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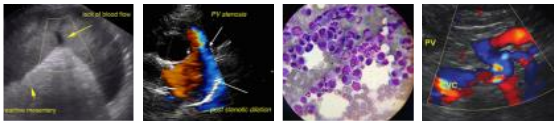

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Dominic Sumida

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9yr

WEIGHT

19.44lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem Animal Hospital

REFERRING VET

Dr. Giambuzzi

INVOICE

11878ag

DATE

10/14/2022

PRESENTING CLINICAL SIGNS

Patient presented to the ER for inappetence, congestion and vomiting on 10/12. Vomited once Monday morning - hair ball. Vomited again Tuesday and showing signs of nausea. Not eating since Tuesday. Decreased drinking. Congestion and sneezing noted Wednesday. Indoor outdoor on catio. On weight loss diet.

Abnormal PE/Chem/CBC/UA Results: Wbc 4760, PCV 37%, TS 7g/dl ALT 167, Amy 1251, Phos 3.1 Normal abdominal radiographs Current Medications Cerenia 8mg 10/13am, miratazq24 Radiographic Findings Radiographs of the thorax and abdomen reviewed by Peregrine Thorax: Heart: normal. no evidence of left atrial dilation Pulmonary vasculature: appears normal Lungs: no alveolar pattern. No nodules or mass lesions seen. Trachea: has normal uniform diameter throughout the caudal neck and thoracic regions. Principal bronchi: Normal Mediastinum: Normal Pleural space: Normal Boney structures: Normal Abdomen: Liver: Normal size and shape Stomach: Filled with moderate volume gas Spleen: Normal size and shape Kidneys: no stones seen Peritoneal detail: normal appearing Small Intestines: filled with mild volume gas. Mildly bunched appearing. Colon: feces in descending colon Urinary Bladder: No stones seen Retroperitoneal detail: Normal Lumbar spine: Normal LS disc space: Normal Hips: normal appearing

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent non-disruptive discrete hyperechoic nodules were present likely consistent with benign myelolipomas. 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. The spleen measured 0.9 cm width at the level of the hilus.

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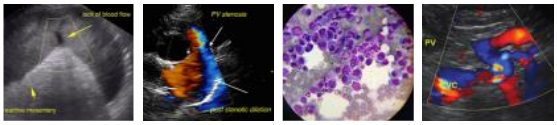

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Liver

The liver presented borderline increased in size. The parenchyma of the liver was subjectively uniform mild increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact to prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate potentially persistent or retained ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.30 cm in width.

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 small intestinal wall measured 0.20 cm in width.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-specific potentially persistent or retained progressive shadowing gastric ingesta
- Overtly normal small bowel/pancreas
- Minor urinary bladder sediment
- Mild uniform increased hepatic parenchyma echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is non-specific and may indicate recent meal ingestion however given reported inappetence, concern for possible persistent or retained hairball density or similar is warranted. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered to assess for evidence of inflammatory cells given the ALT elevation. A spec fPL could be considered to assess for evidence of low-grade or chronic pancreatitis. Hospitalization with 24–48-hour IVF and GI support with monitoring of the stomach for evidence of gastric emptying would be appropriate. A recheck sonogram is recommended if evidence of continued persistent or retained gastric ingesta.

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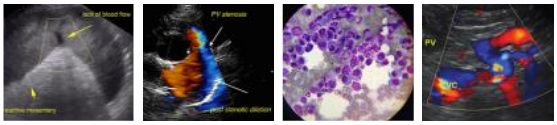

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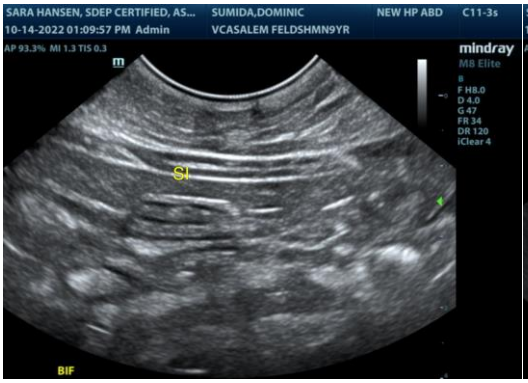

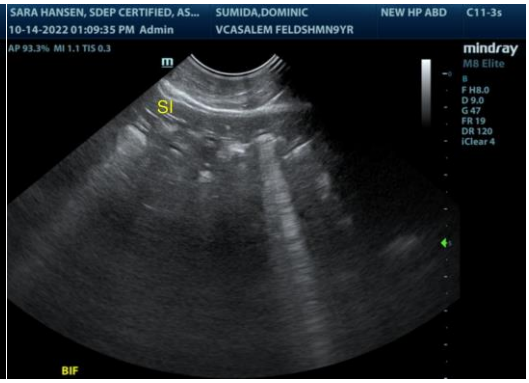

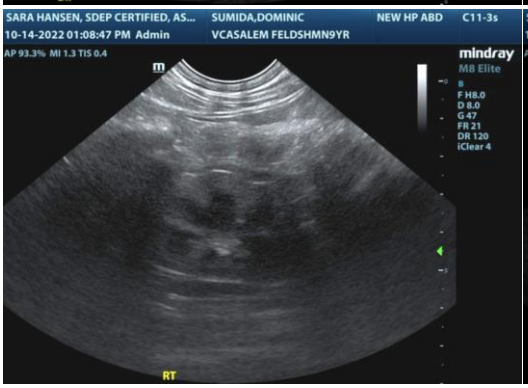

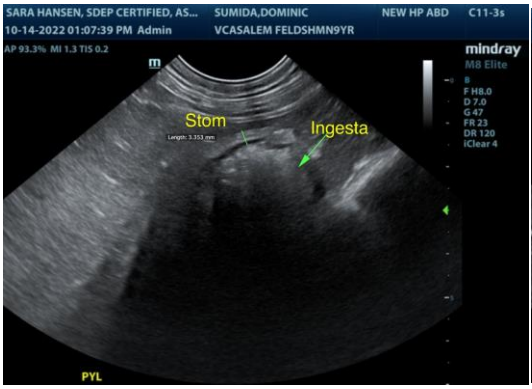

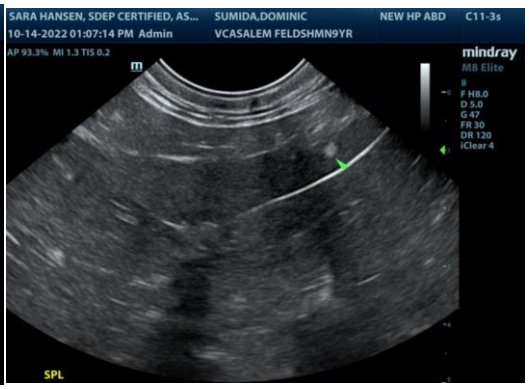

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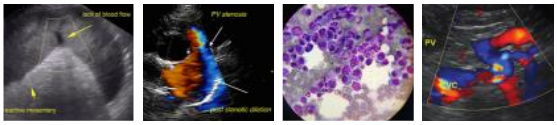

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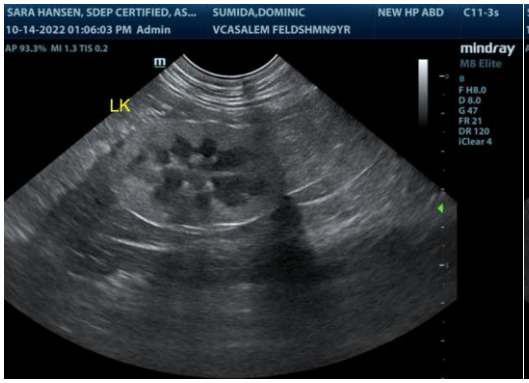

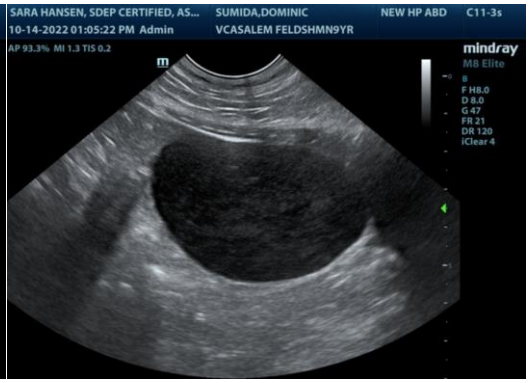

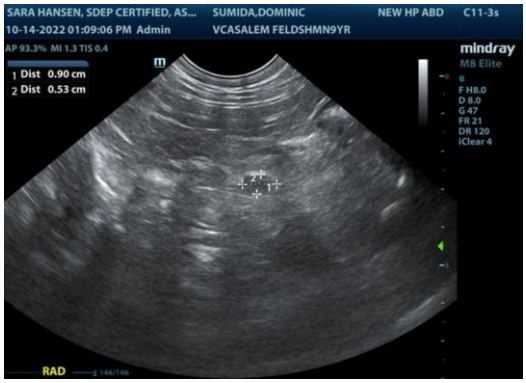

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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