



PATIENT

Tiger Fulton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.4 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Sholih VH

REFERRING VET

Dr. Moon

INVOICE

43271

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History: BCS 5.5/9 ate about 4 hours ago, Ultamino food blended with water P has been on an hydrolyzed protein diet for 2 years. currently on prednisone EOD to control symptoms and on metronidazole for 4 days after acute diarrhea.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem/T4/UA 1/29/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile and gravity dependent debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. The left kidney measured 3.9 cm and the right kidney measured 4.2 cm.

Adrenal Glands

Adrenal glands were not distinctly visualized. The area of the adrenal glands and surrounding vasculature were normal.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains a large volume of fluid and ingesta including small curvilinear object consistent with kibble. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with soft formed fecal material and gas shadowing distally. Colonic wall is slightly thickened with normal wall layering.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat. Right limb of pancreas appears slightly prominent with no surrounding signs of inflammation, no fluid accumulations. Left limb and body of pancreas are largely obscured by distension of stomach with fluid and ingesta but area of left limb of the pancreas is normal. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Colitis
2. Normal small intestine
3. Prominent right limb of pancreas
4. Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colon is slightly thickened with normal curvilinear wall layering consistent with reported colitis signs. No specific cause of colitis is identified on abdominal ultrasound. SI tract is normal with no suggestion of infiltrative disease. GI panel (TLI/PL/cobalamin/folate), fecal pathogen PCR, and empiric high fiber diet, broad spectrum deworming and treatment with probiotics should be considered. A flare up of previously suspected GI disease is likely and a temporary increase in prednisolone dose may help control symptoms if infectious disease can be ruled out. Colonoscopy with sampling may reveal pathology not visible on ultrasound.

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While the pancreas appeared largely sonographically normal, the right limb of the pancreas was slightly prominent and pancreatitis, acute or chronic, cannot be definitively ruled out. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

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Correlate clinical significance of urinary bladder debris with bloodwork/urinalysis findings and clinical signs.

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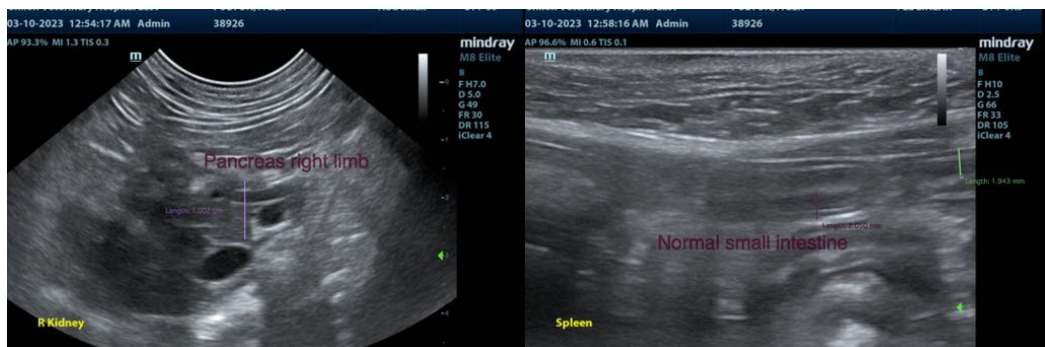
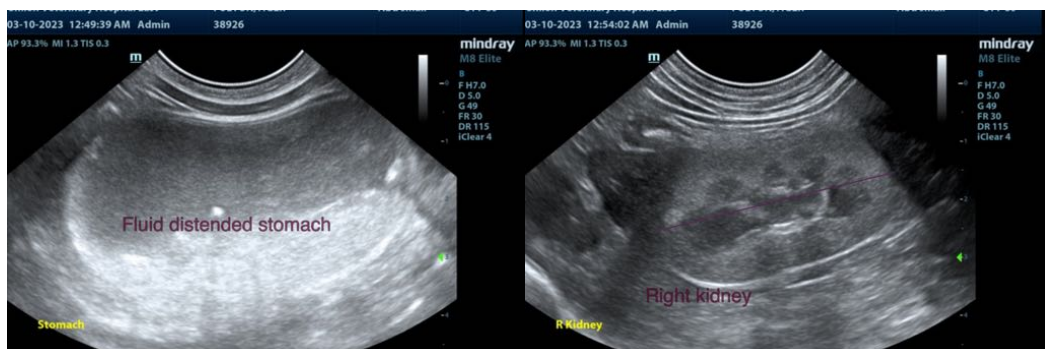
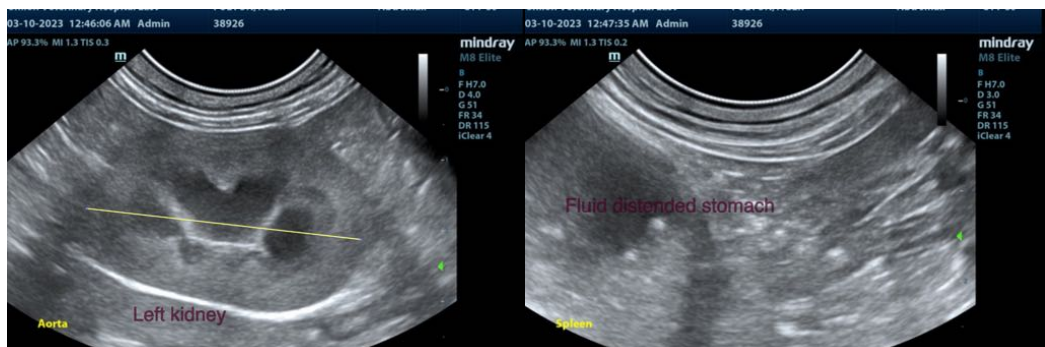
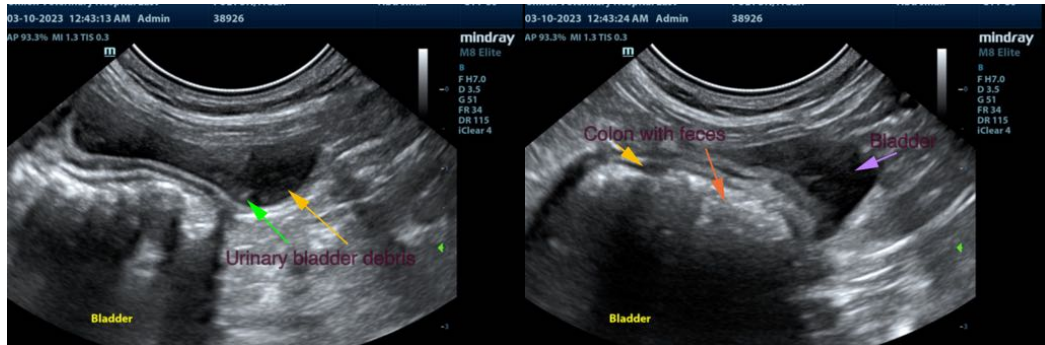
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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