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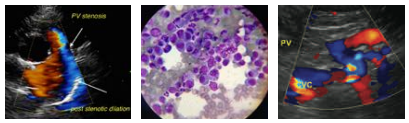

SonoPath
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DATE
12/22/21

PATIENT
Allison Frost

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
11/1/10

WEIGHT
12.5 lbs

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

IMAGING PERFORMED BY
Stephanie Pearce RDCS, RVT

HOSPITAL NAME
Paradise AH

REFERRING VET
Dr. Riehl

INVOICE
94870

PRESENTING CLINICAL SIGNS

History: Poor appetite x 1 week. BW normal. Rads on 12/18/2021 normal at emergency. Initial bout of vomiting/diarrhea 12/18/2021. Kitten had vomiting/diarrhea and Allison broke with V/D/A 1 day after kitten did (so initial presumptive diagnosis was gastroenteritis secondary to viral/shared food/etc). Allison still not eating well after Mirtazapine, Cerenia, 2 days IVF.
Current Medications: Mirtazapine 3.75 mg q 72 hr; LRS IVF; Cerenia 6 mg q 24 hr; Proviable paste/capsules.
Lab Results: GGT 5 on in house machine. T4 not assessed yet. UA being performed today.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (3.94 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.72 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.43 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 measuring 0.4 cm at the caudal pole. 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, 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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering 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 relatively uniform diameter with diffuse, moderate 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. The duodenum measured as normal and the jejunum measured as normal (0.19 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 prominent and mottled compared to the surrounding isoechoic 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

PRIMARY FINDINGS:

- Moderate amount of intraluminal gastric material. Correlate with feeding history. If the patient was adequately fasted then differentials include delayed gastric emptying or gastric foreign material/partial outflow tract obstruction. The contents mostly resemble ingesta.

- Diffusely, moderately fluid dilated small intestine. The findings are most consistent with generalized ileus or less likely a distal, partial/full obstruction (not observed).

- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

SECONDARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

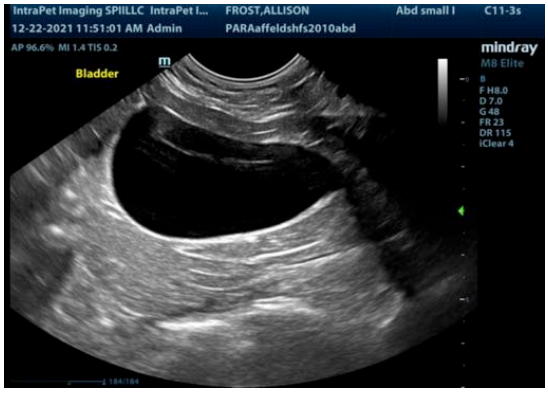
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

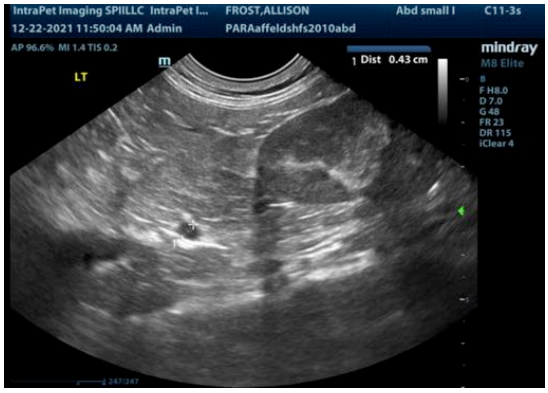
The primary abnormality noted on today's scan is diffuse dilation of the gastrointestinal tract including the stomach and small intestine with what appears to be primarily ingesta. Correlate this with radiographs and feeding history. If the patient ate recently this would be normal. If there has been a prolonged fast then this could be consistent with generalized ileus or less likely a distal obstruction.

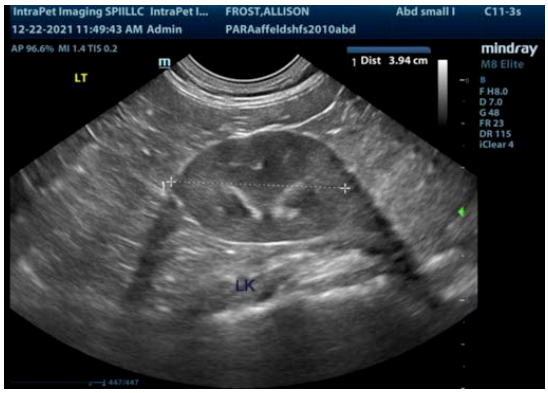
- Consider judicious use of promotility medications (metoclopramide) to try to resolve the ileus

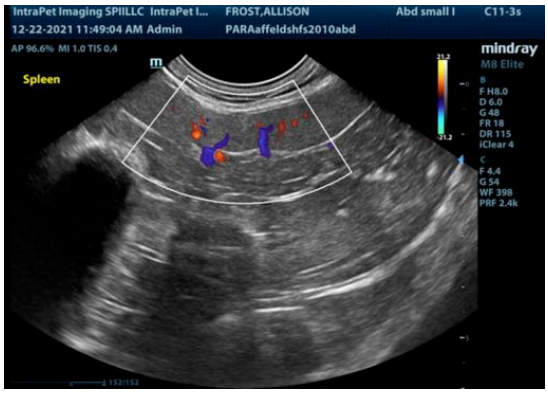
provided an obstruction is not suspected.

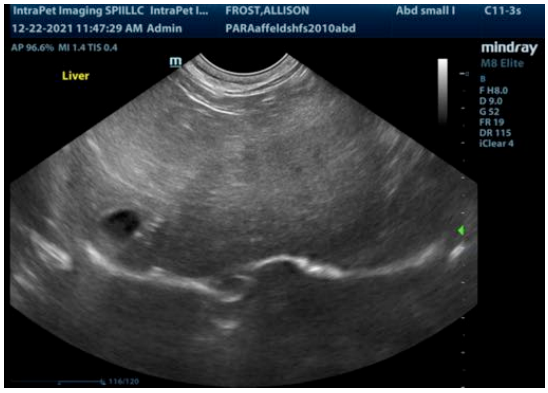
- Consider a GI panel to Texas A&M with qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreatic and small intestinal changes observed.
- Continue symptomatic care for pancreatitis/gastroenteritis.
- If symptoms are persisting and small bowel and gastric distension persist then consider obtaining GI biopsies and exploratory to confirm no evidence of obstruction (hopefully this is not necessary).

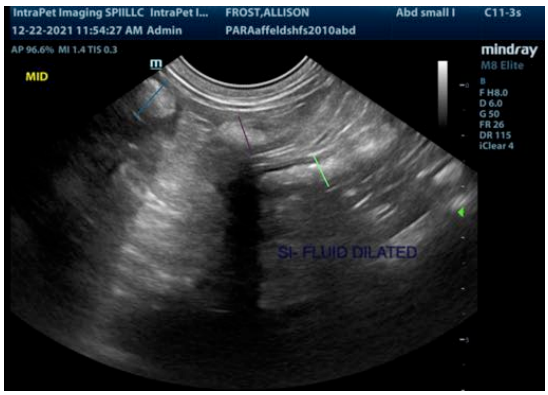


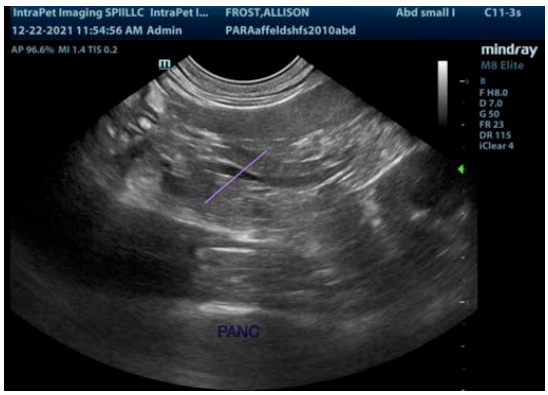












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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