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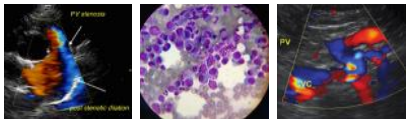

SonoPath
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DATE

5/10/22

PATIENT

Chewy Thompson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/6/10

WEIGHT

19.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

37575

PRESENTING CLINICAL SIGNS

Has been vomiting, regurgitating, diarrhea for over 1-2 weeks saw RDVM on 4/22- bloodwork- fPLI- elevated; rest of the bloodwork look normal; xrays not done; given SQ fluids, cerenia, B12 injection and sent home metronidazole and EN. continued to vomit, not eat- went back to RDVM on 4/27- got additional SQ fluids, cerenia, B12 injection- no diagnostics performed owner is having trouble getting the metronidazole in; patient last vomited yesterday- but did eat food last night and kept it down indoor only no past medical problems not aware of her getting into anything

Current Medications: Gabapentin, Buprenorphine, Ondansetron, Protonix.
Lab Results: Unremarkable.
Radiographs: enlarged spleen or liver vs mass effect intestines looked clumped on the lateral.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Propofol.
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 (4.49 cm) with mild pyelectasia at 0.13 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.73 cm) with minor pyelectasia at 0.27 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.52 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 borderline large in size (likely normal for this large cat), 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 primarily anechoic. The bile duct is visualized and appears somewhat dilated and tortuous at 0.36 cm. No obvious obstruction is noted.

Gastrointestinal

The stomach contains minimal luminal contents. 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 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 prominent and hypoechoic as 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. An occasional prominent mesenteric lymph node is visualized. One such lymph node measures 0.25 cm.

ULTRASONOGRAPHIC FINDINGS

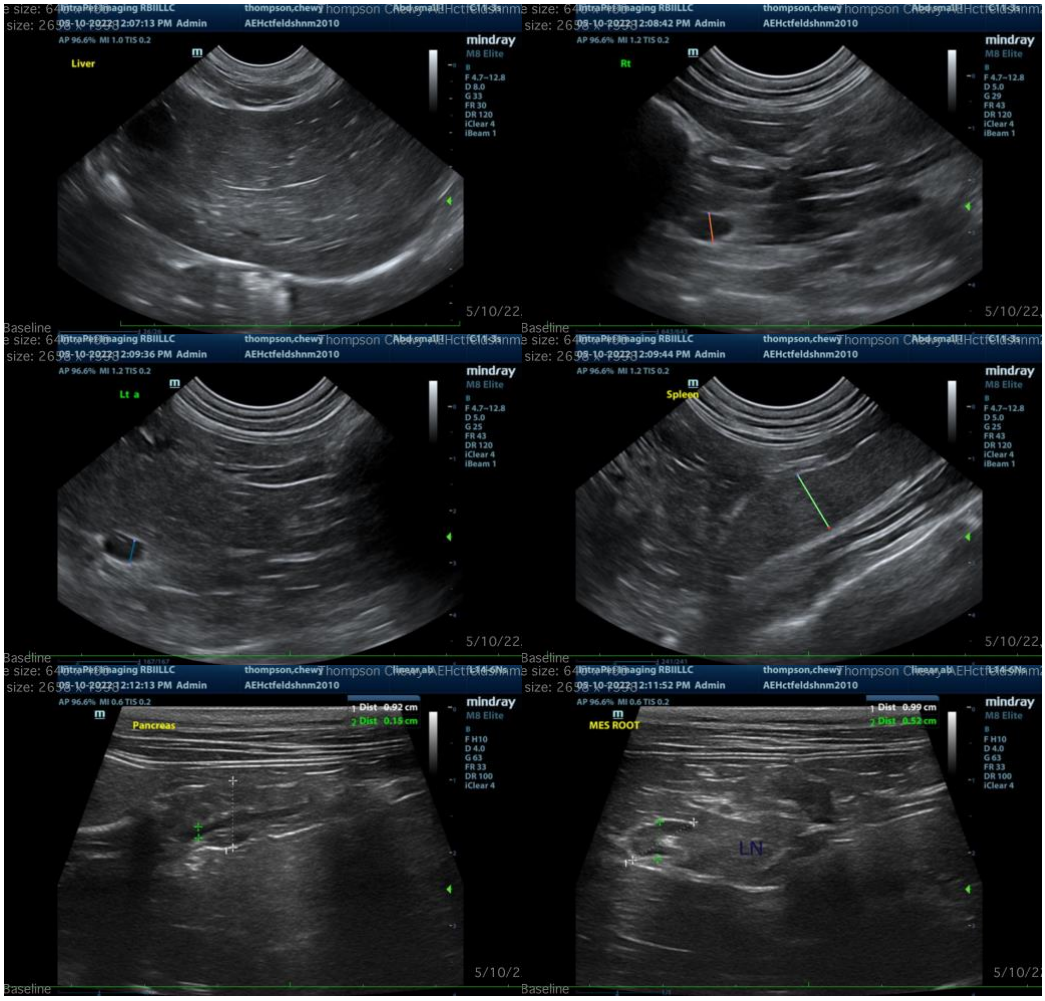
- Mildly reduced corticomedullary distinction in both kidneys with mild pyelectasia – The bilateral renal findings are consistent with age-related change.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly dilated common bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

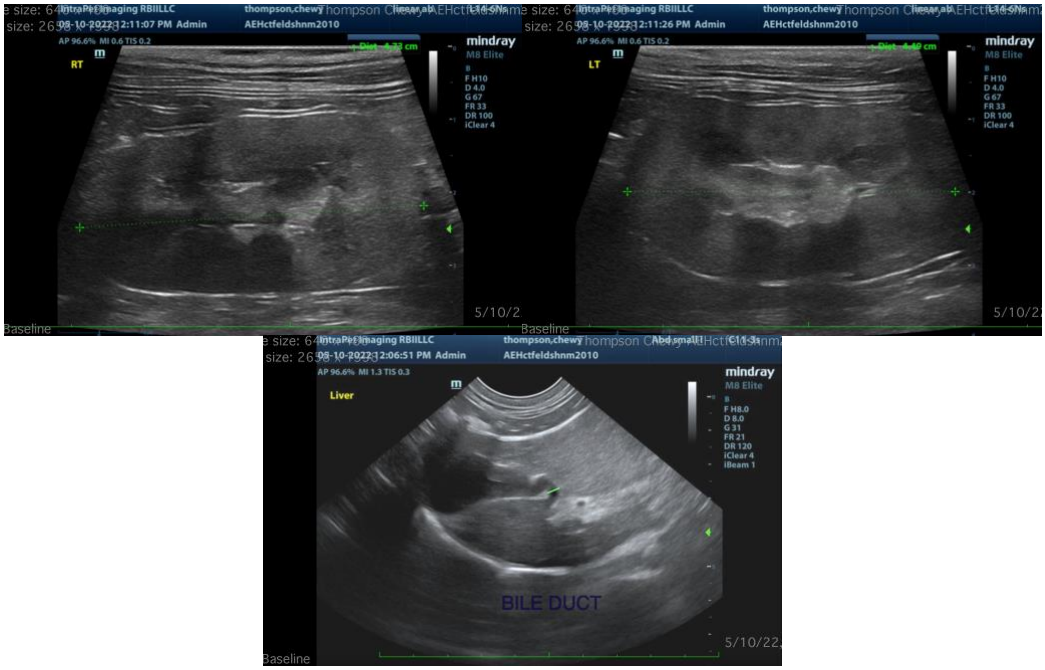
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild and could be within normal limits for this individual. Unfortunately, the degree of clinical signs evident does not always correlate with the severity of the ultrasonographic lesions. Consider:

- Recommend thoracic radiographs to evaluate for pulmonary changes, but also to evaluate the thoracic esophagus.

- Recommend a GI panel with quantitative fPLI, TLI, cobalamin and folate to further evaluate the pancreatic and small intestinal changes observed.
- Recommend urinalysis and culture due to the mild pyelectasia observed.
- Recommend treatment for pancreatitis and consider diet change to a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- If regurgitation is strongly suspected, consider a fluoroscopic barium swallow +/- endoscopy. Additionally, GI biopsies could be considered.





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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