



**PATIENT**

Harley Melanson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

7.6 kg

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Nigel Gumley

**HOSPITAL NAME**

Cedarview AH

**REFERRING VET**

Dr. Kim Holzman

**INVOICE**

36505

**DATE**

3/28/22

**PRESENTING CLINICAL SIGNS**

Vomited 10 to 12 times 2 days ago, yellow liquid. Indoor cat. No known dietary indiscretion. Abnormal PE/Chem/CBC/UA Results: Mild dehydration, no abdominal pain or masses. Radiographs showed curved radiodense line in region of gastric fundus, concern for FB. On initial gastric exam on day of presentation, the gastric fundus appeared regionally thicker than expected, but is not apparent on exam today. Concern was for gastric neoplasia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*NOTE: IMAGES OF THE ABDOMEN ARE FROM 3/28/22. HOWEVER, ADDITIONAL IMAGES OF THE STOMACH & GALLBLADDER FROM 3/26/22 ARE ALSO INCLUDED.**

**Urinary System**

The urinary bladder is well filled. The wall is smooth and regular. Bladder wall measures 0.8 mm. There is no evidence of cystoliths, polyps or a mass. A moderate amount of free floating sediment, most likely composed of mucus, crystals, and exfoliated cells, is observed. The sediment is most likely clinically insignificant. There are no obvious signs of cystitis.

The left kidney is within normal limits in size (4.22 cm) for the patient's weight. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. The cortex is hyperechoic. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (4.49) for the patient's weight. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

**Adrenal Glands**

The left adrenal gland measures 0.5 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.38 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

Subjectively, the spleen is slightly longer than normal. It is within normal reference range in width (measuring 9.0 mm). Its normal architecture, echotexture, and echogenicity are preserved and the capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

In one view, there is scant, anechoic, free fluid surrounding the tail. However, it is not repeatable in other views.

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. The hepatic veins are normal, but the walls of the portal veins are hyperechoic, which may be due to inflammation and/or deposition of fat. The porta hepatis does not reveal any abnormalities. Overt signs of an inflammatory or an infiltrative process is not evident.



**PATIENT**

**Gallbladder images from 3/26/22**

Harley Melanson

The gall bladder wall is very mildly thickened at 1.58 mm and is hyperechoic, which may be due to cholecystitis.

**SPECIES**

**Gallbladder images from 3/28/22**

Feline

The gall bladder wall remains somewhat hyperechoic, but does not appear as thickened compared to the 26<sup>th</sup>. A very small amount of echogenic material (sludge), that has settled by gravity, is observed within its lumen. There are no signs of a dilated or tortuous cystic or common bile duct.

**BREED**

***Gastrointestinal***

DSH

**Stomach images from 3/26/22**

**SEX**

Neutered Male

Images show a gastric wall that measures within normal limits, but has mucosal fogging and hyperechogenicity of the serosa and rugal folds, as well as marked hyperechogenicity of the surrounding mesentery. The muscularis is also prominent. An obvious foreign body or neoplasm is not visualized. The mass effect noticed within the stomach is most likely mucosa of a rugal fold that is collapsed on itself. The changes observed on the 26<sup>th</sup> are suggestive of severe gastritis of unknown etiology.

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**Stomach images from 3/28/22**

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The stomach wall is not thickened, but the surrounding mesentery remains hyperechoic. Certain wall layers, such as the submucosa, remain mildly thickened and hyperechoic compared to what is considered normal. The stomach is dilated and somewhat flaccid, and a large amount of fluid, gas and what appears to be ingesta, are present. A decrease or slowed gastric emptying is suspected if Harley was fasted. Fogging of the mucosa is no longer present. Rugal folds are still considered mildly hyperechoic.

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The duodenum is at the high end of the normal reference range at 0.24 cm. Fogging of its mucosa is present and the surrounding mesentery is hyperechoic.

No abnormalities are observed with the transverse colon or colon.

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Nigel Gumley

***Pancreas***

The left and right limbs and body of the pancreas are mildly hypoechoic and the surrounding mesentery are mildly to moderately hyperechoic. The changes observed are suggestive of acute pancreatitis. It is difficult to determine whether pancreatitis is primary to if it developed secondary to vomiting (gastritis).

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***Other***

Lymph nodes: No abnormalities are observed.

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**ULTRASONOGRAPHIC FINDINGS**

**INVOICE**

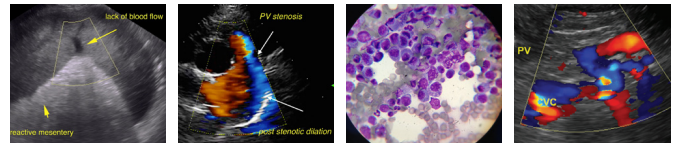
36505

- The changes observed with the stomach are consistent with gastritis or gastropathy, stasis and possible delayed gastric emptying if Harley was fasted for the ultrasound. It may be secondary to pancreatitis (i.e., a secondary gastritis). However, a primary gastritis and numerous vomiting episodes may have induced the pancreatitis. There are no obvious findings consistent with a foreign body or neoplasia.

**DATE**

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- Pancreatitis and cholecystitis are suspected



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- Although there are no obvious abnormalities consistent with cholangitis/cholangiohepatitis or inflammatory bowel disease, these diseases cannot be excluded without performing biopsies.

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- A scant amount of free fluid observed around the spleen may have been due to artifact, as it was only observed in one view. Other differential diagnoses include initial signs of fluid overload or the development of possible vasculitis secondary to inflammation.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for pancreatitis is recommended, including analgesia, IV fluids, and antiemetics (maropitant). Metoclopramide may be required to help treat the ileus.

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Intravenous pantoprazole is suggested for a few days.

Trickle feeding is suggested.

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Although a spec fPL may be performed, it is a costly test and will not change Harvey's clinical management.

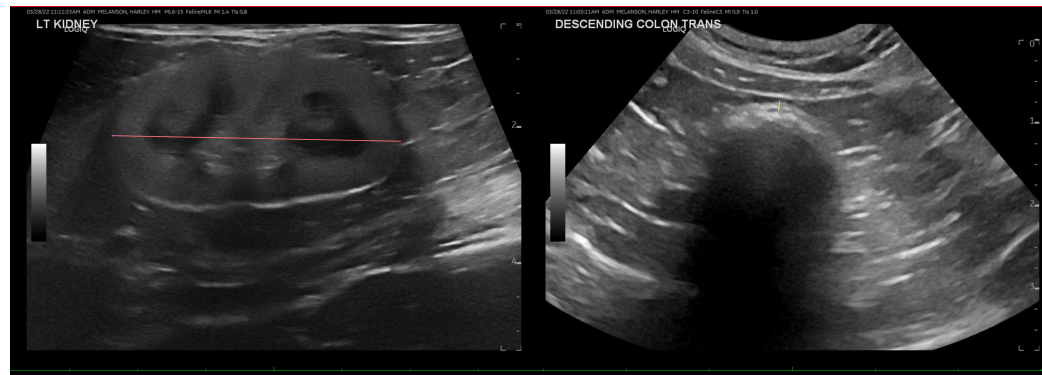
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If clinical signs persist, endoscopy with biopsies may be required or an exploratory laparotomy. Repeat radiographs or ultrasound is highly recommended prior to performing general anesthesia, however, as hypotension will exacerbate pancreatitis.

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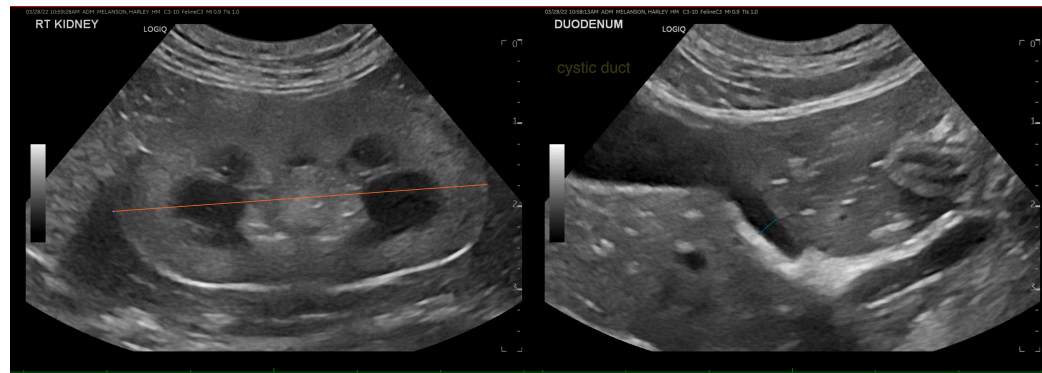


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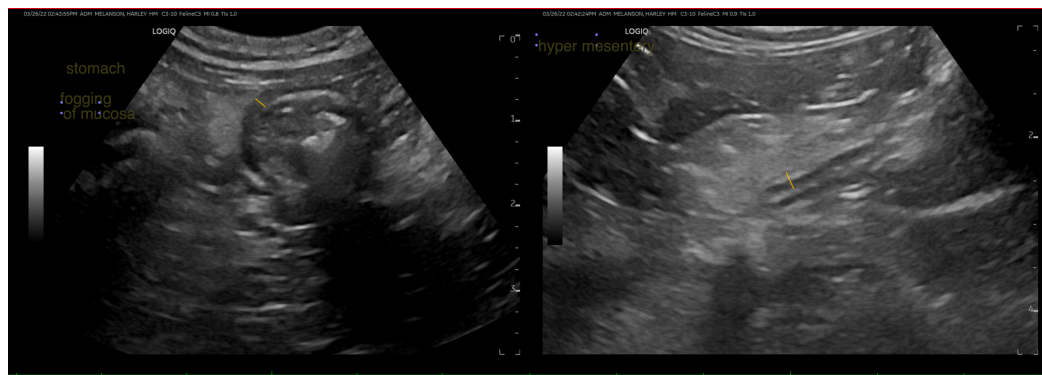
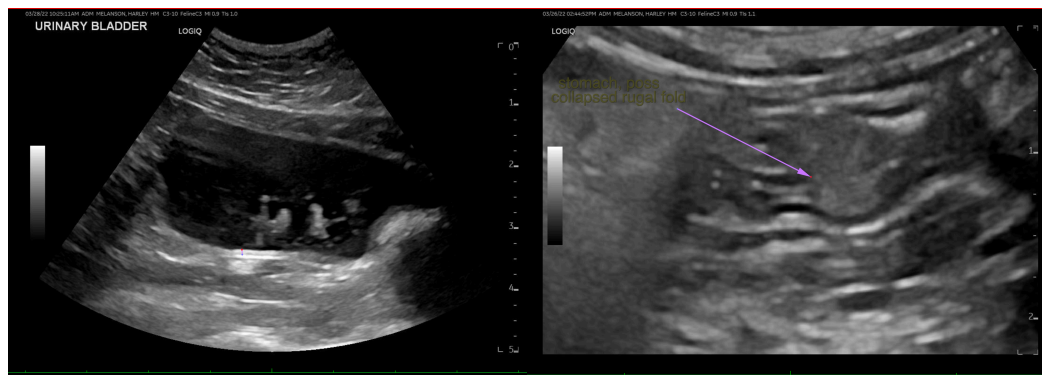
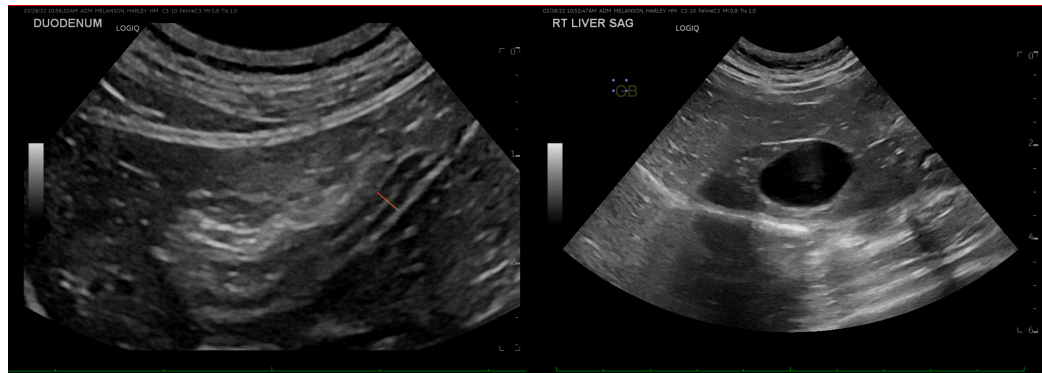
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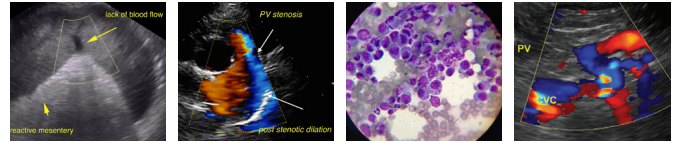
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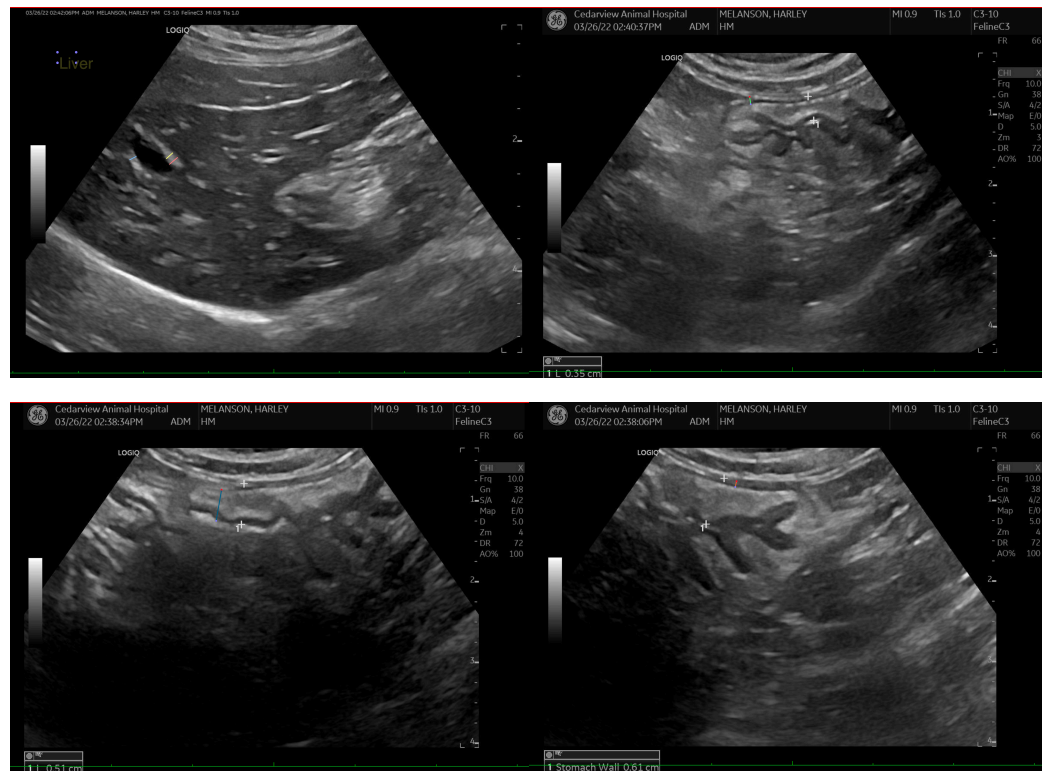
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Lisa Carioto, DVM, DVSc, Diplomate ACVIM**

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)