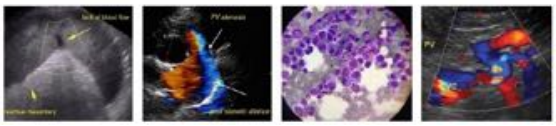


PATIENT

Bella Sechenska

SPECIES

Feline

BREED

British Shorthair

SEX

Spayed female

AGE

14 months

WEIGHT

4.48 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: Vomiting, rads suggestive of thickened or enlarged intestines and lots of stool in colon. Has had cerenia today.
Abnormal PE/Chem/CBC/UA Results: N/A

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 3.42 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.

The **right** kidney. An accurate measurement is not possible due to the large amount of gas in the transverse colon at the cranial pole. 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 0.34 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.

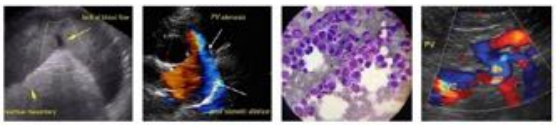
The **right** adrenal gland measures 0.31 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size 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's echotexture is homogeneous. Although it remains hypoechoic to the spleen and falciform fat, it appears



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slightly hyperechoic. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

The **gallbladder** (GB) is within normal limits in size, however, its wall is very mildly hyperechoic and mildly thickened at 1.5 mm. There is no evidence of echogenic material 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

A large amount of gas is present within the lumen of the stomach. The mucosa and submucosa are more prominent than usual and fogging of the mucosa is present. Wall definition is preserved. Peristalsis appears decreased or an efficient i.e. a "to and fro" motion is observed. No obvious abnormalities are observed with its peristalsis. It is difficult to perform an in-depth evaluation of the contents due to the gas, however, the gas appears to be moving and abnormal shadowing is not visualized.

Duodenum: The duodenum is thickened at 0.31 cm, and it is corrugated.

Jejunum: Wall thickness is within normal limits and the definition of the wall layers is preserved, however fogging of the mucosa is present.

A large amount of gas is present within the transverse colon.

The colonic wall is mildly thickened (0.22 cm), however, mural detail is conserved. The submucosa and muscularis may be more prominent multifocally. Gas and formed stools are present in the descending colon.

Pancreas

The **left limb** is mildly to moderately enlarged and moderately hypoechoic. However, its contours are smooth and regular. The surrounding mesentery is mildly hyperechoic.

Only a small portion of the right limb is visualized due to the large amount of gas in the surrounding gastrointestinal tract.

Other

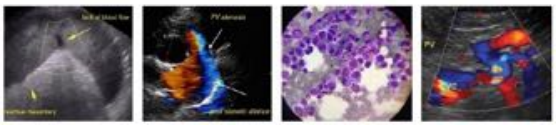
Lymph nodes

An enlarged hypoechoic lymph node is present in the region of the left pancreas. Another LN in the region of the pancreas is hypoechoic and more prominent than usual.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Gastrointestinal (GI) tract**: Signs of diffuse gastrointestinal inflammation are observed. Differential diagnoses include gastroenteropathy. It is difficult to determine if chronic



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inflammation is contributing to the changes observed, e.g., a chronic enteropathy due to inflammatory bowel disease, food intolerance, dysbiosis, etc.

- **Pancreas**: Active pancreatitis is suspected
- **Gallbladder:** The hyperechogenicity and mild thickening may be due to a cholecystitis.
- Liver: Subjectively, the liver may be very mildly hyperechoic, which may be due to subclinical hepatic lipidosis secondary to pancreatitis or emerging cholangitis/cholangiohepatitis, cholestasis and ascending inflammation secondary to pancreatitis. An infection due to ascending bacteria from the GI tract is also possible.
- **Lymph nodes**: The very subtle changes noted are most likely due to reactive hyperplasia. There are no obvious signs of neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious foreign body is not visualized, however, if one is suspected, re-radiographing the abdomen is suggested to ensure the gas pattern is moving (with medical treatment in the interim).

Baseline laboratory work, including, a CBC, serum biochemical profile, urinalysis (urine specific gravity)

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.

+/- gabapentin

Subcutaneous fluids

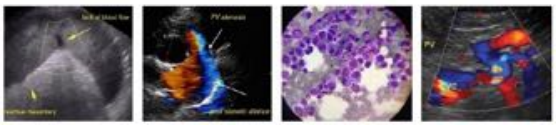
Anti-emetics, etc.

Obtaining a history regarding signs of gastroesophageal reflux disease (GERD), from the client is suggested.

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

Diet trial (veterinary prescription brand hypoallergenic, i.e., hydrolyzed or novel protein)

If no improvement with the above, fine needle aspirates of the liver may be performed or cholecystitis, cholangitis/cholangiohepatitis 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 an improvement is not observed with the above therapies.*



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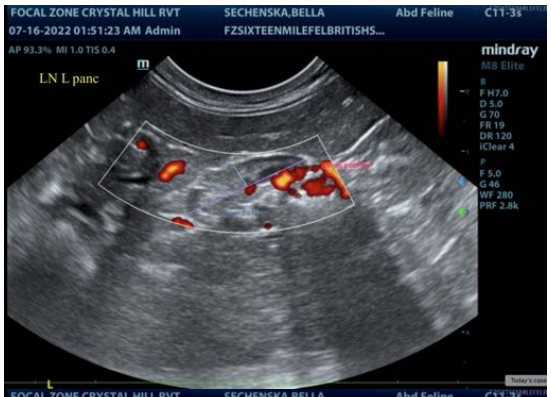

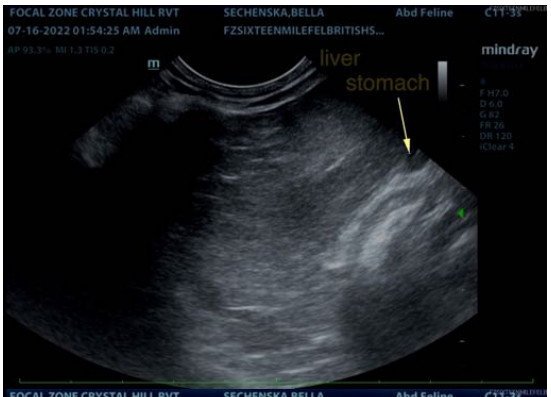

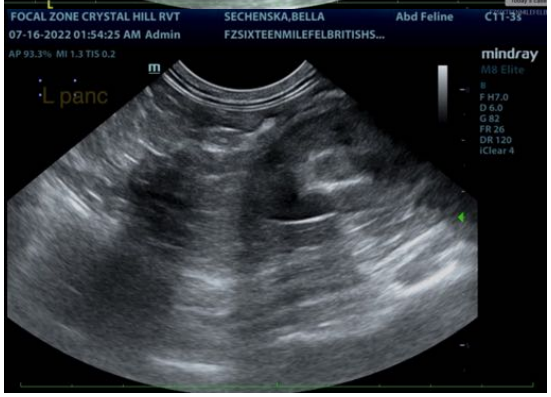

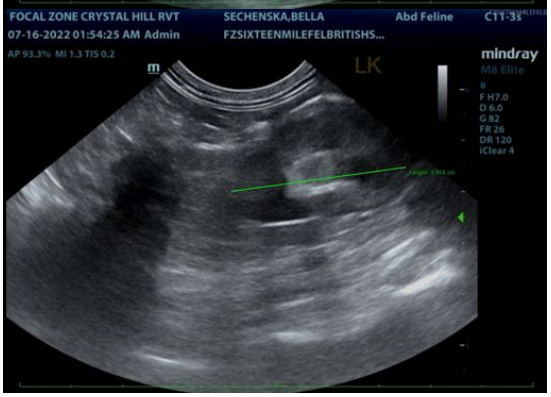

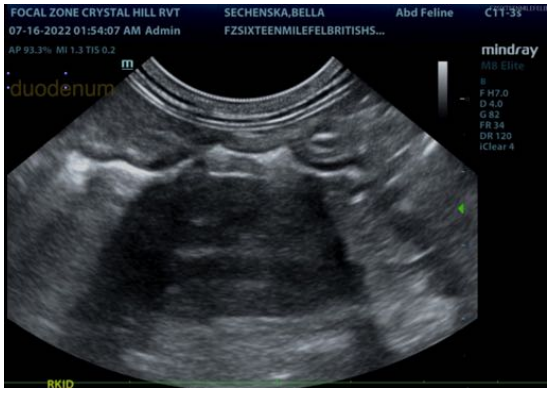

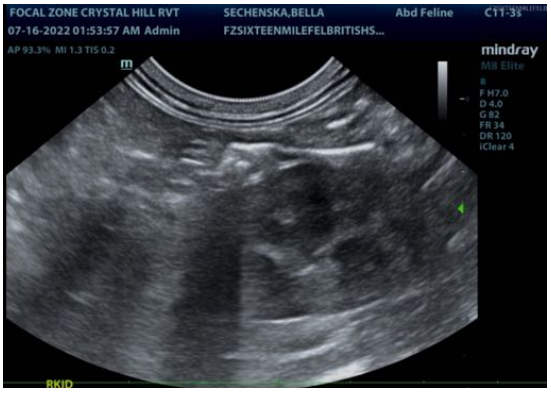

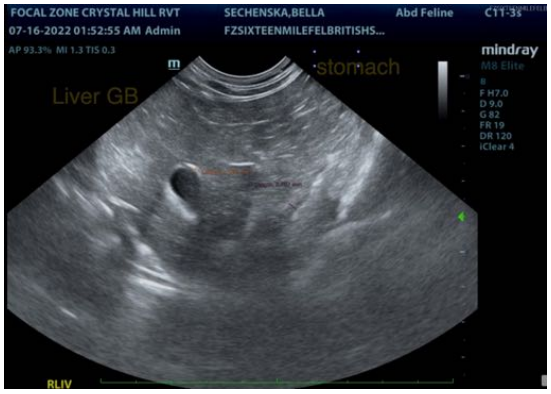

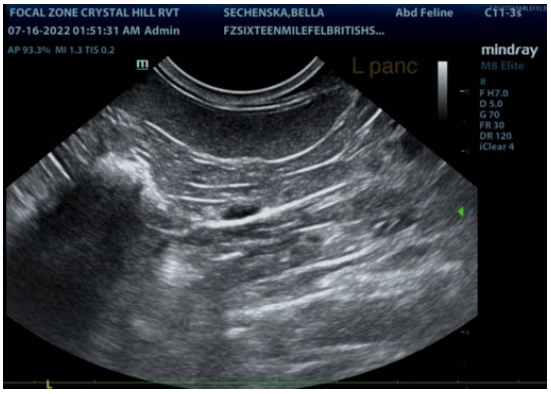

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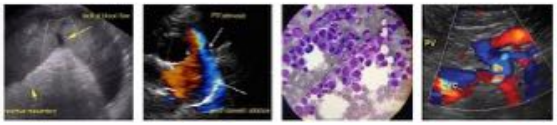

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289-808-2608 infoethefocalzone.com

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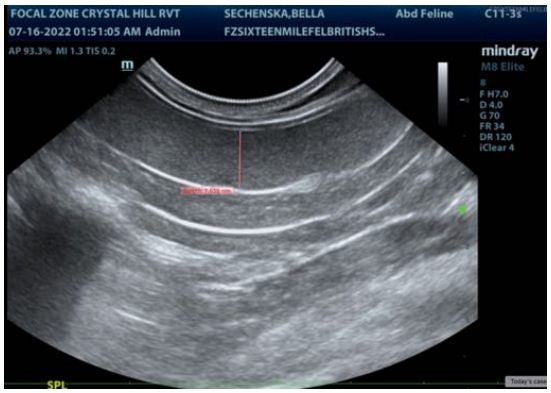

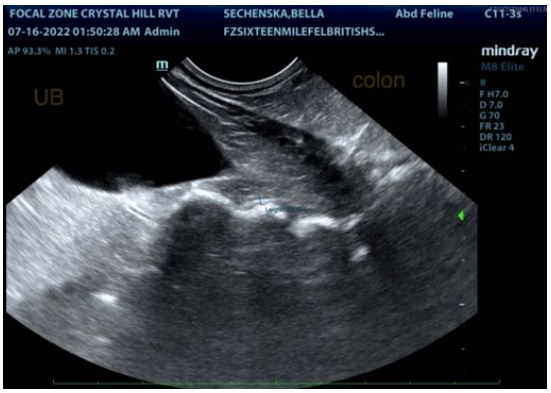

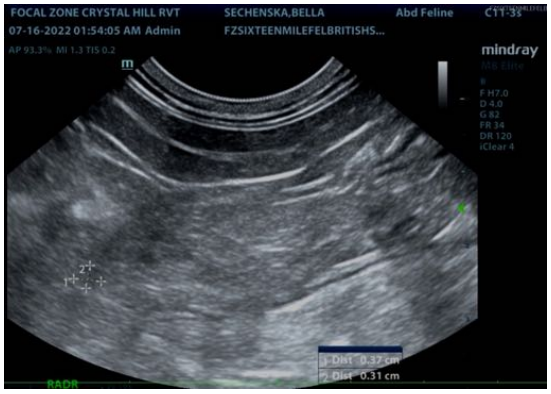

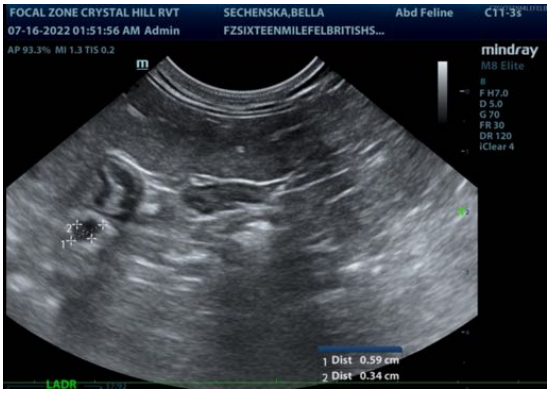

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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