IMAGING PERFORMED BY

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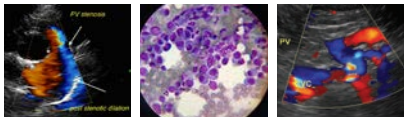


SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

12/15/22

PATIENT

Clover Sanders

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/17/14

WEIGHT

8.7 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Noah's Ark Vet & Boarding Resort

REFERRING VET

Dr. Martinez-Hernandez

INVOICE

43473

PRESENTING CLINICAL SIGNS

Hx for about 2 years with excessive self-barbering of. The degree will vary and previous meds while helpful to a small degree have not helped with complete resolution (she was previously on Amitriptyline) but has been weaned off over a year ago and is currently on Gabapentin 50 mg/ml daily. Noticed she is starting to self-barber more frequently so we are attempting to seek if there is a potential cause /source of discomfort /pain in her abdomen that may point to pain versus behavior prior to us treating her for that.

Current Medications: Gabapentin 50 mg SID for upcoming appointment:
Gabapentin 100 mg, Trazodone 25 mg - 1/2 PO
Lab Results: So far CBC/CHEM/UA/t4- NSF/WNL, triple test (negative)
FPL- WNL. pending - Bx sample of small oral mass, pending - fx culture
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dex/Ket/Bup.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.51 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.78 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.21 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.95 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid and some shadowing ingesta in the region of the pylorus. It measures at a normal thickness of <0.36cm 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

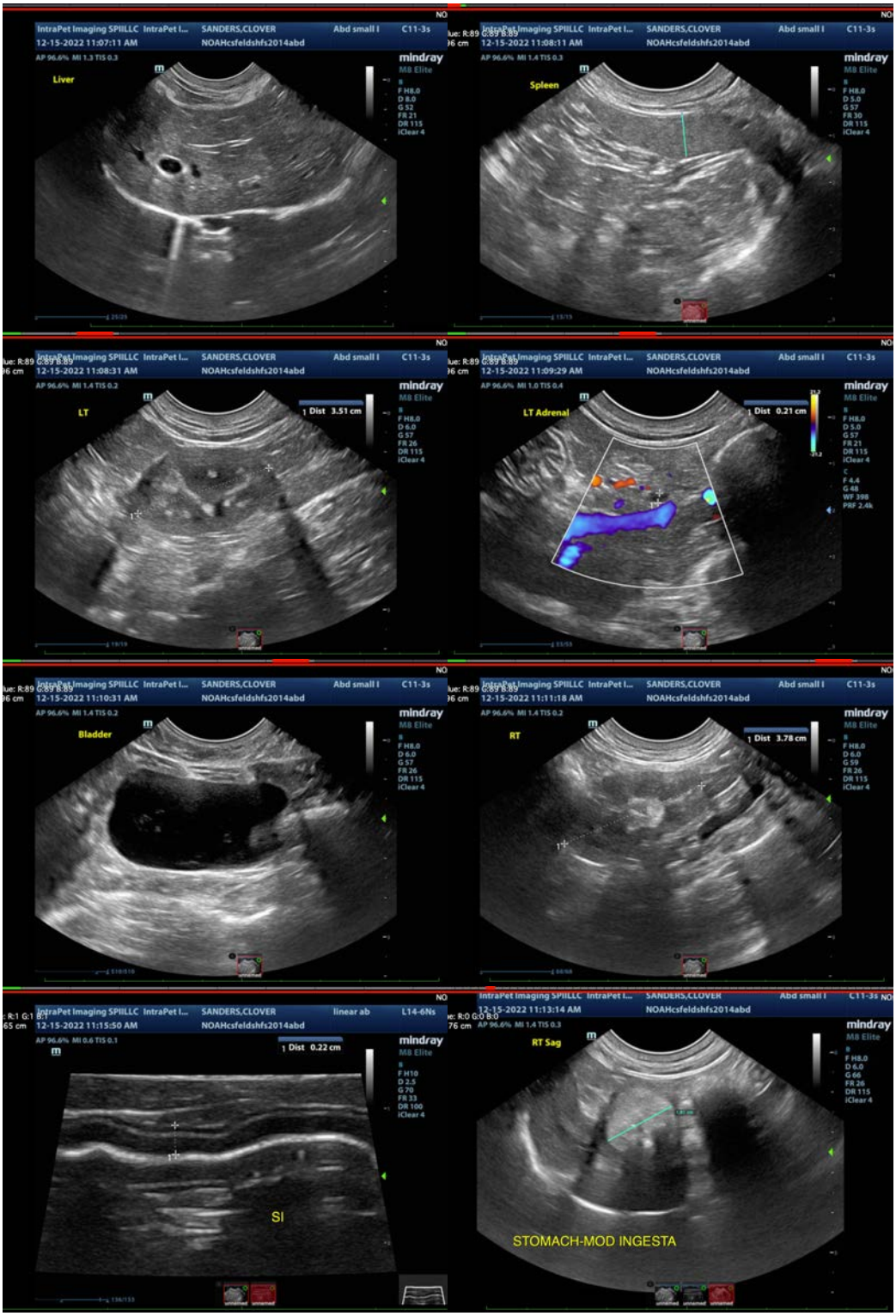
ULTRASONOGRAPHIC FINDINGS

- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Moderate fluid and shadowing ingesta/material in the region of the pylorus – Correlate with feeding history and abdominal radiographs. This could be consistent with shadowing ingesta, ingested foreign material, a hairball, etc.
- Mildly prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious lesion responsible for the over-grooming reported is not readily observed. The pancreas is visible but does not appear overtly inflamed. There is some mild echogenic debris in the urinary bladder. Recommend a urinalysis and culture to rule out infection. There is some shadowing material visualized in the pyloric region of the stomach. This could be consistent with a previous meal, delayed gastric emptying, partial outflow tract obstruction, etc. Correlate with symptoms and radiographs. Additionally, you could reevaluate after a longer fast.

In some views, the muscularis layer of the small intestine appears mildly thickened. This can be a normal finding in some older cats. If there are no overt GI signs, the significance of this is unclear.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Liver
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Spleen
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LT Adrenal
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Bladder
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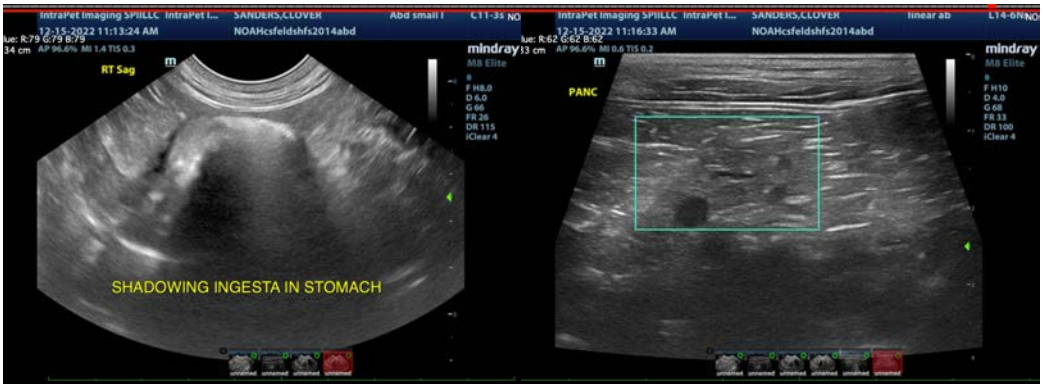
RT Sag
mindray
STOMACH-MOD INGESTA



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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