



PATIENT PRESENTING CLINICAL SIGNS

Stewart Chiasson

History: Last couple weeks has seen much skinnier, on Thursday morning threw up his whole breakfast, and threw up water O gave him after, hiding more. loves hair ties, concerned he may have swallowed one and can lick plastic, no hx viral testing. Weight loss, muscle wasting, pain, dehydration (~5%), 201 missing, possible ulceration towards back of tongue, proliferation of tissue on hard palate behind 201, pain on cranial abdominal palpation, elevations in ALT 642 (12-130) TBIL 27 (0-15). Current Medications Ursodiol 50mg SID, aventi liver 1/4 tablet BID, cerenia today, 200mL SubQ fluids Abnormal PE/Chem/CBC/UA Results: ALT 642 (12-130) TBIL 27 (0-15)

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

3.23 kg

INTERPRETED BY

Brittany Sinclair DVM,
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Di Lorio

INVOICE

23435

DATE

7/18/23

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 debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization of left kidney was slightly limited making measurement inaccurate. This is commonly related to breed related to anatomical positioning and overlying GI tract. The right kidney measured 3.6 cm. The left kidney measured 3.03 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 non-shadowing ingesta and gas in the fundus and cardia. Towards the pylorus there is a hard shadowing consistent with foreign material. The stomach wall appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. 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. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. 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.

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ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body
- Urinary bladder debris
- Normal liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hard shadowing in stomach likely represents non-food material. It is not currently obstructive, though gastric foreign bodies can be dynamic causing intermittent pyloric outflow obstruction and waxing and waning clinical signs. This shadowing could be a trichobezoar, foreign material (such as reported possibly ingested hair ties), accumulation of plant debris, etc. Abdominal radiographs will be of benefit to further visualize gastric contents. If persistent foreign material is present, endoscopic visualization and retrieval should be considered. Abdominal exploratory surgery with plan for gastrotomy is an alternative.

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Continue to correlate clinical significance of urinary bladder debris with semi-annual blood work/urinalysis findings and clinical signs.

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The liver appears sonographically normal, and the gall bladder and common bile duct are normal in this patient, and in light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Liver FNA is indicated.

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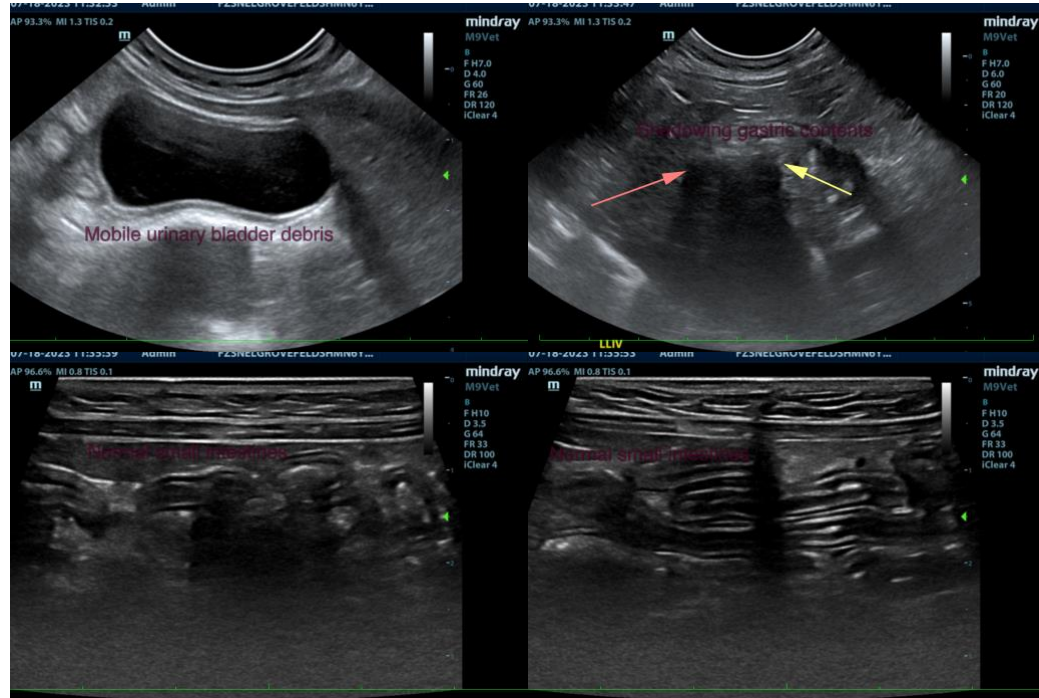
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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