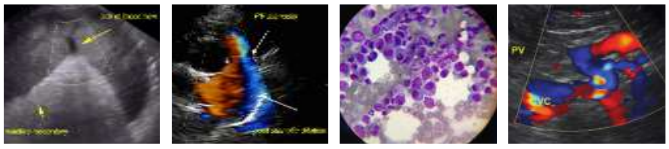
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Maggie Memmi

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11.5 years

WEIGHT

10 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Meghan Meyers VMC

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Meyers VMC

INVOICE

12995

DATE

1/7/22

PRESENTING CLINICAL SIGNS

vomiting multiple times for 48 hours. Is still interested in eating but vomits almost right after eating. Painful in cranial abdomen. well controlled hyperthyroid cat on methimazole. Radiographs showed material in stomach and pylorus area looked thickened. Very small amount of formed feces in colon on xray. Owner did notice cat chewing on christmas tree but no other known foreign bodies.
Abnormal PE/Chem/CBC/UA Results: No blood work done yet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, particulate to hyperechoic, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Focal small cortical Infarctions likely in both kidneys were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

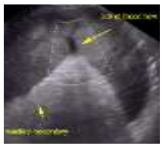
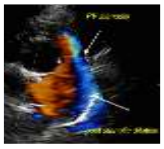
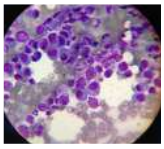
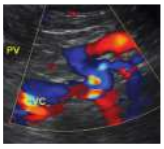
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact, sonographically unremarkable wall layering. Ingesta exhibiting mild to moderate nearfield hyperechogenicity with progressive distal acoustic shadowing was present in the

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fundus and body lumen. Mild retained nonshadowing gastric antrum and pyloric chyme was also present. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.20 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate urinary bladder sediment
- Mild chronic renal changes with probable minor cortical infarctions
- Gastric hair or hairball density within fundus / body with mild retained pyloric chyme
- Sonographically unremarkable small bowel and pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Given the patient's reported vomiting over the last 48 hours without meal ingestion, the presence of progressively shadowing ingesta is suggestive of hair or hairball-like density, although the potential for retained ingesta owing to gastric hypomotility or mild gastritis may also be possible. Correlation with a clinical history or history of vomiting hairballs is recommended.

Potential for low-grade or chronic pancreatitis may be possible yet sonographically normal. Correlation with a Spec fPL could be considered.

Conservatively, hospitalization with 24/hr IV fluid and gastrointestinal support with either radiographic or sonographic monitoring for evidence of gastric emptying would be appropriate. If evidence of persistent retained ingesta or hairball-like type density, or if continued clinical signs, laparotomy with potential gastrotomy may be indicated.

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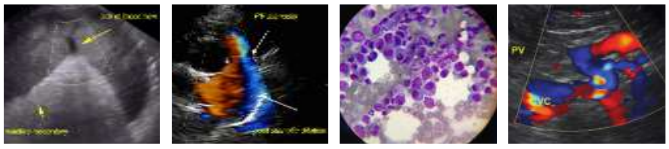

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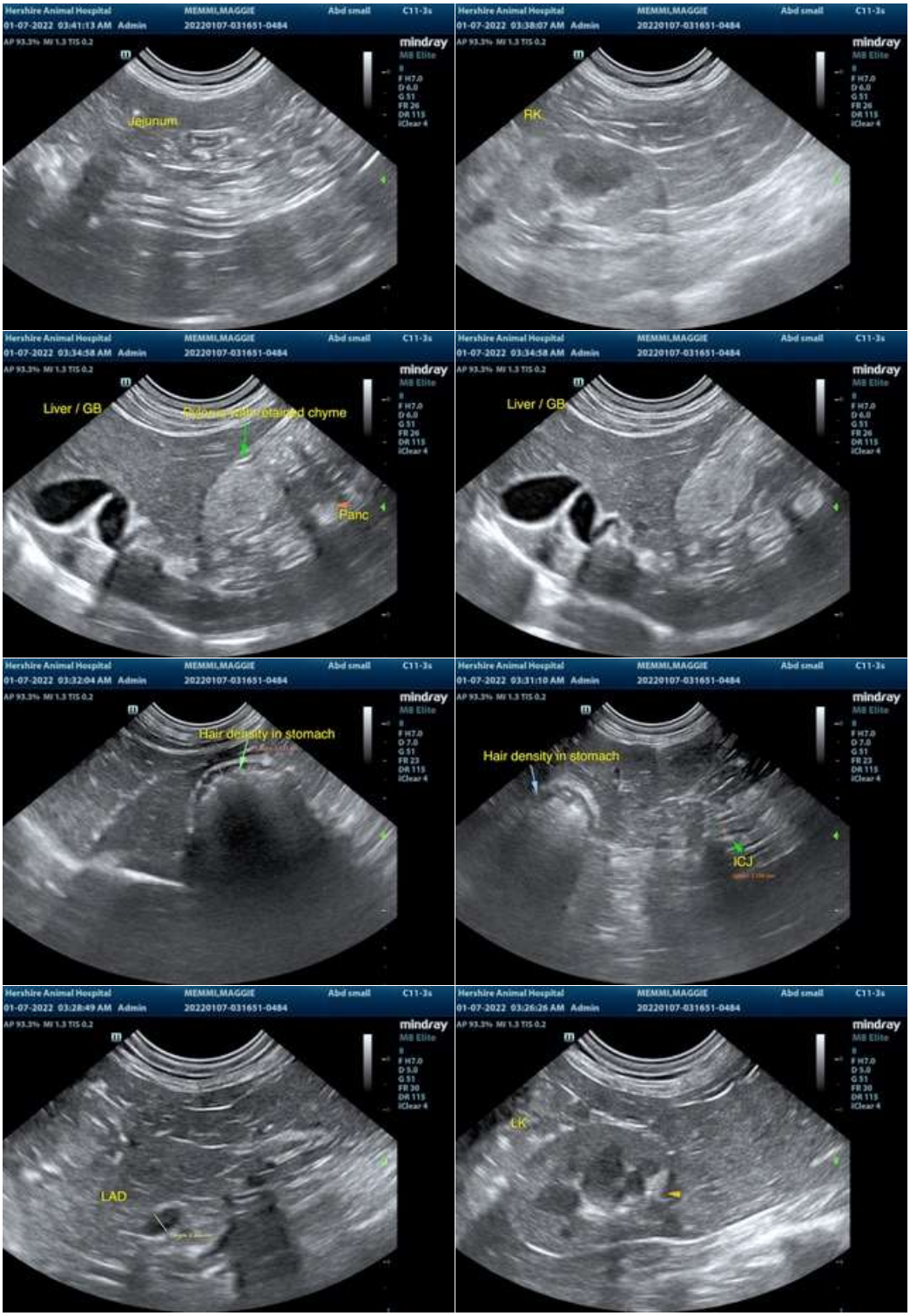

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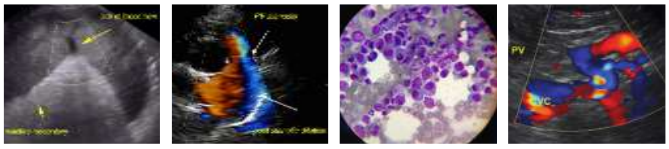

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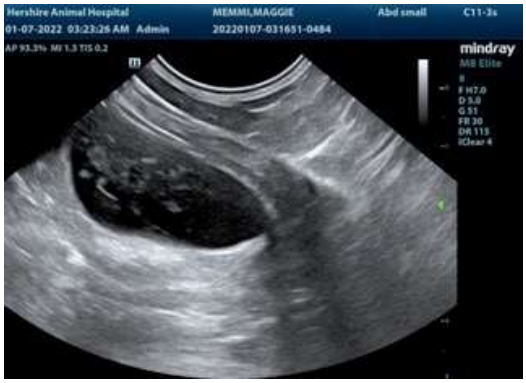

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com