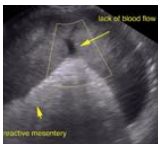

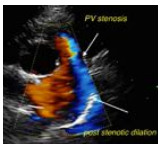

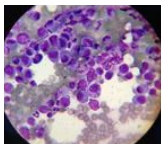
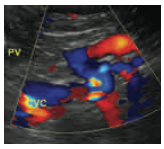

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PATIENT

Violet Bower

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

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Dr. Mengine

INVOICE

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PRESENTING CLINICAL SIGNS

History: Lifelong history of vomiting 1-2 hairballs/mo, but in the last month increased to 2-3 hairballs / week. Normal appetite / activity. No weight loss. Eats strict z/d diet due to other pet in house's allergies. CBC / Chem / T4 wnl except slight elevation in ALP (66, high normal = 59). U/A pending.

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 (3.64 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 0.3 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.

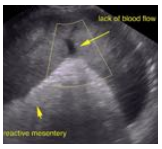
The right adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

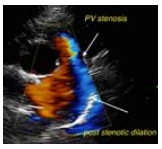
Spleen

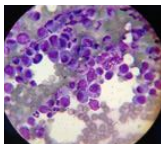
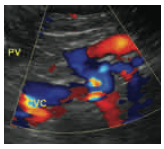
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively large/normal in size with smooth peripheral margins. The parenchyma is 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 gallbladder is not thickened and has a smooth mucosal surface. There is a





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moderate amount of non-organized echogenic debris. A somewhat dilated tortuous bile duct is observed and measured 0.35 cm proximally and up to 0.54 cm distally. An obvious focal obstruction is not visualized, but there is mineralization that could be a biliary stone measuring 0.42 cm in the area of the bile duct.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.24 cm, 0.27 cm, and the duodenum measured 0.28 cm. Visualized peristalsis appears appropriate. The duodenum is prominent and appears somewhat corrugated with a slight decrease in the distinction of wall layering.

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.

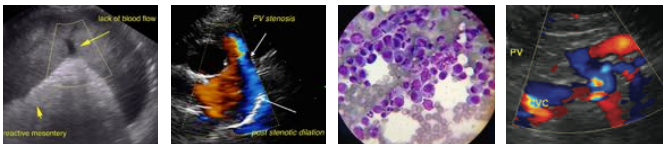
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, 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:

- Mildly thickened/corrugated duodenum with reduced distinction of wall layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Dilated and tortuous bile duct. A distinct obstruction is not visualized, but there is some mineralized shadowing material that could represent a biliary stone.
- Hypoechoic pancreas with mildly hyperechoic mesentery surrounding. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.



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SECONDARY FINDINGS:

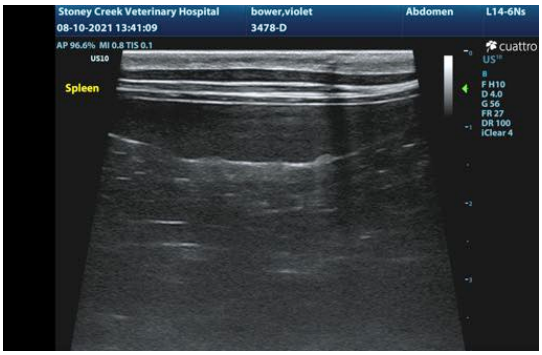
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

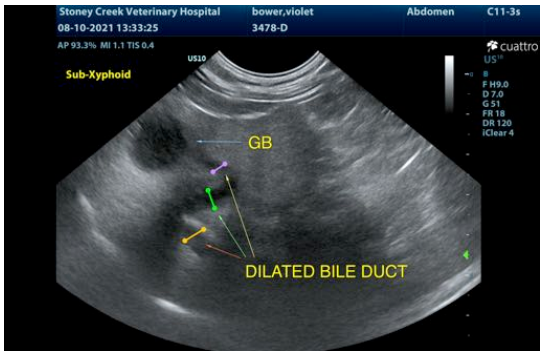
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

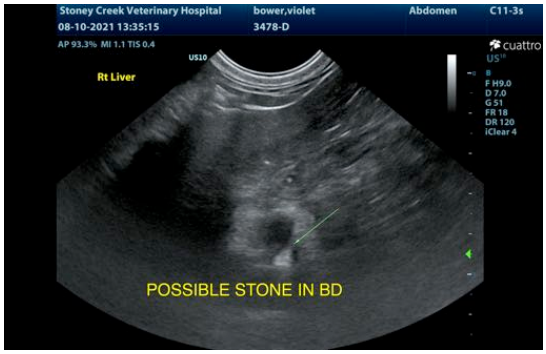
A distinction lesion responsible for the reported increase in vomiting is not clearly identified. The duodenum does appear somewhat irritated and thickened. This can be consistent with focal enteritis or could be involving inflammatory/neoplastic lesion. If symptoms progress biopsy of this area may be necessary.

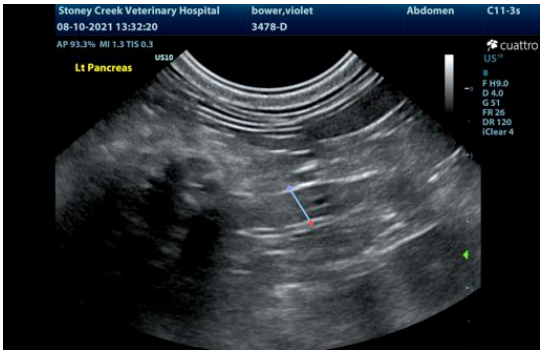
There is some bile sludge and the bile duct is dilated. A clear point of obstruction is not observed, but there is a mineralized density in the area of the bile duct that could represent a stone. Consider starting Ursodiol +/- a round of antibiotics and a FNA of the liver. Liver enzymes are only mildly elevated; therefore, monitoring the enzymes is appropriate.

Additionally the pancreas is somewhat prominent, but not overtly inflamed. Consider a GI panel to Texas A&M for fPLI, B12 and folate to evaluate for pancreatitis and to get more information about possible underlying small intestinal disease. The findings should be correlated with abdominal radiographs. I cannot rule out the possibility of a partial obstruction such as hairball, etc. (but no obvious lesion is observed).









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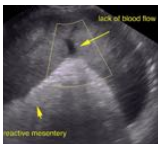
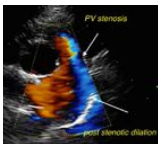
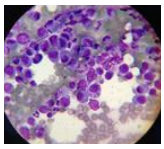
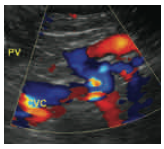

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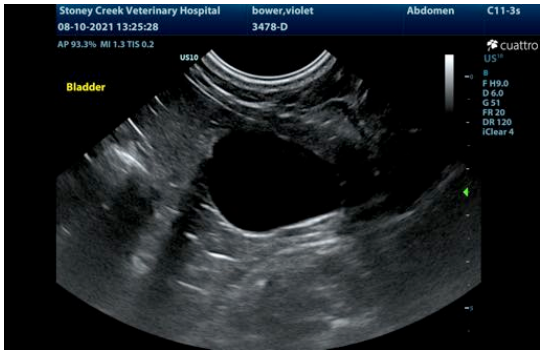

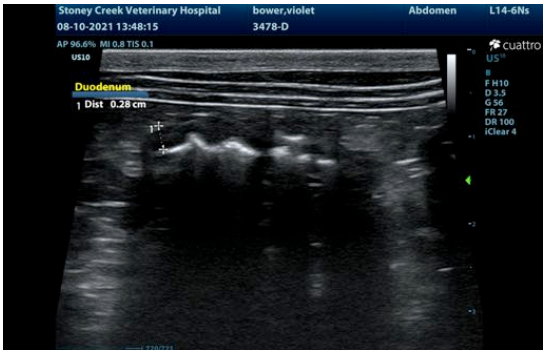

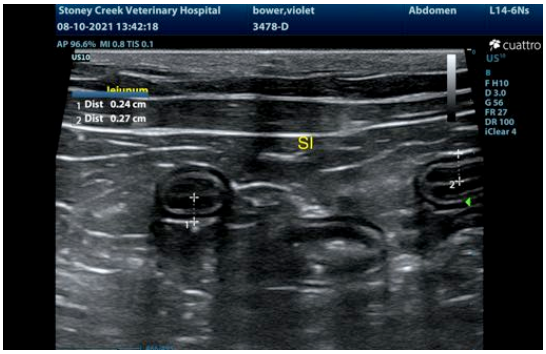

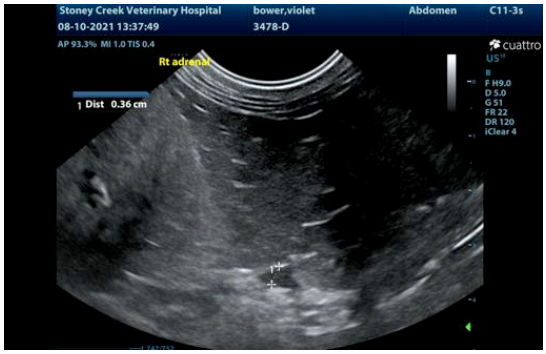

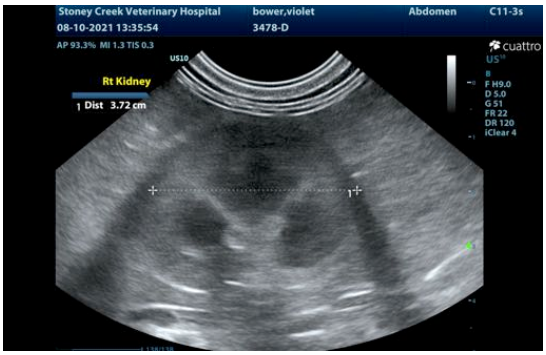

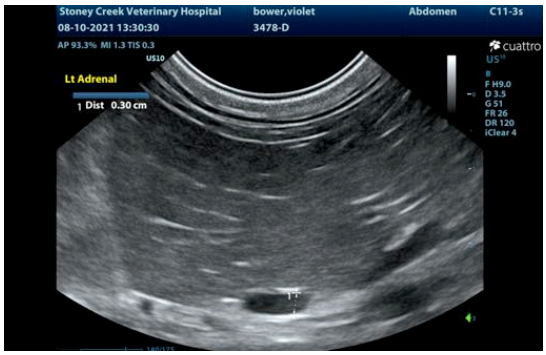

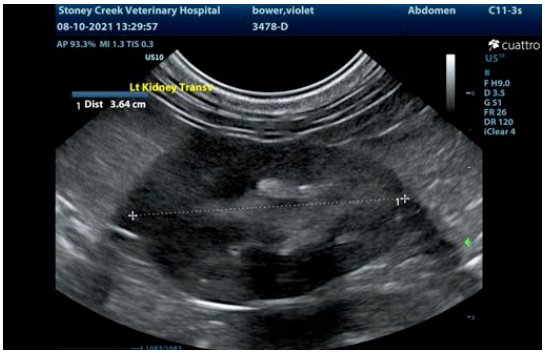

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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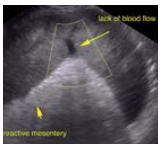
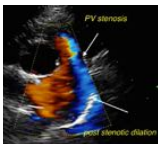
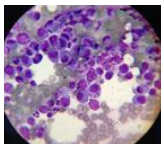
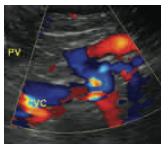

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