

PATIENT

Accacia Wang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

6.44 kg

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Bile

INVOICE

31745

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: Since July 10th has been vomiting, anorexic and lethargic. Was given Cerenia injection July 12 and started Gabapentin BID and Clavamox BID.

Abnormal PE/Chem/CBC/UA Results: All bloodwork WNL, Spec FPLi normal

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 moderate to large amount of free floating and aggregated sediment is seen swirling in the lumen. There is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.94 cm (3.80-4.40 cm). A very mild indentation is present at the antimesenteric border this is not clinically significant. The capsule is otherwise smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures approximately 4.27 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. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.33 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

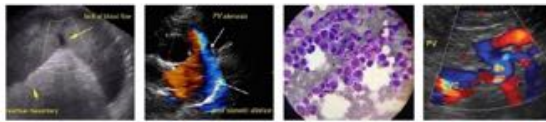
The **right** adrenal gland measures 0.37 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

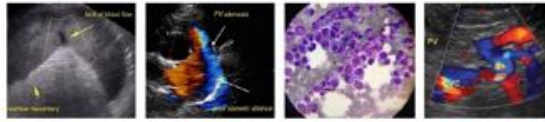
The spleen is within normal limits in size 9.3 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. A couple punctate hyperechoic foci are noted throughout the parenchyma. They are attributed to mineralization and not considered clinically significant. No abnormalities are observed 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, and very mildly hyperechoic (i.e., it is isoechoic to the falciform fat). Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.



PATIENT	The gallbladder wall is within normal limits in thickness and echogenicity. There are no obvious signs of echogenic material within the GB. The cystic duct is not tortuous but is mildly dilated along its path at 4.9 mm. It cannot be followed to the common bile duct due to gas in the surrounding gastrointestinal tract.
Accacia Wang	
SPECIES	
Feline	Gastrointestinal
BREED	A large amount of gas and some fluid are present within the lumen of the stomach. An odd gas shadow is present within the stomach and the fluid appears to be “walled off” and is “swirling on itself”. Peristalsis is decreased.
Domestic Shorthair	A few segments of jejunum have an odd gas pattern, as if they are “bunched” together, possibly due to adhesions or a foreign body.
SEX	A markedly dilated loop of bowel 1.5 cm is filled with fluid and ingesta. It is present caudo-dorsal to the right kidney and can be followed into the duodenum caudally.
Neutered male	The colonic wall is not thickened and mural detail is considered normal.
AGE	
6 years	Pancreas
WEIGHT	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.
6.44 kg	
INTERPRETED BY	Other
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Lymph nodes
IMAGING PERFORMED BY	Multiple mesenteric and jejunal lymph nodes are more prominent to enlarged.
Crystal Hill, RVT	Abdominal effusion is not visualized.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Sixteen Mile VC	<ul style="list-style-type: none"> • Gastrointestinal (GI) tract: High index of suspicion of a foreign body at the junction of the pylorus and duodenum. There are no obvious signs of neoplasia in the rest of the GI tract, however the stomach has not been properly evaluated for a mass. It will be important to evaluate the entire stomach, duodenum and common bile duct (duodenal papilla), i.e. all regions I was unable to evaluate properly, as pica may occur in patients suffering from an underlying chronic gastroenteropathy, e.g., inflammatory bowel disease, food intolerance, etc., or neoplasia. • Gallbladder: Mild dilation of the cystic duct is likely due to back pressure from the foreign body. • Lymph nodes: The very subtle changes noted are most likely due to reactive hyperplasia. There are no obvious signs of neoplasia.
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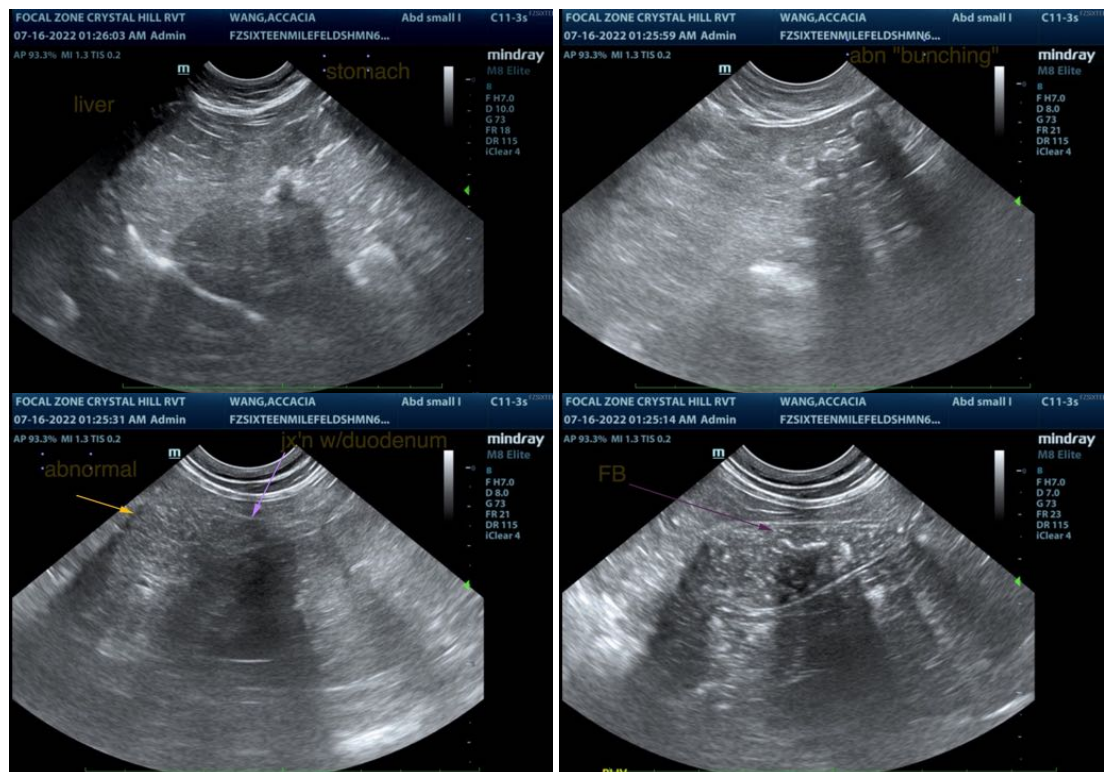
- **Liver:** very subtle hyperechogenicity, possibly due to underlying hepatic lipidosis, however, subclinical cholangitis/cholangiohepatitis may be emerging.
- **Urinary bladder:** Sediment in the lumen of the urinary bladder is most likely clinically insignificant, based on the absence of inflammatory changes to the bladder wall. A urinalysis may be performed to exclude a urinary tract infection definitively.

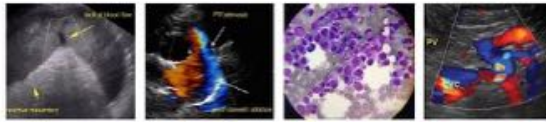
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An emergency exploratory laparotomy is recommended.

Electrolyte abnormalities are likely present due to "pooling" of gastric fluid.

It will be important to evaluate the entire stomach, duodenum and common bile duct (duodenal papilla), i.e. all regions I was unable to evaluate properly, as pica may occur in patients suffering from an underlying chronic gastroenteropathy, e.g., inflammatory bowel disease, food intolerance, etc., or neoplasia.





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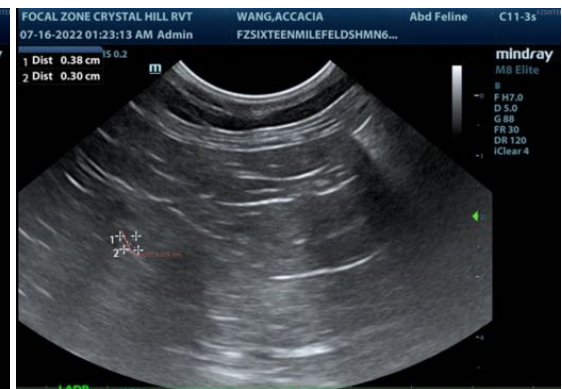
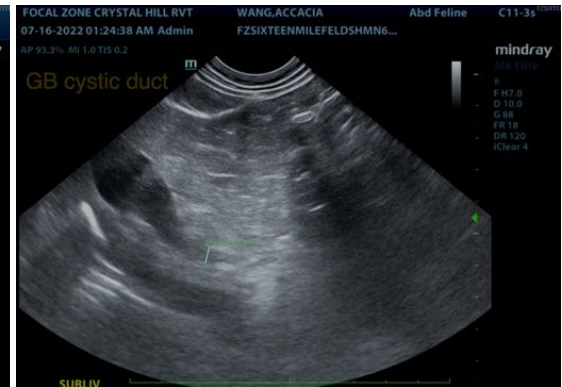
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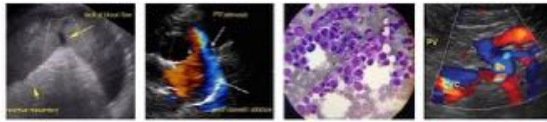
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Lisa.Carioto@sonopath.com

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