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Clinical Sonography & Telecytology
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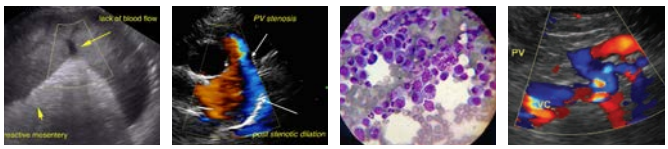


PATIENT
Maxine Watson

SPECIES
Feline

BREED
DMH

SEX
Spayed Female

AGE
11 Years 1 Month

WEIGHT
5.12 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview Vet Hospital

REFERRING VET
Dr. Brian Barnes

INVOICE
40511

DATE
8/16/22

PRESENTING CLINICAL SIGNS

History of intermittent vomiting, some constipation today. Vomiting happened the day before yesterday 3 times, and yesterday once. Had frank blood in it. Was a 3cm sized puddle mixed with bile. Has had vomiting episode previously and was related to hairballs. Her demeanor is good. After vomiting is up and playing, seems quite happy besides. Threw up pate type food with red sheen.

Abnormal PE/Chem/CBC/UA Results: CBC wnl CHEM azotemia (mild), creatinine 218 (71-212), urea 13.6 (5.7-12.9) snap fpl wnl, SMDA normal UA- cysto straw coloured clear fluid usg 1.015, ph 7 neg pro, glu,ket, ubg, bili, bld, wbc <1/hpf , rbc >50/hpf no rods/cocci, no casts/crystals or unusual epi cells

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.

The right kidney is normal in size (4.07 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 (4.11 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.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm at the cranial pole and 0.40 cm at the caudal pole), 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.

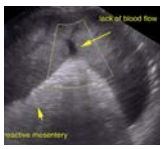
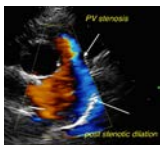
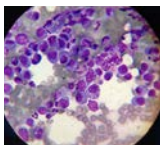
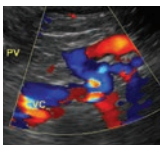
Liver

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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 in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. 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.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Pancreatic nodular hyperplasia –** Infiltrative neoplasia cannot be ruled out but is considered less likely.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no ultrasonographic visibly obvious reasons for this patient's reported vomiting/hematemesis. Given the reported possible constipation at the time of presentation, if constipation is a historical problem clinically at home, then management of constipation may help minimize the vomiting. If constipation is not clinically a problem at home, other diagnostic recommendations include:

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.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Empirical therapeutic recommendations include empirical deworming with a 5-day course of Panacur, a course of antacids in case of a mild gastritis or microulceration contributing to clinical signs, and a diet change using diets on a trial and error basis until a beneficial diet is found. Recommendations are to begin with a novel or hydrolyzed protein diet, unless constipation is deemed to be the source of this patient's gastrointestinal signs, in which case a colitis/high fiber diet and stool softener such as lactulose would be recommended alternatively.

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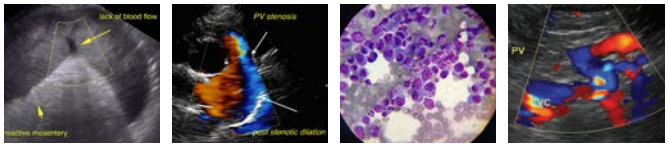

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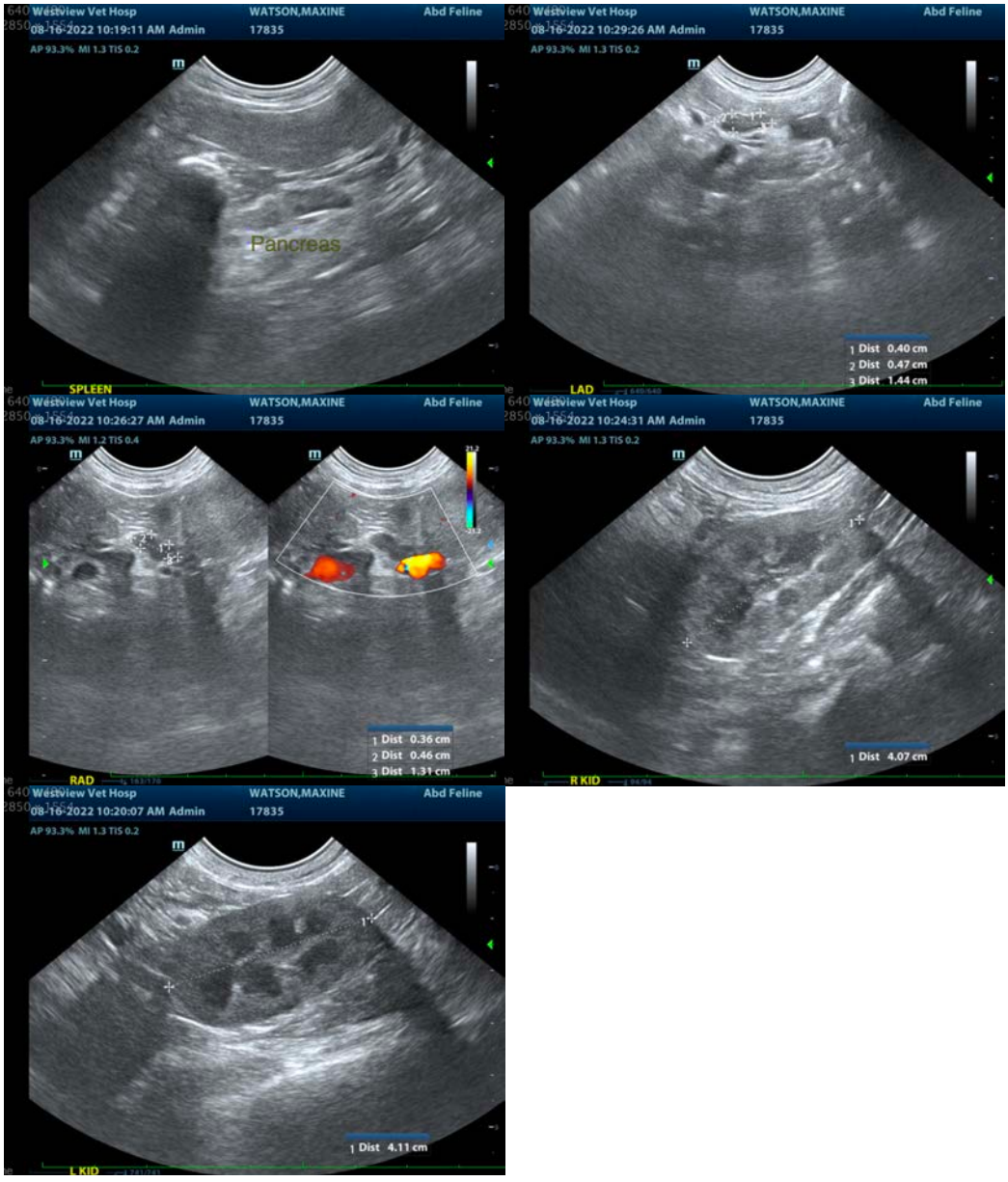

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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