



PATIENT PRESENTING CLINICAL SIGNS

Spankie Lachance

History: Presented July 28 for vomiting overnight and anorexia for 24 hours. Normal urination. History of pica as a young cat. PE unremarkable. Overweight so difficult to palpate abdomen, seems tense for palpation. Performed single rad at RDVM and BW (attached) and appeared fairly unremarkable. July 30 went to emerg vet for azotemia and hyperphosphatemia with small firm stools. Was treated with IVF and enemas. July 31 BW unremarkable aside from mildly elevated BUN. Still anorexic. Declined exploratory surgery. Cerenia, Famotidine, Buprenorphine and Gabapentin.
Abnormal PE/Chem/CBC/UA Results: Please see attached lab work and radiographs.

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

6.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Bilinsky

INVOICE

23742

DATE

8/1/23

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 a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely 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.

Left kidney is normal is size (4.11 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.

Right kidney is normal is size (4.12 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

Left adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.45 cm at cranial pole and X cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

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. Visible vasculature and biliary tree appear normal without distension or congestion.

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



PATIENT	The visible stomach wall is diffusely normal in thickness and layering. The lumen of the stomach is mildly distended with fluid, as well as echogenic nonshadowing luminal contents and gas, consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. In some views, the wall appears very mildly thick, measuring 0.6 cm thick but that finding is not confirmed in most views and is believed to just be an atypical angle or potentially rugal fold. Regardless, layering is intact.
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Feline	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.
BREED	
DLH	The visible colon is normal in wall thickness and layering. The colon is overdistended with subjectively firm stool.
SEX	<i>Pancreas</i>
Neutered Male	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
AGE	<i>Free Abdomen</i>
7 Years	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.2 kg	<ul style="list-style-type: none"> • A large amount of urinary bladder debris. • Possible mild gastric wall thickening with intact layering is not visible in all view but is suspected in one view and likely represents a benign inflammatory process if pathologic at all. Infiltrative neoplasia is considered exceedingly less likely. • The appearance of the colon is subjectively consistent with constipation. • There is no ultrasonographically visible evidence in these images at this time of a mass or foreign material, etc.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
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REFERRING VET	A relatively normal ultrasound does not rule out emerging pancreatic and/or gastrointestinal disease, therefore next diagnostic considerations could include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.
Dr. Bilinsky	
INVOICE	In the meantime, continued supportive/symptomatic medical management of clinical signs and medical management of suspected constipation is recommended in the form of hydration/potentially at-home subcutaneous fluid therapy, enemas, stool softeners, potentially a fiber responsive colitis diet and, if necessary, even a heavily sedated or anesthetized deobstipation.
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DATE	Recheck imaging of the gastric wall to help further assess the possible mild thickening could be considered with follow up ultrasound in 4-6 weeks pending patients clinical status and results of the above.
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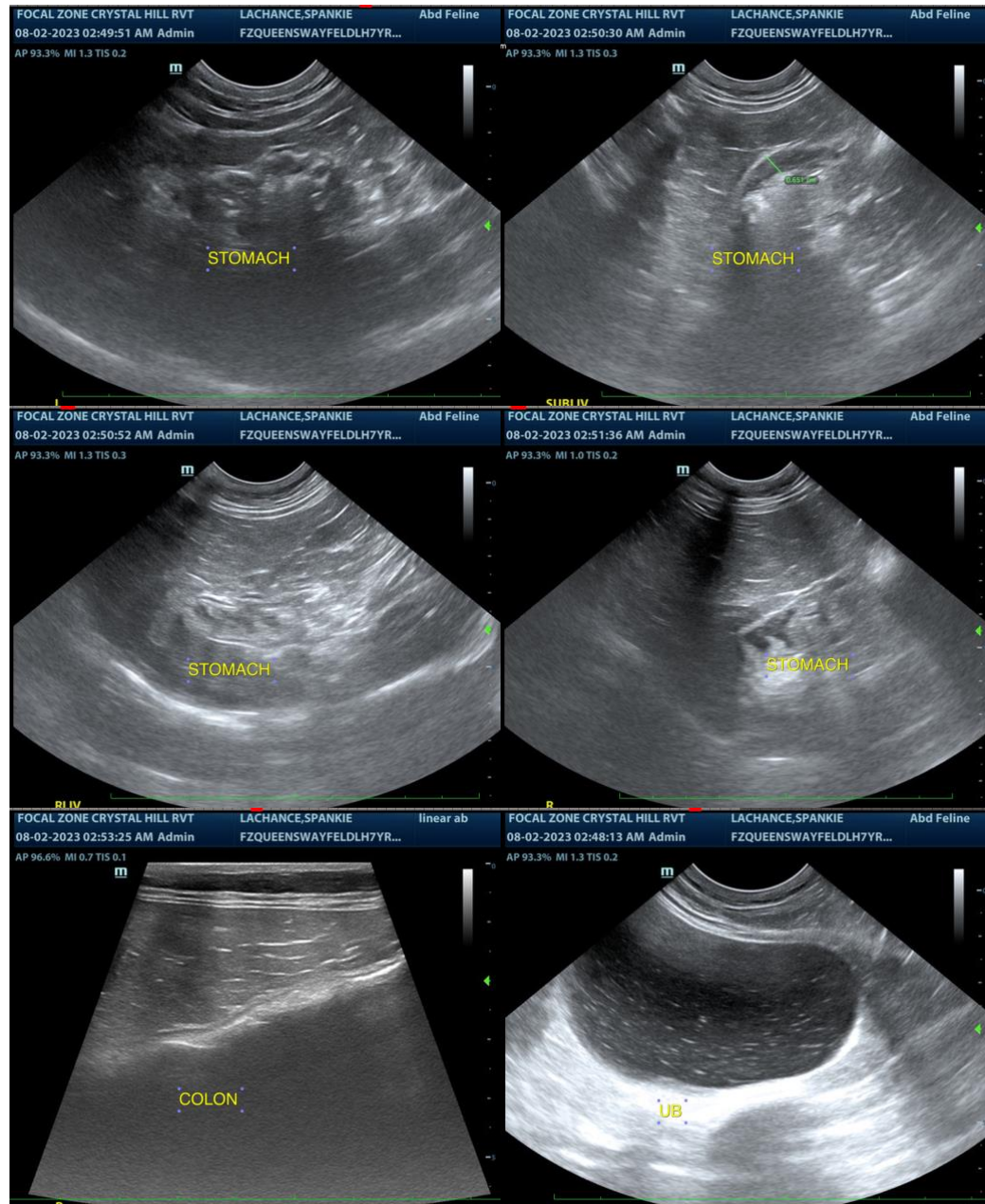
Dr. Bilinsky

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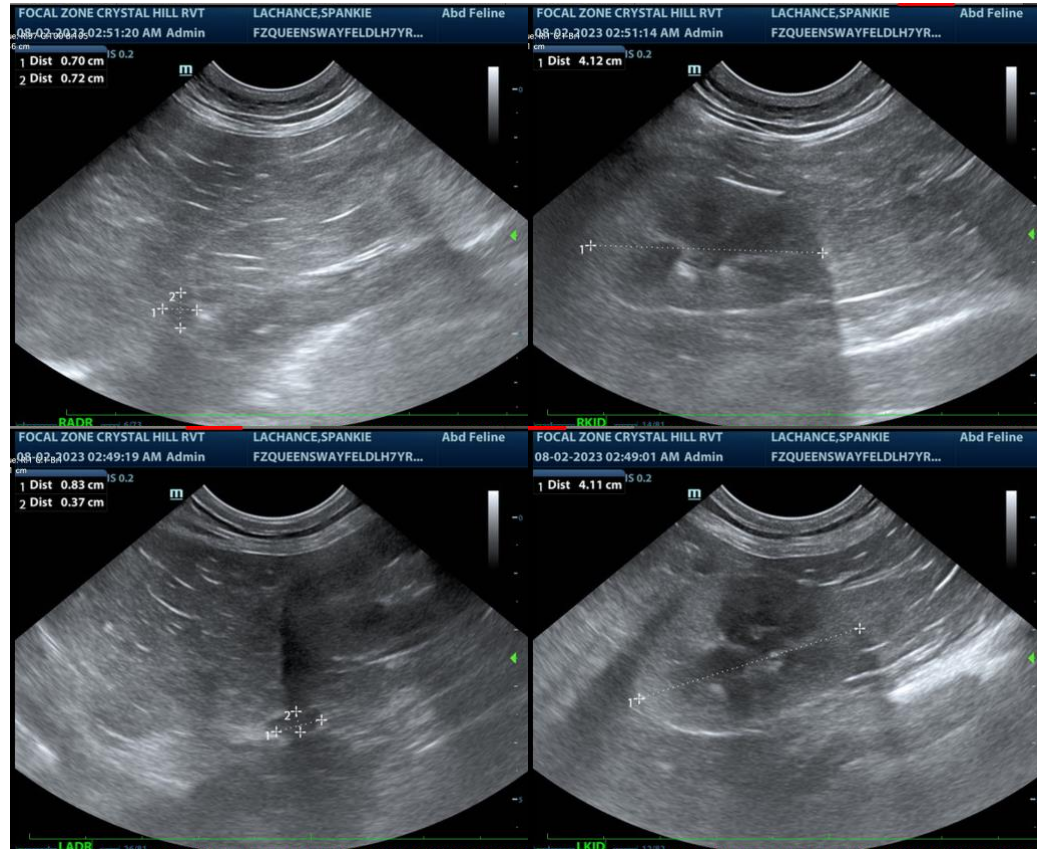
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com