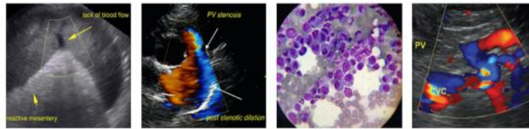


PATIENT
Mush Skillen

SPECIES
Feline

BREED
Persian

SEX
F

AGE
2018

WEIGHT
5.4

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Easton AH

REFERRING VET
Dr. Titcher

INVOICE
15100

DATE
10/5/22

PRESENTING CLINICAL SIGNS

Vomits after eating, underweight

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 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. A subtle hyperechoic corticomedullary band, consistent with a subtle left and right medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.1 cm length. The right kidney measured 3.7 cm length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

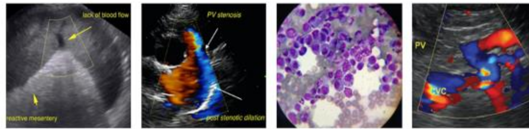
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.82 cm width at the level of the hilus.

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 wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid in the antrum and pylorus. No evidence of mechanical pyloric



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outflow obstruction or obstructive pyloric mural pathology was noted. No evidence of retained ingesta, foreign material, or hairball density. The pylorus wall width measured 0.20 cm. The ventral gastric body wall width measured 0.24 cm.

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 0.25 cm width. The ileocolic wall measured 0.26 cm 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral subtle nonspecific renal medullary rim sign
- Sonographically normal gastric walls with mild retained antrum / pyloric fluid
- Sonographically unremarkable small bowel / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the overtly normal gastrointestinal tract with mild retained gastric fluid may suggest some degree of metabolic or functional gastric stasis potentially owing to underlying inflammatory gastropathy or gastroenteropathy, which may at times present sonographically normal. Dietary intolerance / food allergy, occult parasitism, and low-grade to chronic pancreatitis, which likewise may present as sonographically normal, may be additional considerations.

Given the patient's decreased body condition, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

Empirically, gastroprotectant protocol with ideally, a canned hydrolyzed diet with potential smaller more frequent feedings and assessment of clinical response is suggested.

No overt evidence of occult infiltrative gastrointestinal neoplasia, which is considered an unlikely differential diagnosis.

If continued recurrent vomiting without evidence of hairballs and nonresponsive to dietary trial or empirical supportive care, upper GI biopsies may be indicated.

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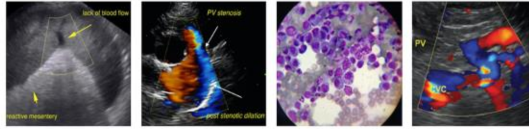

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Clinical Sonography & Telecytology
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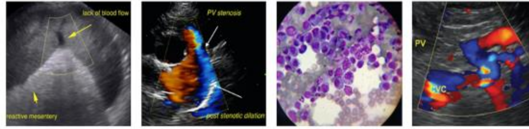

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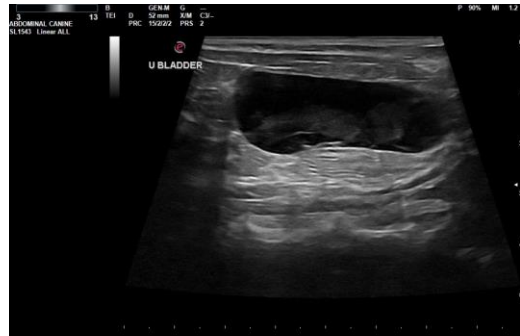

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com