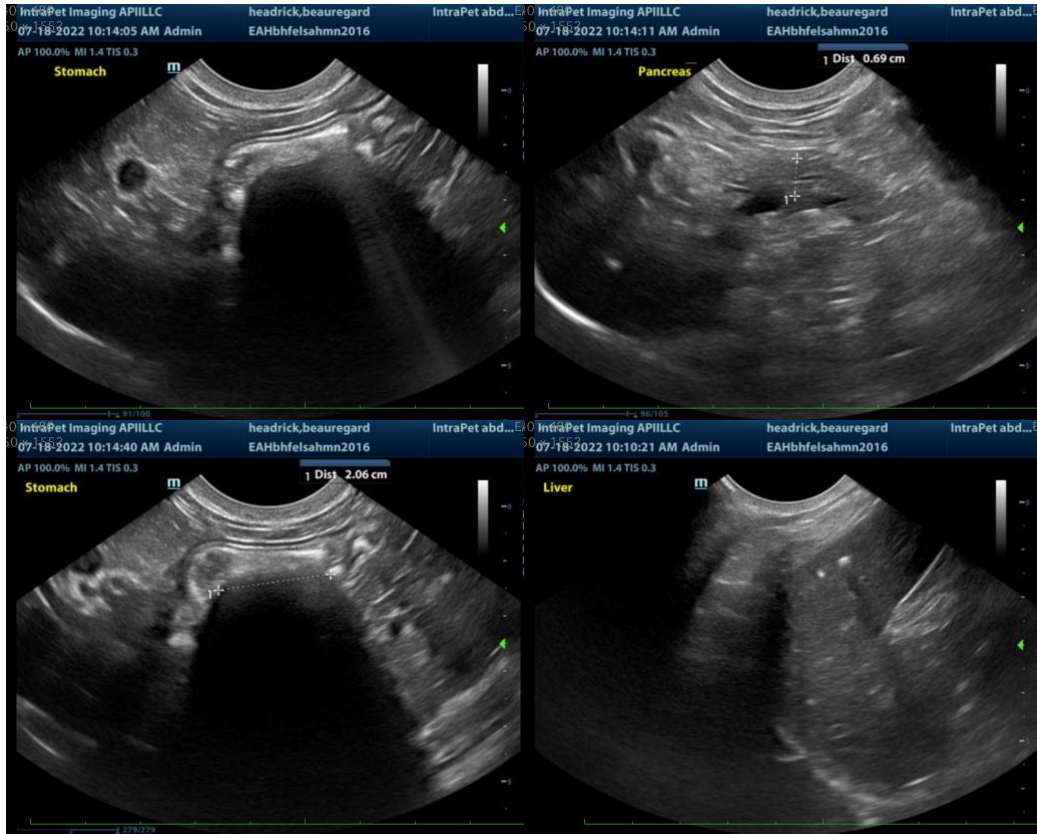
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- An exploratory laparotomy for gastric foreign body removal. However, given this patient's concurrent diarrhea, as well as improved vomiting while receiving steroids, another underlying gastrointestinal disease is suspected.
- Therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function, if not already evaluated.
- Biopsies of the gastrointestinal tract are warranted at the time of foreign body removal, especially if there is evidence of malabsorption on the gastrointestinal panel and/or any visibly or palpably

abnormal findings at the time of surgery. A biopsy of the enlarged gastric node is also recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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