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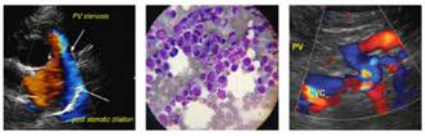

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Toulouse Gordon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet Practice

INVOICE

38136

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Current Medications: Enrofloxacin 22.7mg 1/2 tab PO SID, Sucralfate 500mg PO BID, gave Maropitant 0.3ml SQ last night Patient History: Occ vomits hairballs/food, yesterday vomiting chunks of food and bright red blood, acted normal after and wanted to eat. Today will not eat but no more vomiting. BW revealed Leukocytosis with neutrophilia.
Abnormal PE/Chem/CBC/UA Results: mild tartar, abdomen was soft, non-painful. **See attached BW

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 (4.01 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 (4.13 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 0.45 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 0.39 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 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.

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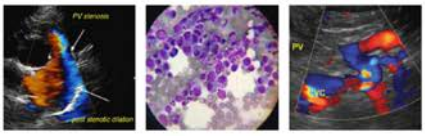

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Gastrointestinal

The body of the stomach contains minimal luminal contents and measures at a normal thickness of <0.36 cm with some variability due to the presence of rugal folds. As you approach the pylorus, there is the appearance of more fluid distention, and some shadowing ingesta. The wall consistently appears normal with normal layering and a lack of thickening. There is no obvious outflow tract obstruction at the level of the pylorus, and no definitive foreign material visualized. No masses are observed.

Many of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. There are some other areas that have mild fluid distention. Overall, wall thickness is normal and bowel loops follow a typical curvilinear path with distinct wall layering, maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.20 cm. Jejunum wall measured 0.17 cm. There is a focal segment of bowel that appears fluid dilated, but an obstructive process is not appreciated.

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. There is no significant lymph node enlargement, but a prominent lymph node is visualized at the ileocecal junction measuring 0.29 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Fluid dilation of the pylorus – There is no obvious obstructive process visualized or significant foreign material, so the cause of this is unclear.
- Areas of focal bowel dilation with no focal obstruction observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan were relatively mild. The pyloric region of the stomach does appear somewhat fluid dilated, but there is no evidence of an obvious obstruction or mass effect. Additionally, there are some focal areas of small intestine that appear dilated, and likewise, a cause for this dilation is not clearly visualized. The distal colon has solid stool, and much of the distal small intestine appears normal with no fluid distention. Possible differentials would include focal areas of enteritis/pancreatitis, or possibly foreign material not clearly appreciated with ultrasound.

Recommend treatment for acute gastroenteritis/pancreatitis, and serial monitoring with abdominal radiographs. If vomiting persists despite therapy, exploratory surgery may be necessary to rule out foreign material and to obtain GI biopsies. A quantitative fPLI may be helpful in trying to determine the

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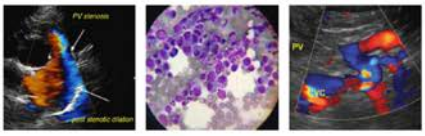

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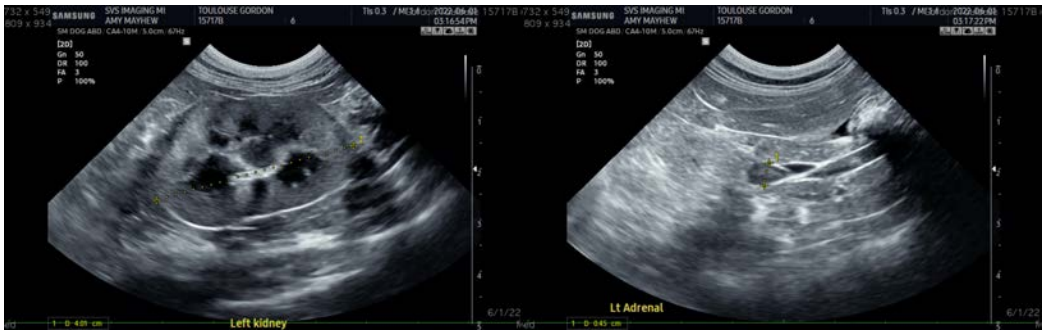
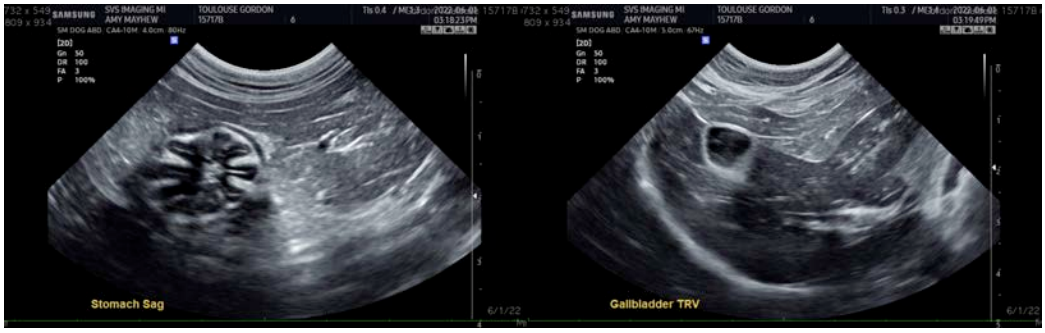
contribution that pancreatic inflammation is playing.





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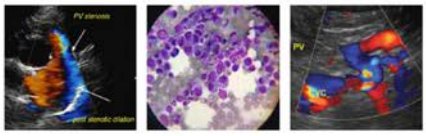

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com