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Clinical Sonography & Telecytology
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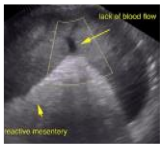

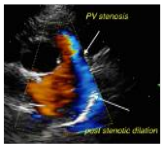

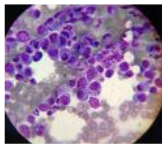
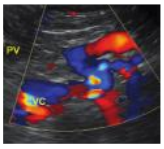

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Akumba Doll

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9

WEIGHT

9.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Douglass, DVM

HOSPITAL NAME

Mt. Yonah AH

REFERRING VET

Ashley Douglass, DVM

INVOICE

15336

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Patient presented for projectile vomiting about 2-3 times per week for the past few months. Patient will vomit about 4 times per day when she is vomiting. When she vomits, it consists mostly of food. She does eat fast occasionally. She is eating Royal Canin Satiety due to her housemate trying to lose weight. She also eats canned food and owners switch flavors back and forth from tuna to chicken.

Abnormal PE/Chem/CBC/UA Results: slightly low protein all others wnl

This submitted study contained 101 primarily videos and intermittent still images in AVI and JPG format. Please submit studies in DICOM format if possible.

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.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

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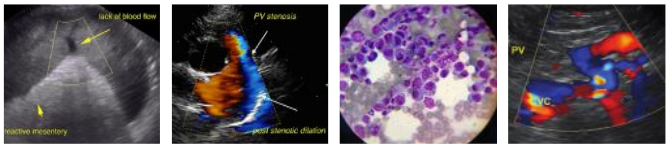

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing ingesta / chyme was present.

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 evidence of significant lymphadenopathy, omental masses, or evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with gastric and segmental to generalized intestinal ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of structural gastrointestinal pathology or sonographic evidence of pancreatic pathology. The presence of gastrointestinal ingesta likely correlates with recent meal ingestion. If documented NPO prior to the ultrasound, some degree of possible metabolic gastric stasis or inefficient peristalsis could be considered. Dietary intolerance / food allergy, occult parasitism if the patient is indoor/outdoor, structurally insignificant to low-grade GI inflammatory process, and low-grade to chronic pancreatitis, which may present as sonographically normal, are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment, especially if evidence of weight loss going forward.

Empirically, as-needed GI support as well as a canned hydrolyzed diet trial and broad spectrum deworming if clinically indicated with an assessment of clinical response would be reasonable.

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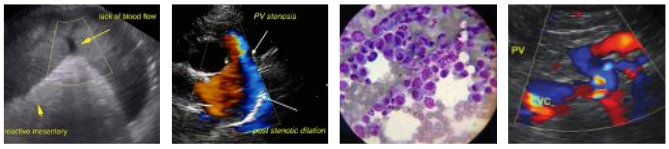

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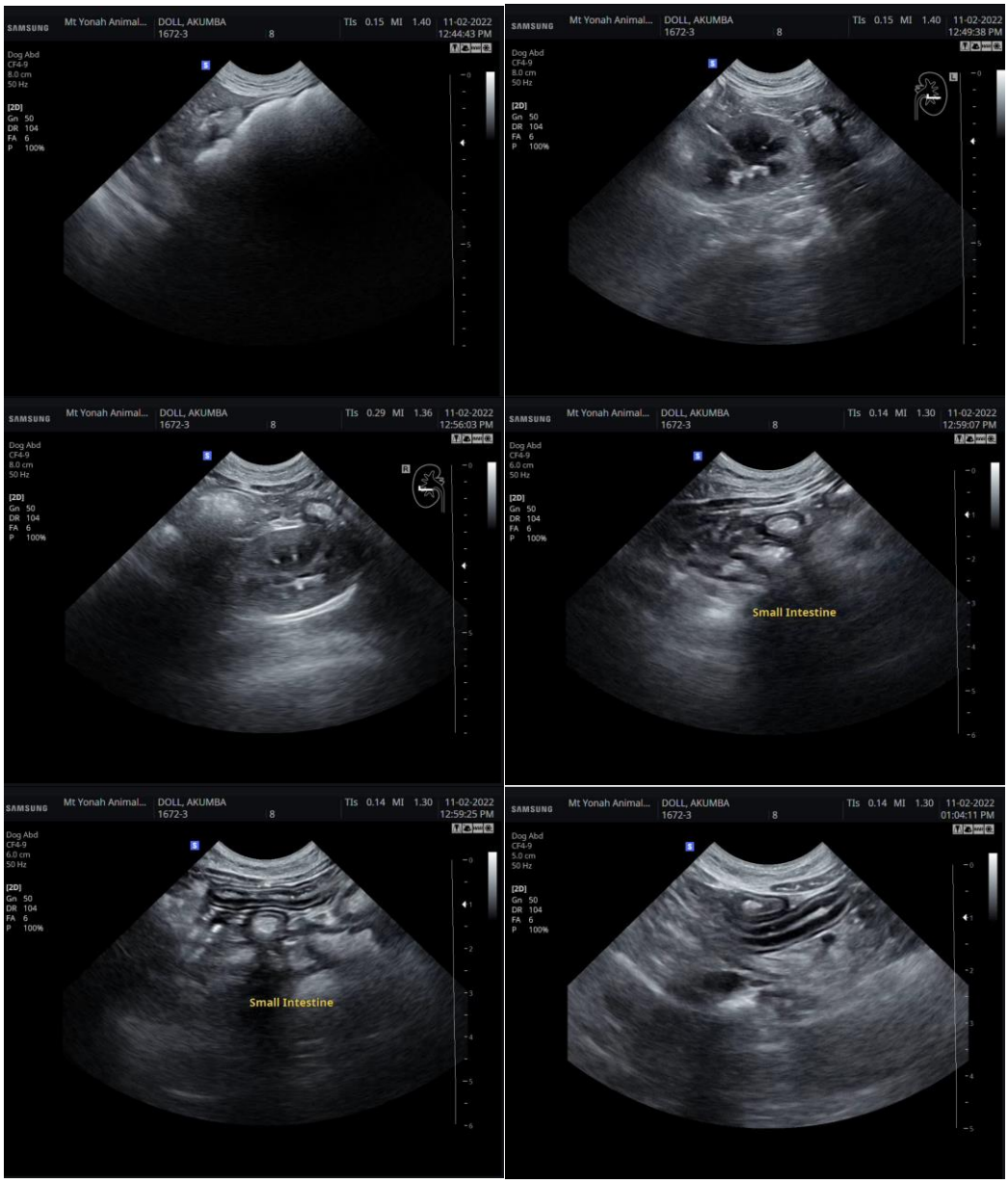

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com