**PATIENT**

Clancy Moore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Seth Mitchell

PRESENTING CLINICAL SIGNS

History: Inappropriate Urination and Defecation for last several months. Presented 2 weeks ago constipated / vomiting. Weight loss. (Was 14 # this spring and now is 11 #). 1 # recent loss since his appointment 7/14. On 7/14 We attempted enema with ISO Mask anesthesia but his breathing became erratic. We only got a small amount of stool out, infused a Pet Enema. Clancy was discharge and continued to Eat and Drink ok, but owner observes him struggling in the litterbox. He returned 8/2 with a large amount of stool at the distal colon. We used Dexdomitor/Ketamine/Torb + Propofol + ISO maintenance and he was much more stable on anesthesia. Performed enema and produced a large amount of stool. Did vocalize while defecating.

Abnormal PE/Chem/CBC/UA Results: BW - unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A trivial amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left kidney** measures 3.77 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

The **right kidney** measures 4.26 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation No abnormalities observed.

Adrenal Glands

The **left adrenal gland** measures 0.42 cm at the cranial pole, 0.38 cm at the caudal pole and 0.95 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.

The **right adrenal gland** measures 0.33 cm at the cranial pole, 0.51 cm at the caudal pole and 1.38 cm in length. The caudal pole is rounded, however, a discreet mass or nodule is not visualized. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

INVOICE

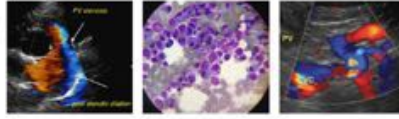
32099

DATE

8/3/22

Spleen

The spleen is within normal limits in size with regard to width 8.3 mm (normal = 10 mm), however, subjectively, it appears longer than normal. No abnormalities are noted with its echotexture or echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**PATIENT**

Clancy Moore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Seth Mitchell

INVOICE

32099

DATE

8/3/22

Liver

Very mild hepatomegaly is suspected. The liver is diffusely hyperechoic, i.e. it is isoechoic to the falciform fat and spleen. Its borders are smooth and sharp with a homogeneous echotexture. The mesentery surrounding the liver and stomach is moderately hyperechoic. Focal lesions are not observed and no abnormalities are noted with the hepatic vessels.

The **gallbladder (GB)** wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The cystic duct is tortuous, but not dilated. The common bile duct is not dilated or tortuous, i.e., there are no obvious signs of an obstruction.

Gastrointestinal

A small amount of gas and moderate amount of food are present within the lumen of the stomach. 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 mesentery surrounding the stomach and liver is moderately hyperechoic.

Jejunum: A large amount of gas and fluid are present within the lumen of the small intestines. Other loops of bowel also contain a significant amount of ingesta. Wall thickness is within normal limits and the definition of the wall layers is preserved, however, diffuse fogging of the mucosa is noted.

Transverse colon: No abnormalities observed. A large amount of gas is present.

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

Pancreas

No overt abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

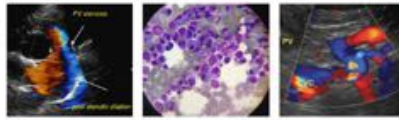
Other**Lymph nodes**

A prominent, smooth, rounded, hypoechoic lymph node is noted in the region of colon.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Gallbladder (GB):** Cholecystitis, including a suppurative component cannot be excluded.
- **Liver:** Cholangitis/cholangiohepatitis and cholestasis may be present.
- **Gastrointestinal (GI) tract:** A delay in gastric emptying is suspected if Clancy was fasted prior to the ultrasound. Signs of severe gastrointestinal inflammation are not observed, however, this does not exclude an underlying chronic enteropathy (inflammatory bowel disease).

**PATIENT**

Clancy Moore

Neoplasia is considered less likely, however, it cannot be excluded definitively without performing tissue biopsies, and in some cases, immunohistochemistry and PARR.

SPECIES

Feline

- **Spleen:** Possible splenomegaly, in terms of length, with preservation of the normal architecture. Differential diagnoses include splenitis due to antigenic stimulation and secondary inflammation. Other differential diagnoses include reactive hyperplasia. Neoplasia, such as lymphoma or other round cell tumour, cannot be excluded. A fine needle aspirate is required to obtain a definitive diagnosis.

BREED

Domestic Shorthair

- **Lymph node:** The mildly enlarged lymph node is suggestive of reactive hyperplasia.
- **Urinary bladder:** The free floating sediment is most likely clinically insignificant, however, it should not be disregarded in an individual suffering from periuria.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

7 years

The following are suggested/recommended

A urinalysis and urine culture and sensitivity

WEIGHT

12 lbs

Analgesia for visceral pain, such as buprenorphine (0.005-0.01 mg/kg sublingually every 8-12 hours) for a minimum of 7-10 days. Continue for 3-4 weeks if an improvement is noted; the dose and frequency may be weaned to the minimum effective dose during that time. Administer even if he does not appear painful.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Supplement current diet with soluble fibre (psyllium) or PEG 3350

Diets, such as Royal Canin GI Fibre Response

Deworm

If no improvement, a diet trial (veterinary prescription brand hypoallergenic, ideally, hydrolyzed diet) may be tried.

IMAGING PERFORMED BY

Sarah Pender, CVT

Cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, including a secondary ascending bacterial infection. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic if little or no improvement is observed.

HOSPITAL NAME

SVS Imaging QC

TLI, serum cobalamin, and folate to exclude cobalamin deficiencies and exocrine pancreatic insufficiency (EPI) and secondary dysbiosis.

REFERRING VET

Dr. Seth Mitchell

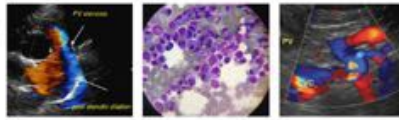
If still no improvement, consider fine needle aspirates of the liver, spleen and endoscopy/colonoscopy with biopsies.

INVOICE

32099

DATE

8/3/22



PATIENT

Clancy Moore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Seth Mitchell

INVOICE

32099

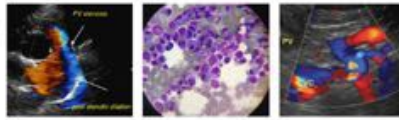
DATE

8/3/22



IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Clancy Moore

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.

SPECIES

Feline

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

BREED

Domestic Shorthair

Lisa.Carioto@sonopath.com

SEX

Neutered Male

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Seth Mitchell

INVOICE

32099

DATE

8/3/22