**PATIENT PRESENTING CLINICAL SIGNS**

Prim Young History: chronic vomiting. Likely has been ongoing for several months, but Owner was unsure of which cat it had been from until yesterday. Ate evening meal (tends to eat quickly) & then 30 minutes later vomited.

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs: material in stomach?; mid-cranial abdomen soft tissue opacity caudal to stomach?; few dilated areas of small intestine; fecal material throughout large intestine; spine & urinary bladder appear normal.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**DSH** *Urinary System*

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Spayed Female

Kidneys

AGE The **left** kidney measures 3.51 cm (3.80-4.40 cm). The capsule is smooth and curvilinear. A hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

3 Years

The **right** kidney measures 3.73 cm (3.80-4.40 cm). Findings are similar to the left kidney.

WEIGHT

10 Pounds

Aortic bifurcation/trifurcation

No abnormalities observed.

INTERPRETED BY

Lisa Carioto, DVM, DVSc,
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Adrenal Glands

The **left** adrenal gland measures 0.35 cm at the cranial pole, 0.27 cm at the caudal pole and 0.90 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Sarah Pender, CVT

The **right** adrenal gland measures 0.38 cm in diameter and 1.22 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Spleen

The spleen is within normal limits in size 5.7 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.

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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. Focal lesions are not observed. No abnormalities are visualized with the hepatic vessels.

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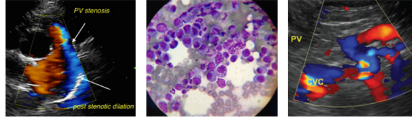
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The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous,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

DATE

5/27/22

Gastrointestinal



PATIENT	The stomach is filled with a large amount of ingesta and fluid, thereby preventing an in-depth evaluation. The gastric wall is within normal limits in thickness and the wall layers are well defined. Delayed gastric emptying cannot be excluded if Prim was fasted.
Prim Young	
SPECIES	The duodenum is thicker than usual at 0.30 cm. Ingesta and fluid are present within the lumen.
Feline	The small intestinal wall thickness, including, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.
BREED	No abnormalities are observed with the ileo-cecal-colic junction.
DSH	A large amount of ingesta and gas are present in the transverse colon The colonic wall is not thickened and mural detail is considered normal.
SEX	Pancreas
Spayed Female	No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.
AGE	Other
3 Years	Lymph nodes
WEIGHT	No abnormalities are observed
10 Pounds	Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

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- **Gastrointestinal tract:** The large amount of ingesta and fluid in the stomach are preventing a thorough in-depth evaluation, i.e. a gastric foreign body cannot be excluded, nor can underlying inflammation, such as inflammatory bowel disease. Furthermore, delayed gastric emptying may be present, particularly if Prim was fasted. Although the definition of the wall layers of the duodenum and the small intestines is well preserved, the duodenum is thickened, which may also be a sign of underlying IBD.

- **Kidneys:** both kidneys are slightly smaller than normal. The hyperechoic band observed along the medulla is often idiopathic, however, it may also be seen in cats with chronic renal disease secondary to fibrosis. Other differential diagnoses are possible, but are considered unlikely there is no history of weight loss or malaise.

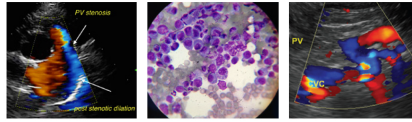
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastric foreign body cannot be excluded. The large amount of ingesta in the stomach and transverse colon is preventing a proper evaluation of the stomach and a portion of the gastrointestinal tract. Furthermore, delay in gastric emptying may be present.

*A sonographic re-evaluation of the stomach and GI tract is recommended after a longer fasting period of approximately 14-20 hours or radiographs may be repeated to ensure the gas pattern is moving.

Blood work, consisting of a CBC, serum biochemical profile, and a urinalysis, is recommended, if not already performed.

An evaluation for proteinuria may be required depending on the results of the urinalysis.



PATIENT

Further evaluation for IBD, including deworming and a dietary trial, may be necessary depending on the above results.

Prim Young

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

10 Pounds

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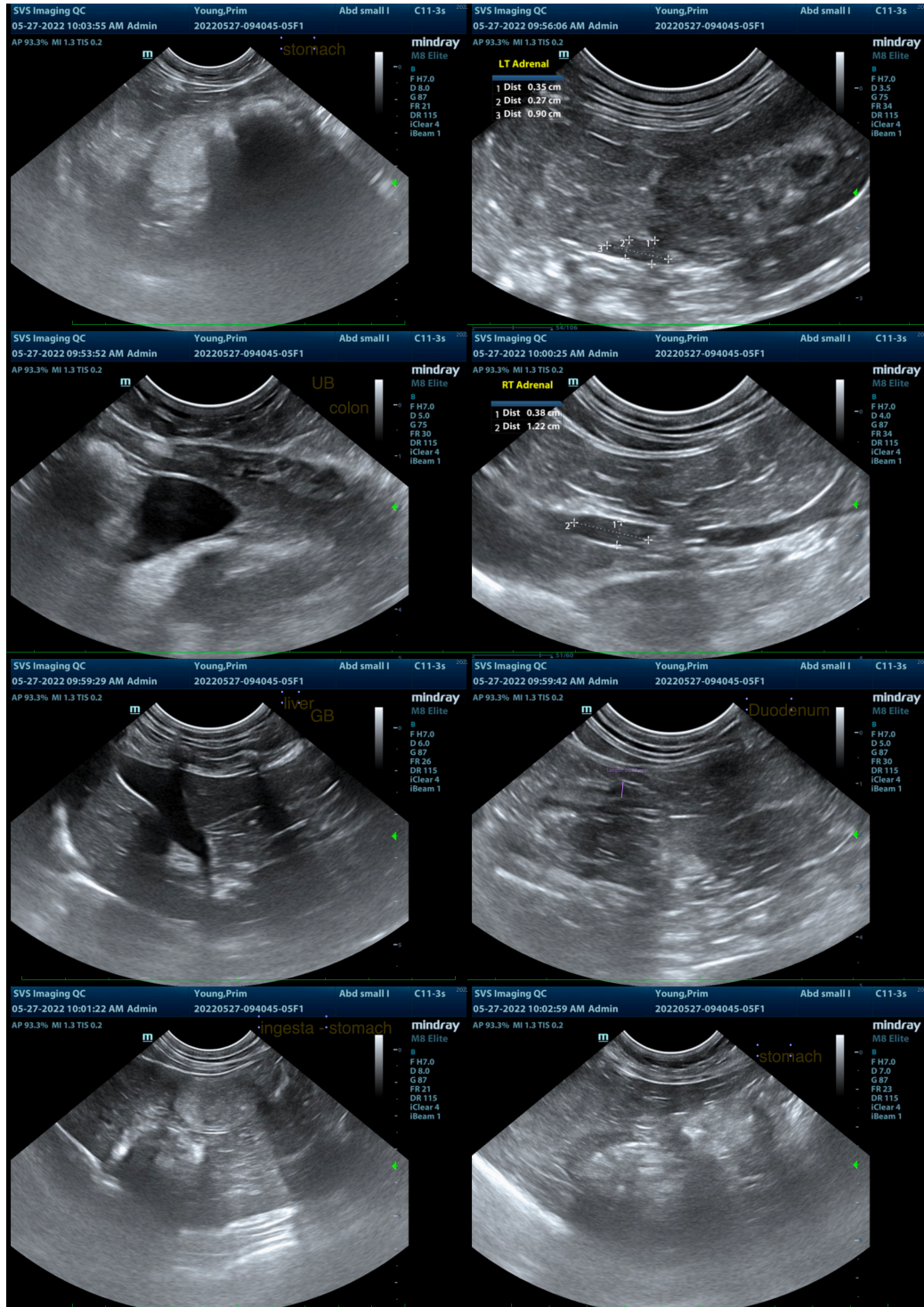
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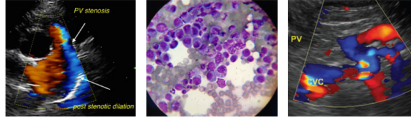
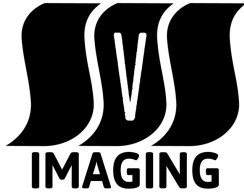
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PATIENT

Prim Young

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

10 Pounds

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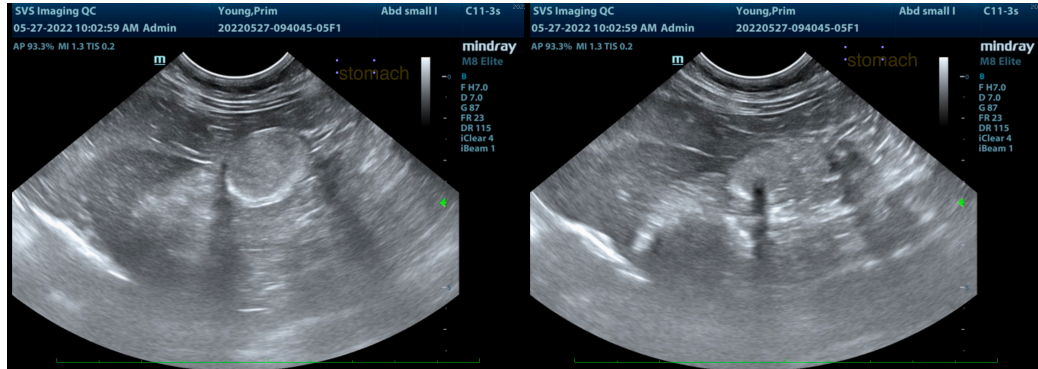
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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