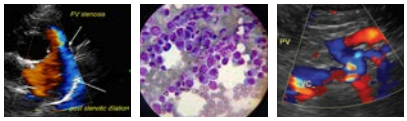
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/17/22

PATIENT

Ike Poissant

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/12/15

WEIGHT

11.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Kable

INVOICE

40565

PRESENTING CLINICAL SIGNS

ADR, not eating x few days, significantly lethargic, hiding, urinated on a towel in the bathroom last night.

Current Medications: Entyce from emergency hospital, sq fluids given twice, otherwise no meds.
Lab Results: FPL negative/NSF.
Radiographs: NSF so far aside from some vague suspicion of small intestinal foreign material.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Rachel

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly 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.

The right kidney is normal in size (4.24 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 (3.99 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 (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

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 mildly to moderately distended with primarily fluid and some echogenic, non-shadowing luminal contents, consistent with some normal ingesta pieces. 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

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.

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.

PRIMARY FINDINGS

- **Moderately fluid distended** stomach – There is no evidence of foreign material or outflow obstruction in these images, and the gastric distention is believed to be secondary to mild gastritis/ileus, possibly secondary to dietary indiscretion or intolerance, bacterial or viral infection, parasitic disease, toxin, or other metabolic disease. A foreign body with partial obstruction cannot be definitively ruled out, but is considered less likely at this time.

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

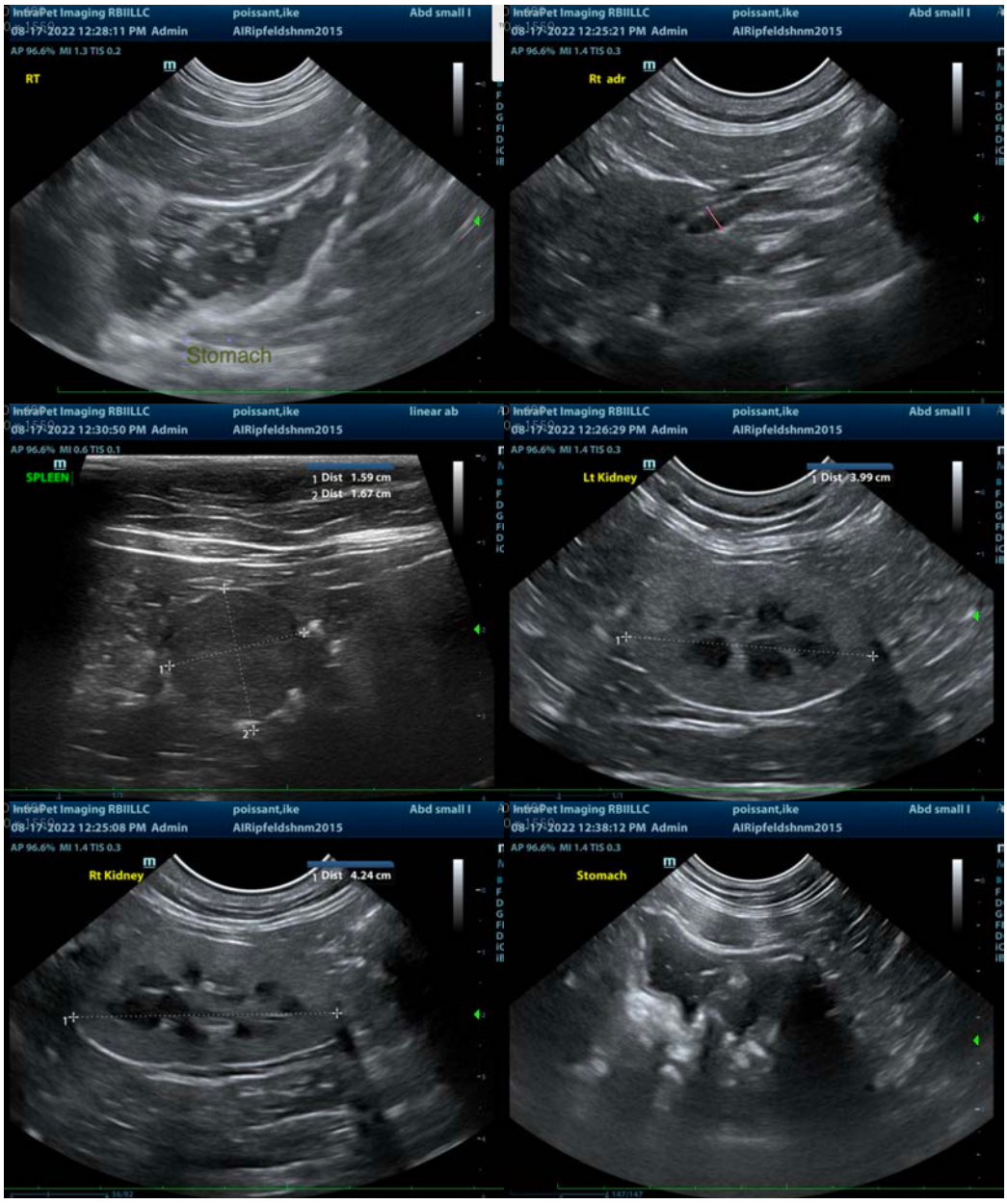
SECONDARY FINDINGS

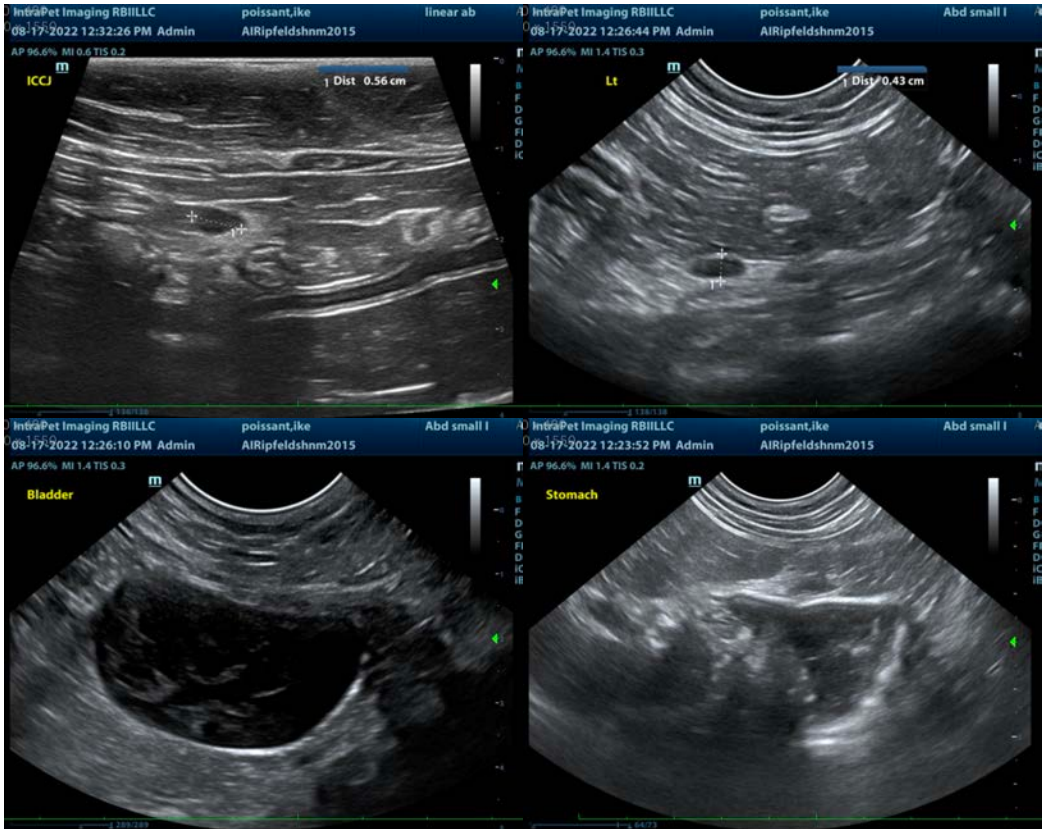
- Folded spleen
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include supportive/symptomatic therapy of gastritis/gastroenteritis/ileus with antiemetics, gastroprotectants, and appetite stimulants, if needed, or feeding tube placement is appetite stimulant doesn't work. A nasogastric tube may also allow intermittent suction of gastric contents, if necessary, until ileus has resolved.

Empirical deworming with a 5-day course of Panacur is recommended. If clinical signs, especially vomiting persist, recheck abdominal imaging would be recommended to assess any progression in non-visible pathology/obstruction, etc. present at this time.


IntraPet Imaging RBIILLC
poissant,ike
Abd small I
08-17-2022 12:28:11 PM Admin
AlRipfeldshnm2015
AP 96.6% MI 1.3 TIS 0.2
RT
Stomach
IntraPet Imaging RBIILLC
poissant,ike
Abd small I
08-17-2022 12:25:21 PM Admin
AlRipfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
Rt adr
IntraPet Imaging RBIILLC
poissant,ike
linear ab
08-17-2022 12:30:50 PM Admin
AlRipfeldshnm2015
AP 96.6% MI 0.6 TIS 0.1
SPLEEN
1 Dist 1.59 cm
2 Dist 1.67 cm
IntraPet Imaging RBIILLC
poissant,ike
Abd small I
08-17-2022 12:26:29 PM Admin
AlRipfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 3.99 cm
IntraPet Imaging RBIILLC
poissant,ike
Abd small I
08-17-2022 12:25:08 PM Admin
AlRipfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
Rt Kidney
1 Dist 4.24 cm
IntraPet Imaging RBIILLC
poissant,ike
Abd small I
08-17-2022 12:38:12 PM Admin
AlRipfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
Stomach



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