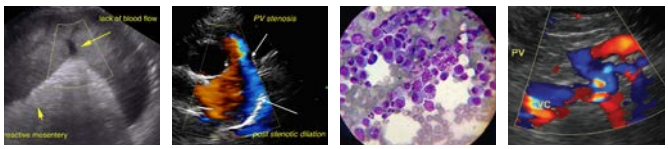
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Pacino McGinley

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years

WEIGHT
7.3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
40376

DATE
8/12/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for diarrhea for 2 months, overgrooming. Last night he may have gotten into EV Coconut oil. Vomiting multiple times today. Previous Health Concerns: UTI, Asthma Current Medications: Pred 2.5mg prn (gave this am), Gabapentin .7 ml given this am for sedation Abnormal PE/Chem/CBC/UA Results: Abdominal: painful on palpation, no obvious mass noted Radiographs: bronchointerstial pattern to lungs with sparse calcification of several bronchi, slight loss of detail cranial abdomen, distended stomach with large gas bubbles and ingesta (vs. hair or FB), moderate gas throughout small intestines, soft stool and gas/fluid in colon Chemistry: Creat 0.7 L, Ca 8.2 L, Glucose 144 H, ALT 433 H, Amylase 1545 H CBC: stress leukogram, Hgb 15.4 H EPOC: K+ 3.3 L, Ca 1.02 L, Glucose 139 H T4: >8

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 4.26 cm. The right kidney measured 4.62 cm.

Adrenal Glands

The area of both adrenal glands is examined without evident pathology.

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

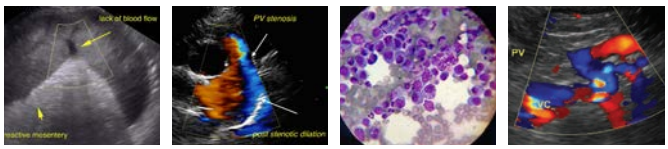
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. Incidentally tortuous cystic and common bile duct, non-pathologically distended, which can be a normal anatomic variant in senior cats.

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 overdistended with echogenic, non-shadowing luminal contents and gas. This appearance is most consistent with normal ingesta. There is no evidence of acoustic shadowing to suggest foreign material, no evidence of infiltrative disease, etc. However, foreign material, hairball and/or partial outflow obstruction cannot be definitively ruled out.

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 mildly distended with echogenic



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non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Full stomach – The appearance of the intraluminal contents is most consistent with normal ingesta. However, if this patient was fasted, and normal ingesta isn't consistent with the clinical picture, foreign material, hairball, or delayed gastric emptying of normal ingesta could be considered.

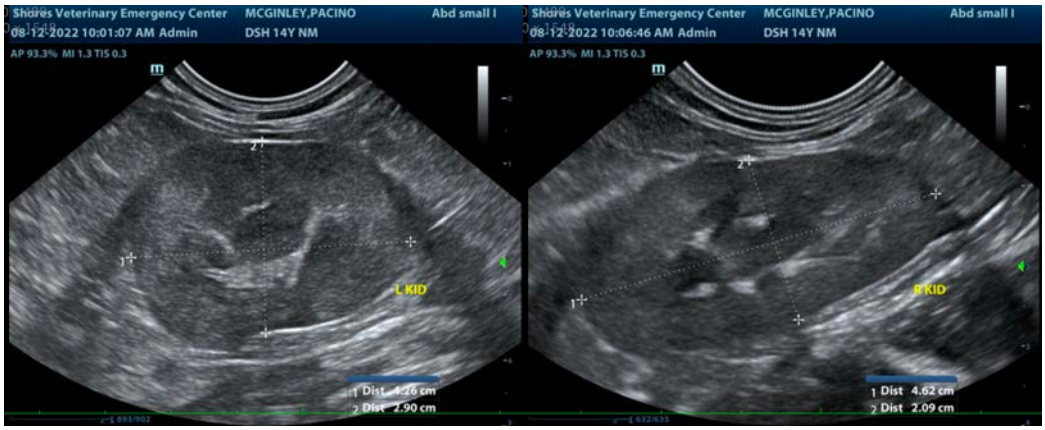
SECONDARY FINDINGS

- Age related kidney change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's reported gastrointestinal signs, ALT, etc., could all potentially be explained by hyperthyroidism, given the reportedly too high to read T4. Therefore, recommendations include treating hyperthyroidism and reevaluating clinical signs, ALT, etc. after a euthyroid state has obtained. Other diagnostic considerations, given the diarrhea, especially combined with mild hypocalcemia 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.

In the meantime, symptomatic/supportive medical management of the vomiting with antiemetics, fluid support, etc. is recommended combined with fasting so that if clinical signs (primarily vomiting) persist, recheck fasted imaging of the stomach can be obtained to more definitively rule out foreign body versus normal ingesta.



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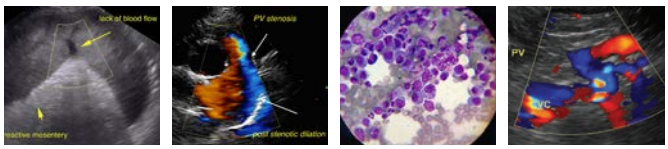

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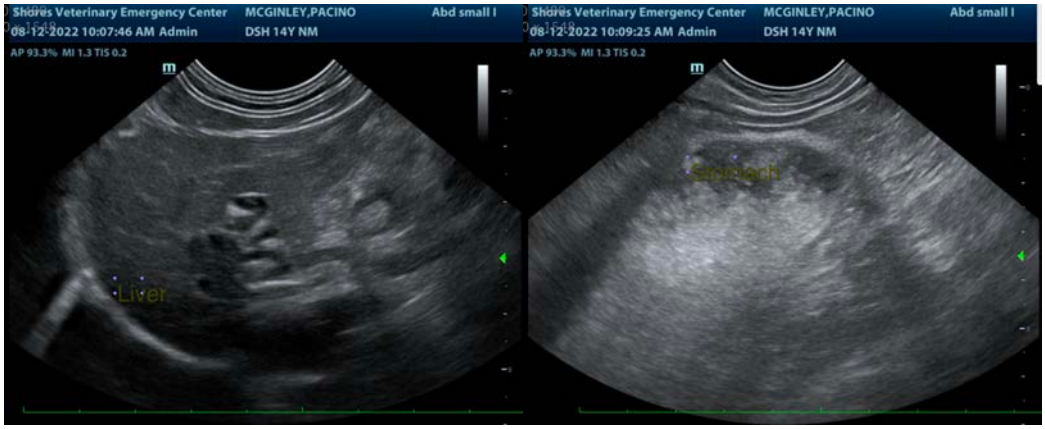

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com