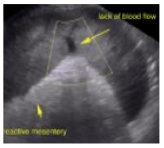
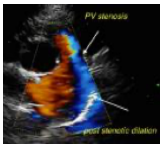
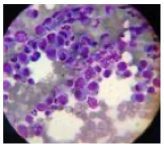
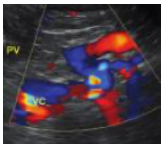
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Sienna Ortiz

SPECIES
Feline

BREED
Ragdoll

SEX
Female Spayed

AGE
9 mos

WEIGHT
10 lbs

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Callihan/Pacific Crest Mobile VS

HOSPITAL NAME
Pacific Crest Mobile VS

REFERRING VET
Chandler NW VC Mt Vernon

INVOICE
12821

DATE
4.20.23

PRESENTING CLINICAL SIGNS

History: 9 mos Ragdoll 3/30/2023 Presented to primary care for history of vomiting after eating for 2-3 weeks. Weight loss is not reported. Report of difficulty swallowing food though no problems drinking water. (I did look under tongue while she was sedated, no evidence of string) Unsure about stools as litter box is robotic. Reported by client as current on vaccines Diet: Royal Canin kitten Owners say their other cat has also started vomiting so they are worried about something environmental **Pt sedated for scan with dexdom/butorph

Abnormal PE/Chem/CBC/UA Results: PE: Robust cat BCS 6+/9, excellent coat, no peripheral LN enlargement, nsf cardiac/pulm auscultation Labs 3/31/23 Complete chemistry panel is normal Precision PSL is normal CBC is normal in counts and morphology(other than PLT count just below ref range and confirmed clumps present) Radiographs: 4/3/2023 (Read by radiologist) “No definitive abnormalities are identified. Soft tissue opaque material in the stomach and small intestine are likely normal ingest. Foreign material is considered less likely”

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

A scant amount of suspended echogenic debris is observed within the lumen consistent with lipid. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.08 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.05 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size 0.38 cm. The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.36 cm. The right adrenal gland has normal shape, and it is normal in appearance and echogenicity.

Spleen

The spleen measures mildly thick (0.12 cm), but this is expected given the reported sedation of the patient. The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen contains a significant amount of contents that shadow strongly, making evaluation of the entire stomach and deeper portions of the stomach difficult. The visualized portions of stomach wall are of normal wall thickness (0.20 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear mildly thick. The duodenum measures thick (0.28 cm) with distinct wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and is of normal thickness. Ileocecocolic lymph node are mildly hypoechoic and prominent.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The mesenteric lymph node are enlarged and hypoechoic (the largest measuring 1.74 cm long x 0.50 cm wide; another measures 1.00 cm long x 0.46 cm wide). The omentum is of normal uniform echogenicity.

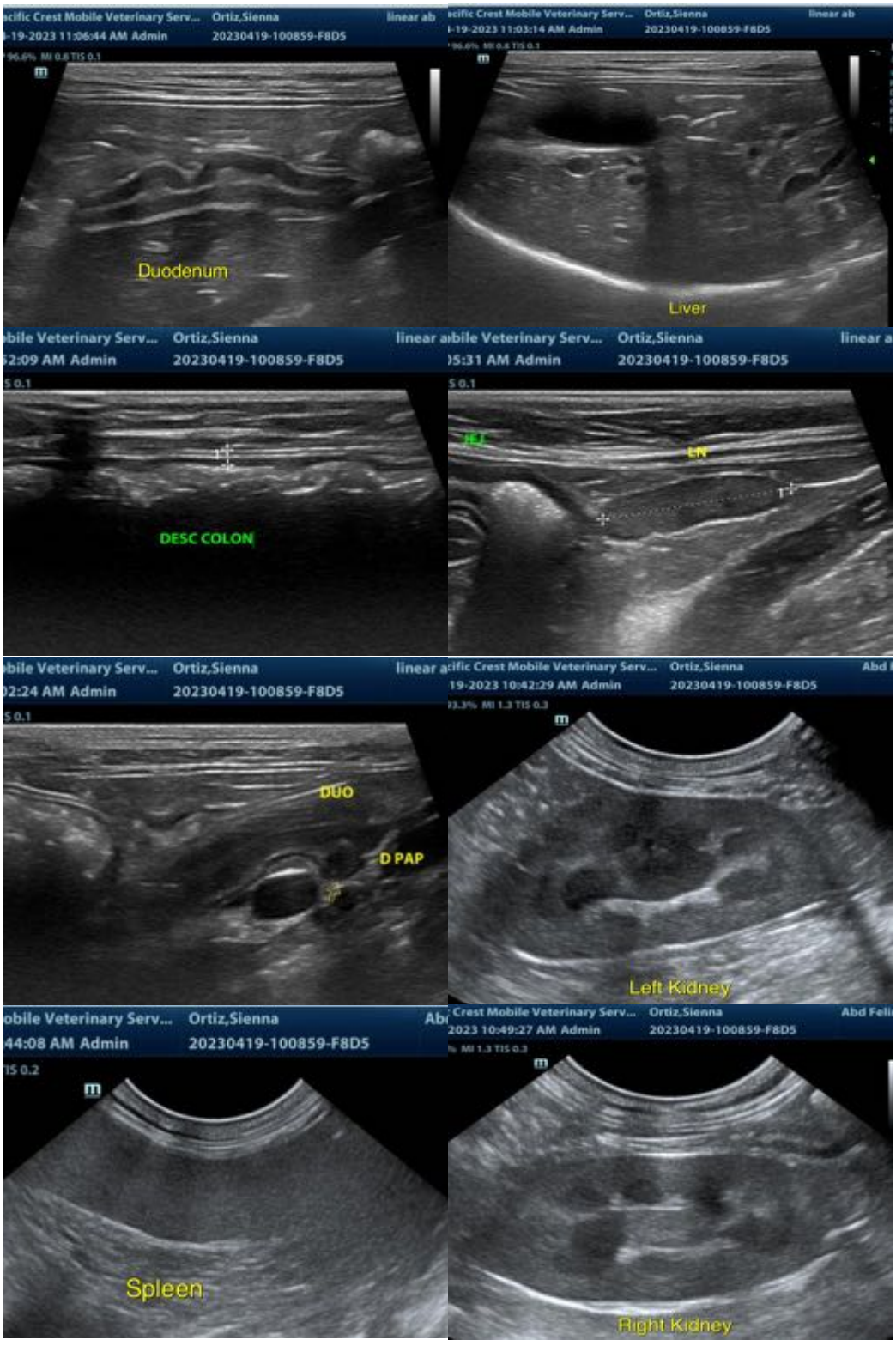
ULTRASONOGRAPHIC FINDINGS

Findings

- Enteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestines measure diffusely thick and the lymph node are prominent, though mildly enlarged. Prominent lymph nodes can be normal in juvenile pts. The changes to the small intestinal are consistent with both chronic and acute enteropathy. Consider fecal testing empirical deworming and a diet change to a more gastrointestinal-friendly diet. If the clinical signs persist, then a diet trial with hypoallergenic of novel protein, could be considered, as well as a GI panel.


Duodenum
Liver
DESC COLON
LN
DUO
D PAP
Left Kidney
Spleen
Right Kidney

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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