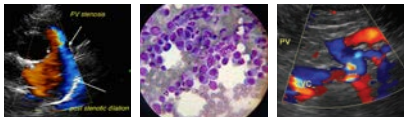
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7/20/23

PATIENT

Dude Opper

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/26/10

WEIGHT

11.7 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Perez

INVOICE

44205

PRESENTING CLINICAL SIGNS

The owner reports that last night, he vomited at some point. This evening, he vomited again, brought up a piece of ribbon. The owner was able to remove the ribbon by gently pulling, and produced a 16 inch (she measured to confirm) piece of ribbon out of his mouth. She reports that he hid all day, has been lethargic, not wanting to eat or drink much, and not wanting to interact. He's also vocal, which is abnormal for him. he vomited several times, probably 8-9 times today, the 19th. She reports that other material, like raffia but not this material, was in the vomit. Not sure where he got the string or this material from. No storm phobia reported, and while the daughter has been in and out of the home, he typically doesn't hide from her. Urination and defecation are unknown. He's indoor only. She reports that there have not been any diet changes. He can get into the bathroom and bedroom trash; but nothing looks disturbed. Not one to eat toys. They do have floral arrangements in the home; confirmed Roses, Baby's Breath, and Peruvian Lillies.

Current Medications: IVF, Cerenia at 1mg/kg IV SID, Buprenex at 0.15mg/kg IV TID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV: propofol.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal in size (4.54 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 (3.87 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 (0.38 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
The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is primarily empty with no evidence of obstruction or infiltrative disease. In one view, there is a hyperechoic line that extends into a mildly fluid dilated pylorus. However, the line is only visible in one view, with several other views of an empty stomach and pylorus also present.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas
Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen
There is a trace amount of anechoic free fluid in these images as well as a prominent, hypoechoic 0.60-0.70 cm pancreaticoduodenal lymph node.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

- Low-grade smoldering chronic pancreatitis cannot be ruled out, especially given the trace amount of anechoic free fluid noted in these images.

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

- The appearance of these images is most consistent with a suspected infiltrative bowel disease +/- concurrent pancreatitis, likely combined with some gastroenteritis from the reported dietary indiscretion, etc. as the cause of this patient's gastrointestinal signs, with an obstruction, foreign material, etc. believed to be much less likely. Having said that, given the appearance of the one view

of the pylorus described above, remaining ribbon/cloth/linear material cannot be definitively ruled out.

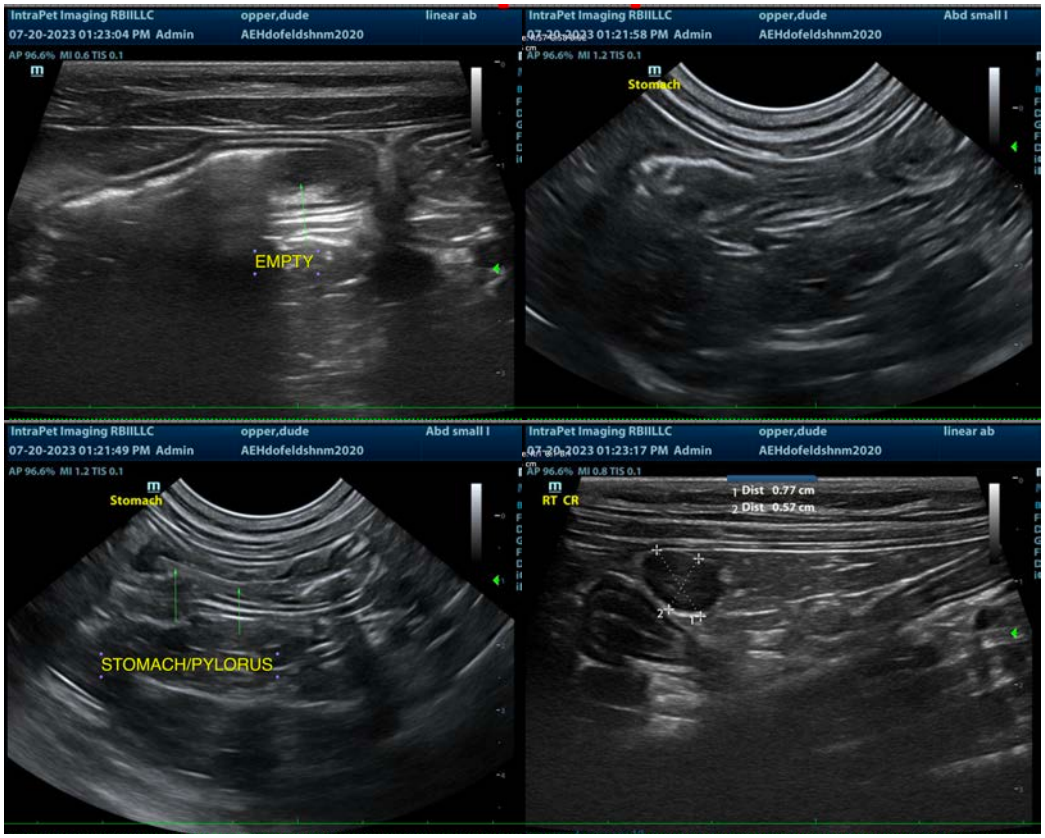
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

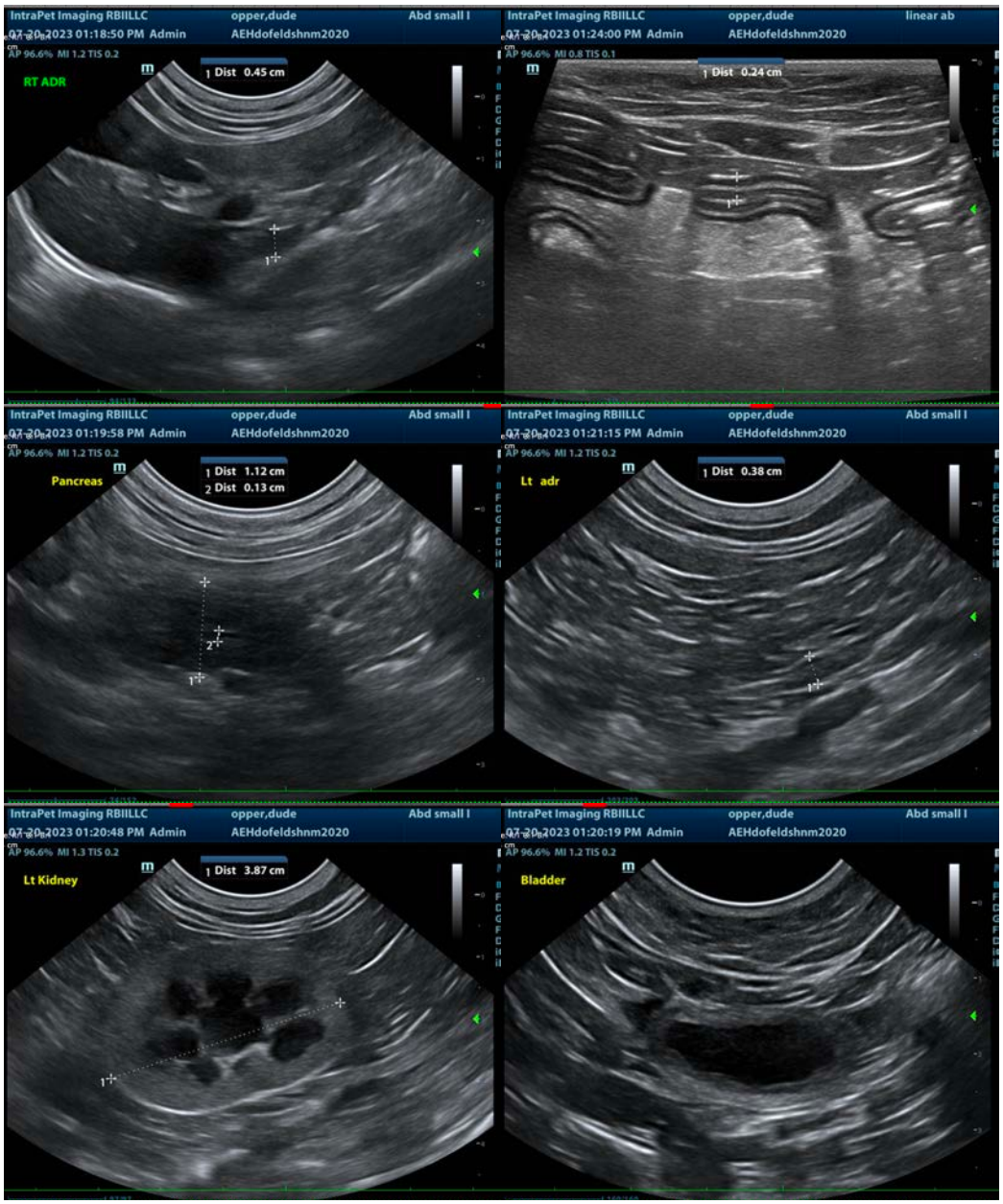
If not recently evaluated, a general metabolic health screen is recommended, including CBC/Chem panel, electrolytes, and urinalysis.

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.

In the meantime, supportive/symptomatic medical management of gastroenteritis, pancreatitis, dietary indiscretion, etc. is recommended in the form of antiemetics, gastroprotectants, an appetite stimulant if necessary, fluid therapy, etc. while monitoring for improvement. If clinical signs persist, recheck imaging could be considered.

Ultimately, however, the vomited ribbon could be incidental, and clinical signs related to emerging bowel disease, in which case ultimately biopsies of the GI tract may be warranted.




IntraPet Imaging RBIILLC
opper,dude
Abd small I
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AEHdofeldshnm2020
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RT ADR
1 Dist 0.45 cm
IntraPet Imaging RBIILLC
opper,dude
linear ab
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IntraPet Imaging RBIILLC
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Abd small I
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Pancreas
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2 Dist 0.13 cm
IntraPet Imaging RBIILLC
opper,dude
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Lt adr
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Lt Kidney
1 Dist 3.87 cm
IntraPet Imaging RBIILLC
opper,dude
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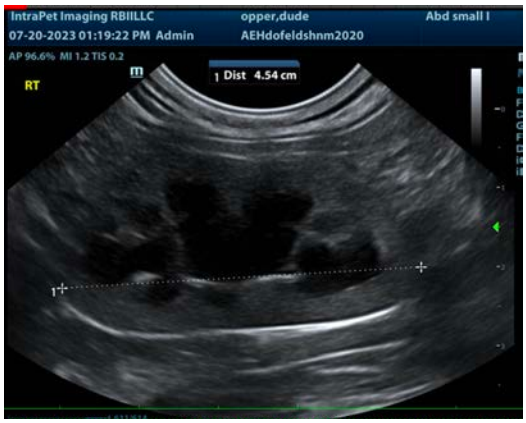
AEHdofeldshnm2020
AP 96.6% MI 1.2 TIS 0.2
Bladder



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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