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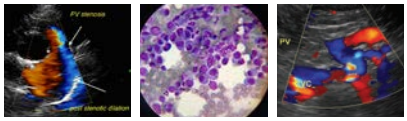

SonoPath
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DATE

12/30/21

PATIENT

Reds Croston

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9/1/17

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Heydt

INVOICE

33859

PRESENTING CLINICAL SIGNS

History: Patient presented on 12/28/21 for not eating and no bowel movements for a few days. Patient vomited a large hairball a few days prior. Patient was sedated under general anesthesia for examination. On examination, mild tartar was noted and MM were pink, moist. CRT < 2sec. No murmur auscultated and respiration was WNL. Palpable stool noted in colon. Radiographs revealed thickened stomach wall and stool throughout colon. Subcutaneous fluids, Cerenia and an enema were given to patient. Patient appetite has still not perked up with medication or enema.

Current Medications: SQ LRS 100cc 12/28/21, Cerenia 0.75cc SQ once 12/28/21, Mirataz gel pen - 1.5-inch strip to inner pinna once daily.
Lab Results: WNL.
Radiographs: thickened stomach wall. Stool in colon. No obvious foreign body.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
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 (4.47 cm). Overall echogenicity is normal with adequate 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 (7.59 cm). Overall echogenicity is normal with adequate 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 0.36 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 0.40 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 large in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with a focal area of shadowing material of approximately 1.0 cm diameter, which I suspect is most consistent with small hairball. The wall 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.

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Small shadowing structure within the gastric lumen – This could be a small amount of ingesta or possibly a hairball. There is no evidence of an obstructive process.

- Large, hyperechoic liver – This could be normal in a very large cat due to fatty deposition, but monitoring for early lipidosis is warranted.

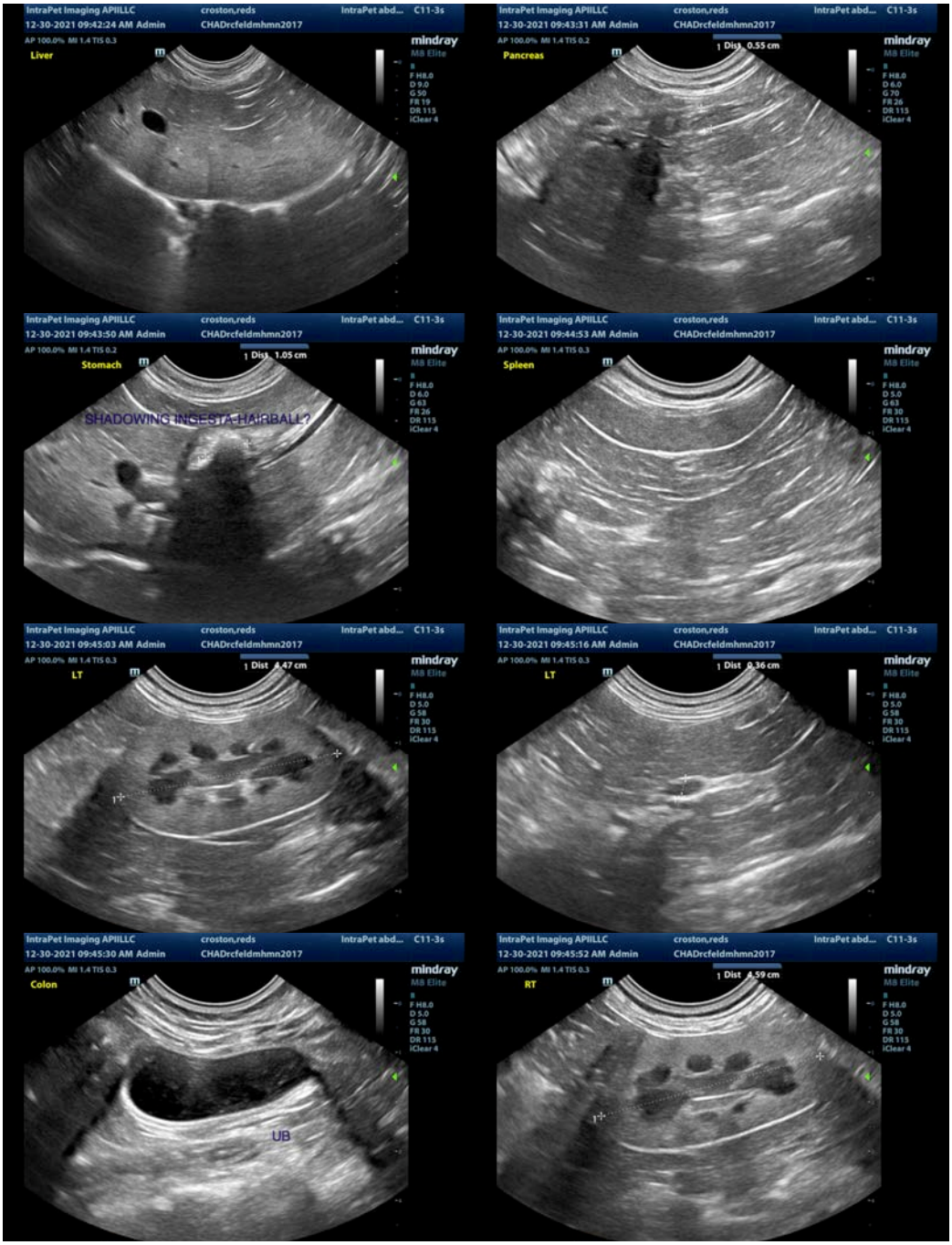
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is largely normal, but there does appear to be a likely small hairball in the stomach. Additionally, the liver appears slightly hyperechoic, which can be normal in a large cat due to fat deposition, but continued monitoring of lab work should be implemented due to the risk of potential lipidosis secondary to anorexia.

The pancreas is visible but does not appear overtly inflamed. If there is concern for pancreatitis, you could consider a GI panel to Texas A&M with quantitative PLI, TLI, cobalamin and folate, as ultrasonographic findings do not always correlate with clinical signs, and this can also screen for underlying GI disease.

Recommend continued supportive care with fluids as needed, antinausea medications, etc., and hairball remedy with close monitoring of nutritional status. If anorexia persists, you could consider an upper GI

endoscopy. It is also possible that the hairball is an incidental finding.



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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