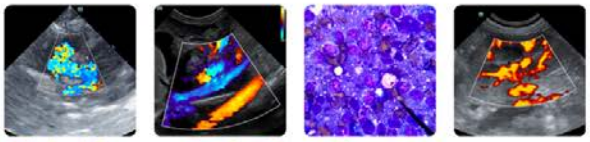

PATIENT

Oreo Camara

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Laura Solis

INVOICE

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PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound and an echocardiogram. rDVM referred Px for an abdominal ultrasound due to Px presenting with anorexia and not wanting to drink much water. No vomiting or diarrhea reported. Owner mentioned Px had some straining while attempting to go to the bathroom last week. rDVM referred Px for an echocardiogram due to auscultating a Grade III / VI Heart Murmur. No coughing reported, but owner mentioned that Px snores loudly quite often while sleeping

Abnormal PE/Chem/CBC/UA Results: Bloodwork and rDVM records attached below for your reference

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 (4.32 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 (4.36 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 0.43 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 0.51 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.

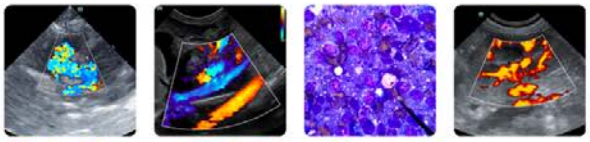
Spleen

The spleen is subjectively normal in size (0.96 cm), 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 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild to moderate fluid. 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.

Most of 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. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. Occasional areas of small intestine appear mildly corrugated, possibly consistent with mild enteritis.

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 visible/mildly mottled in the left limb. 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. There is no evidence of a significant diffuse lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 0.61 cm. The omentum is normal in echogenicity.

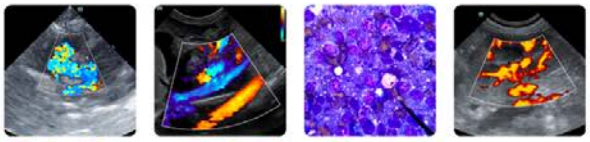
ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Mild fluid distention of the stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent mild delayed gastric emptying.
- Mild enteritis type changes visualized associated with some areas of small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild and of questionable significant. The liver appears mildly hyperechoic as compared to the spleen. This could represent normal fat deposition in an overweight patient, early lipidosis, etc. If the appetite remains poor in this individual, alternately a feeding tube may need to be considered. You could consider a fine needle aspirate of the liver to further investigate (provided coagulation parameters are normal).

There is a moderate amount of debris visualized in the gallbladder but no evidence of significant wall thickening or inflammation. If there is a significant concern for cholangitis or cholangiohepatitis, you could consider Ursodiol therapy.



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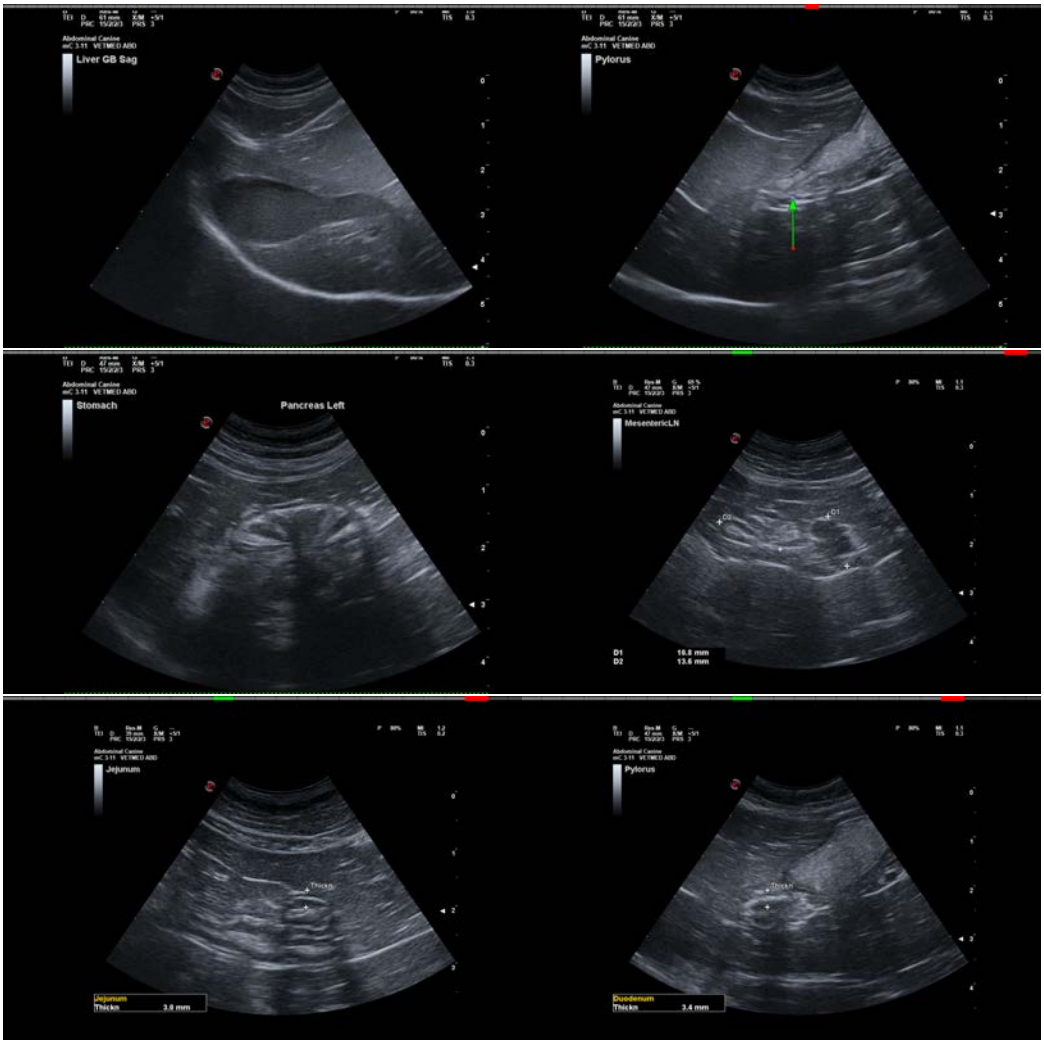
There is mild fluid distention of the stomach with what appears to be a patent pylorus. There is some soft shadowing material most consistent with ingesta, possibly hair(?) or similar. Additionally, there are occasional areas of small intestine that appear mildly corrugated. There is the possibility of gastroenteritis. Consider reevaluation of the stomach after a defined prolonged fast to determine if the stomach is emptying. Additionally, you could consider a barium swallow and track the barium as it leaves the stomach.

If underlying gastrointestinal disease is strongly suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If this is supportive of underlying small intestinal disease, upper GI endoscopy and the biopsies of the proximal GI tract could be considered. Additionally, if symptoms are persistent or progressive, you could consider repeat imaging, looking for the development of new lesions or the progression of today's lesions.



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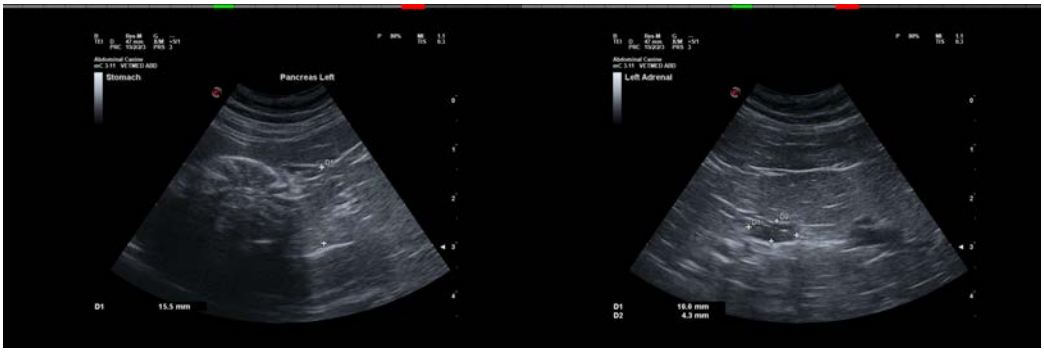

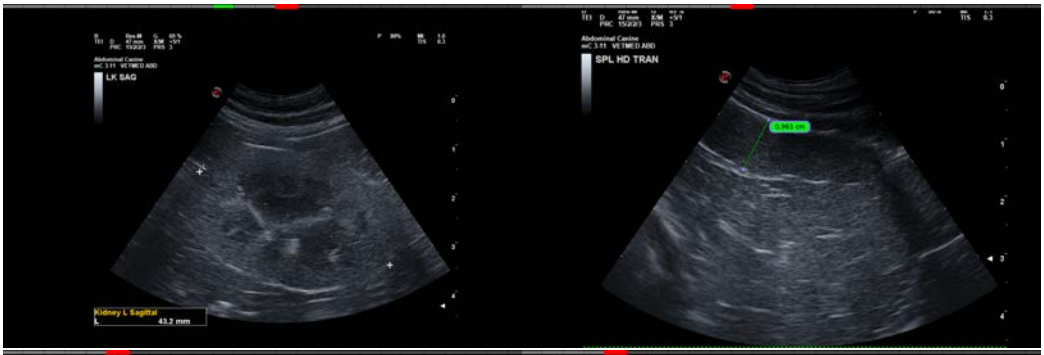

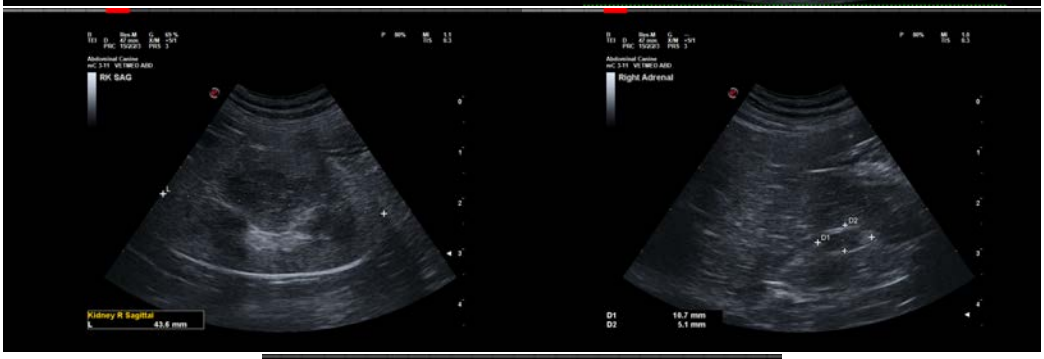

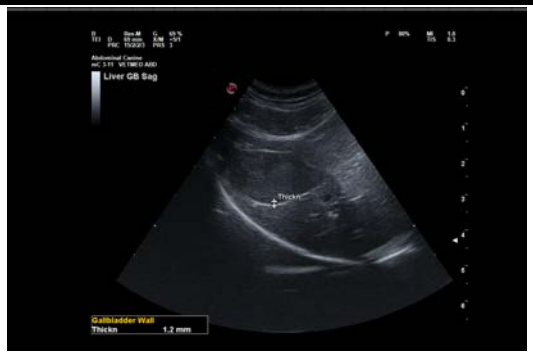

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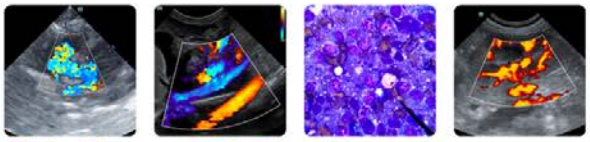

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com