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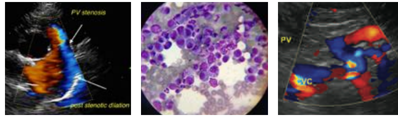

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/20/22

PATIENT
Dexter Motschiedler

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
9/18/10

WEIGHT
16 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Gold

INVOICE
30545

PRESENTING CLINICAL SIGNS

Intermittent vomiting, ADR. Hairballs 3/16/22, resolved 4/8/22.
Current Medications: Mirataz and Prozac.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is smooth and regular. A moderate amount of sediment is present, some of which is free floating. Aggregated structures of variable sizes are observed. There is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.94 cm (3.80-4.40 cm). 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.

The **right** kidney measures approximately 4.06 cm (3.80-4.40 cm). An accurate measurement is difficult to obtain due to gas in the surrounding area. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.52 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.52 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size 7.6 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is homogeneous, but mildly hyperechoic. Focal lesions are not visualized. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness, and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. The mucosa, submucosa and muscularis are mildly prominent. No abnormalities are noted with the ileocecal colic junction. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present in the colon.

Pancreas

The **left limb** is mildly hypoechoic. The surrounding mesenteric fat is mildly to moderately hyperechoic, suggestive of saponification. These findings are suggestive of active pancreatitis. Overt signs of neoplasia are not noted.

An in-depth evaluation of the right limb is difficult to perform due to gas in the surrounding gastrointestinal tract.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The **pancreatic** changes are suggestive of active pancreatitis.

- Free floating sediment in the **urinary bladder** with a smooth and regular mucosa. Although the sediment may not be clinically significant, the aggregates may represent blood clots due to recent hemorrhage secondary to idiopathic cystitis or possibly essential benign (idiopathic) hematuria. Pyelonephritis cannot be excluded despite the absence of classical sonographic signs.

- Mild and diffuse hyperechogenicity of the **liver**; cholestasis, suppurative cholangitis/cholangiohepatitis and cholecystitis cannot be excluded despite the absence of abnormalities on the serum biochemical profile.

- The mildly prominent mucosa, submucosa and muscularis of the **small intestines** may be due to inflammatory bowel disease or some form of chronic enteropathy (food intolerance, etc.). An obvious trichobezoar is not evident in the stomach.

- Based on the above findings, **“triaditis”** cannot be excluded.

- Very mild **renal** changes are observed, which are suggestive of age-related degeneration. Pyelonephritis should not be excluded despite the absence of abnormalities as this may cause vague clinical signs of malaise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and culture and sensitivity are recommended.

An analgesia trial for visceral pain, for example, buprenorphine is highly recommended, for 5-7 days. Continue for at least 2 weeks if an improvement is noted.

If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)

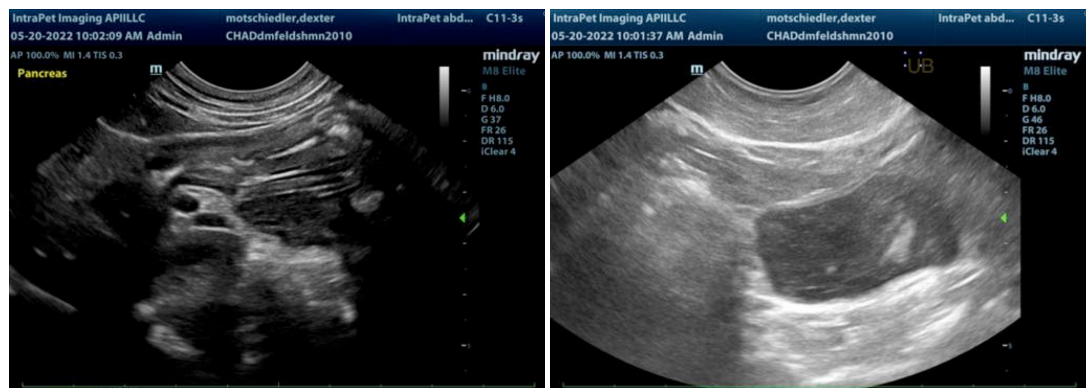
A spec fPL may be performed to confirm a diagnosis of pancreatitis.

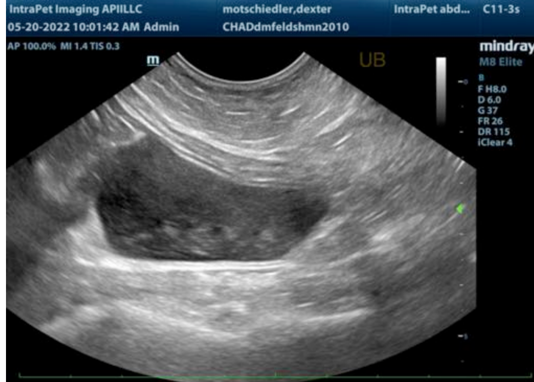
As mentioned above, cholangitis/cholangiohepatitis, and cholecystitis, cannot be excluded, including secondary bacterial infections ascending from the GI tract. Although indiscriminate use of antibiotics is not recommended, consider administration of a broad-spectrum antibiotic.

Depending on Dexter's response to the above treatments, additional recommendations include

- Deworming with a topical product (e.g. fenbendazole)
- Diet trial (veterinary prescription brand hypoallergenic, i.e., hydrolyzed or novel protein)

Further diagnostics will depend on Dexter's response to the above suggestions.

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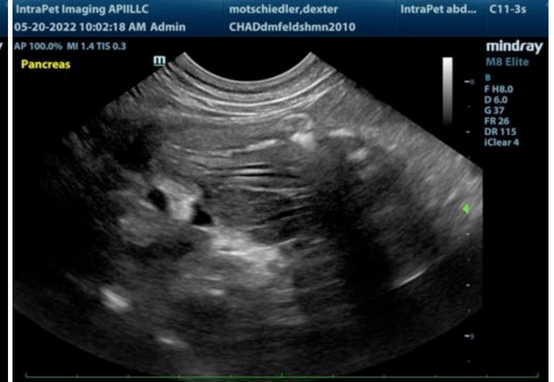
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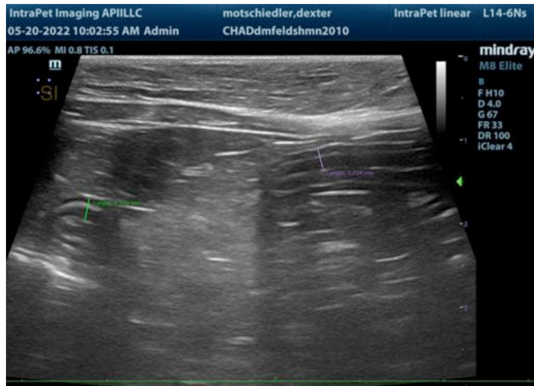
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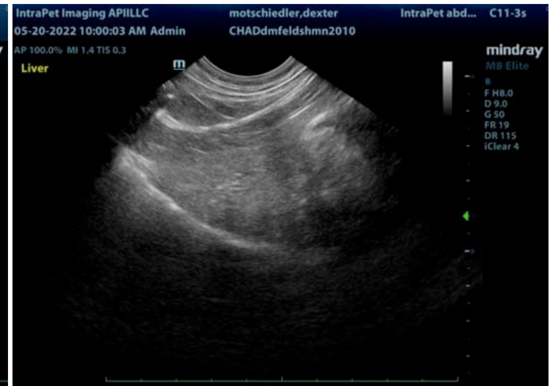
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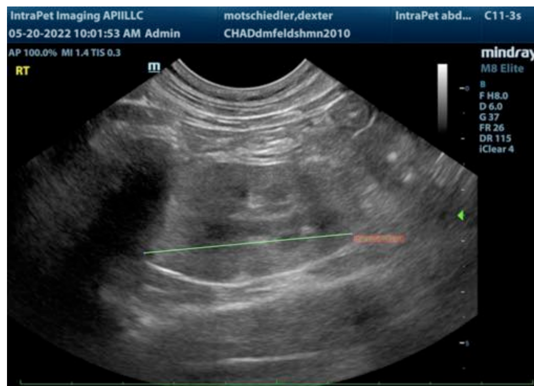
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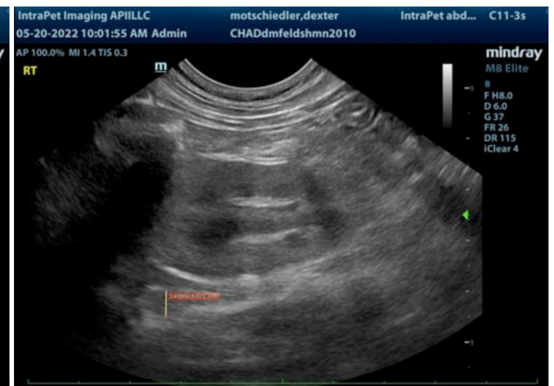
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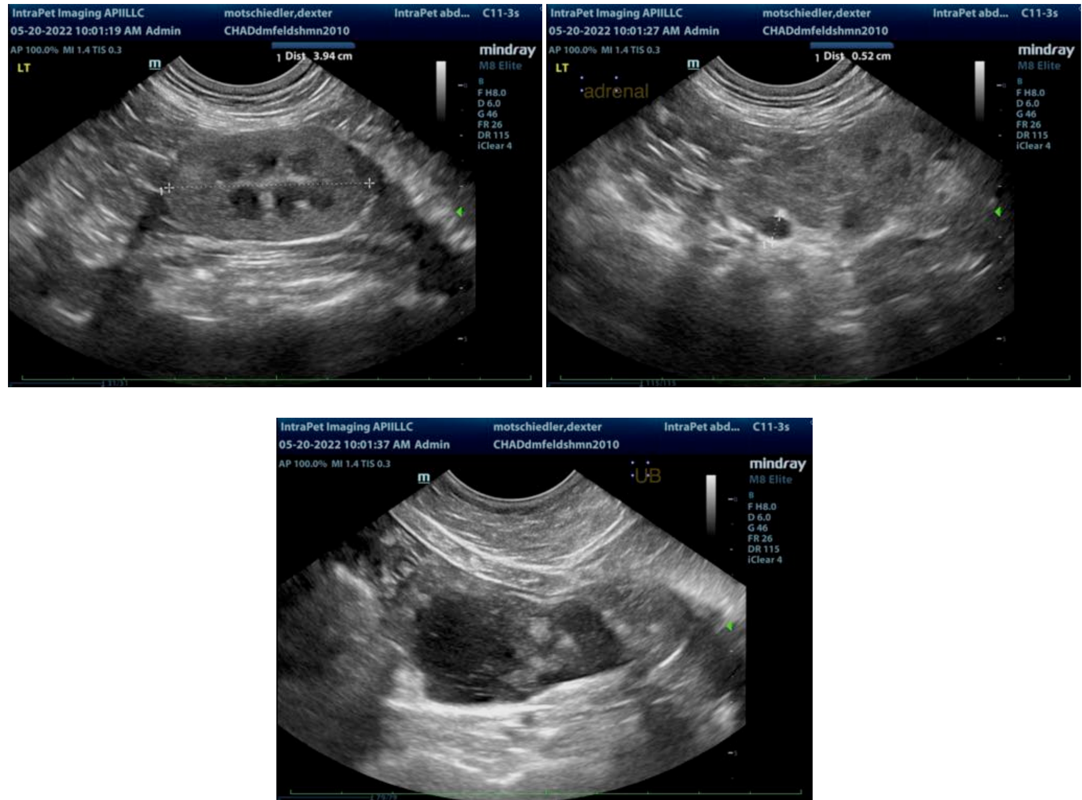

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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