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Clinical Sonography & Telecytology
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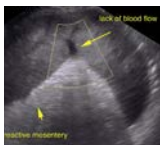
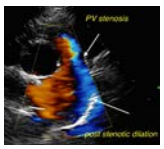
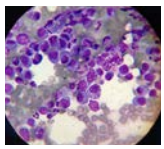
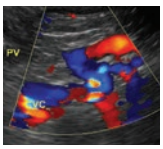

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1-800-838-4268 info@sonopath.com

PATIENT
Dean Thurman

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
3 Years

WEIGHT
4.5 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Animal Emergency Care

REFERRING VET
Dr. Drummond

INVOICE
42288

DATE
10/22/22

PRESENTING CLINICAL SIGNS

Dean is an otherwise healthy 3 yr MN DSH presenting this morning for vomiting. He is indoor only, housed with his littermate, Sammy (asymptomatic). Had an episode of urinating outside litter box sometime distant past, was not able to get urine checked (has home care vets usually and is not easily restrained for cysto); tried to use NoSorb but he tried to eat it so that wasn't worked up. The issue did not recur. No ongoing history of health issues. Owner has used a home prepared raw diet for the cats' whole lives, until two days ago when she changed to NW Naturals (due to Dean not eating), a freeze dried formulation, which he did seem to like. Owner weighs the cats regularly and reports Dean has lost 1 pound in the last week and has generally been unusually quiet. Normally a very active cat, would not put past him to eat something but no specific wayward ingestions or exposures are reported.

Abnormal PE/Chem/CBC/UA Results: A truncated blood panel shows: -mild elev TP 8.6 -gluc 300 (following incident in radiology where he startled, escaped briefly and became unable to be handled....glucose has since been rechecked and is normal) -BUN/Cr in high normal range -mild hypochloremia -a full UA was not done but his urine is very dilute (1.010)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight hyperechoic medullary rim sign noted. The left kidney measured 3.98 cm. Slight pyelectasia noted in the left kidney at 0.17 cm. The right kidney measured 4.07 cm with slight heterogeneous cortical changes noted.

Adrenal Glands

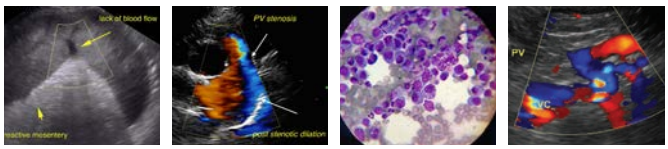
The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.80 cm in width. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a minor amount of stasis and variable minor intestinal wall thickening. Some duodenal stasis and spasming noted. Slight amounts of free fluid noted. No overt obstruction. Minor excessive GI gas noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Brief Follow Up Recheck of the Gastrointestinal Tract

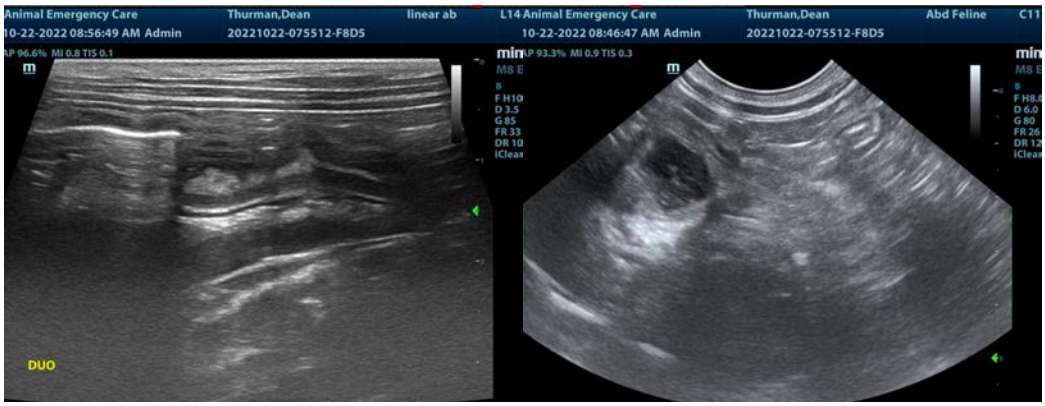
Examination of the **gastrointestinal tract** revealed areas of intestinal spasming and minor amount of slight progressively shadowing small intestinal content that appeared to be in the jejunum with variable intestinal thickening and reactive mesentery. No overt detail loss noted in this region. However, some increased submucosal echogenicity and thickness noted.

ULTRASONOGRAPHIC FINDINGS

- Resolving gastroenteritis with a portion of mildly unhealthy jejunum and entrapped chyme or possible transiting hairball.
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical therapy at this point. The original presentation is most consistent with gastroenteritis. The follow up presentation has residual unhealthy jejunum yet appears to be resolving. Medical management and insurance of hydration, and treatment for enterotoxins all indicated, as well as fecal test. Recheck sonogram in 48 hours if the patient is not responding. There is a possibility that the portion of unhealthy jejunum may necessitate resection. However, this is an intramural presentation, and the surgical location may be difficult. Intraoperative ultrasound may eventually be necessary.



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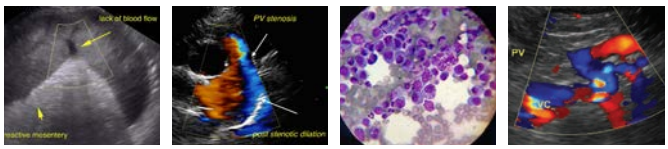

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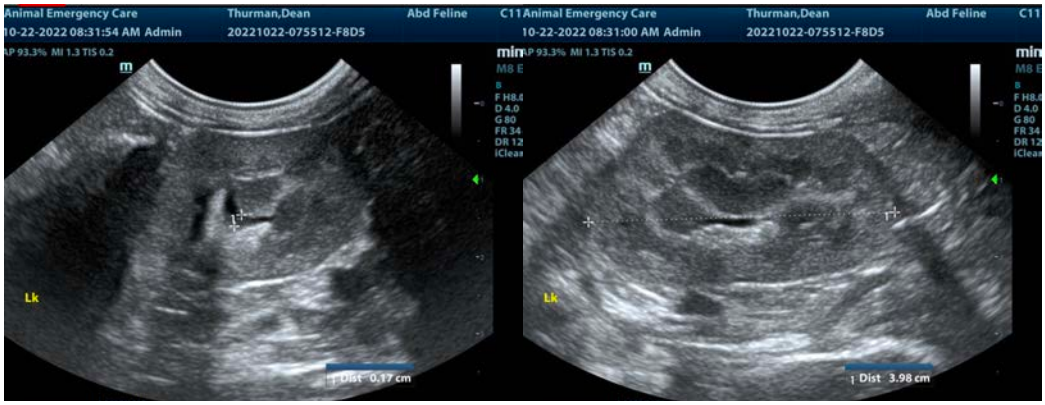

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com