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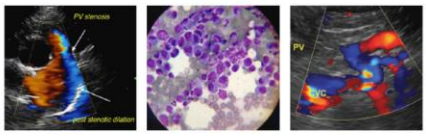

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Shooter Humfleet

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
13 years

WEIGHT
10.8 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Wixom Family Pet Practice

INVOICE
15429

DATE
11/9/22

PRESENTING CLINICAL SIGNS

Current Medications: Miratаz - Mirtazapine transdermal Patient History: Gradually decreasing appetite over a period of weeks. Last week vomiting twice. Continues to show interest in food, but refuses to eat. Blood work, UA - NSF. FeLV/FIV - Negative Abdominal radiographs revealed a markedly dilated stomach despite poor appetite. Rule out foreign body ingestion, stomach tumor(s).

Abnormal PE/Chem/CBC/UA Results: Dental calculus, Gingivitis Lost 0.8# since last exam Please see attached BW

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 minor particulate sediment, which 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. A maintained 1:3 cortex/medulla ratio was noted with mild increased primarily uniform cortex echogenicity and mildly enhanced corticomedullary border demarcation. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 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 0.37 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 0.94 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.

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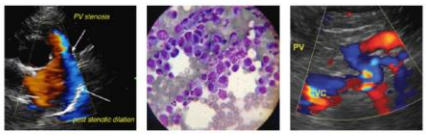

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Gastrointestinal

The stomach exhibited moderate to marked distention with retained variably echogenic progressively shadowing ingesta. The ventral gastric body wall width measured 0.22 cm. The pylorus wall width measured 0.24 cm. The visualized gastric walls were sonographically normal without evidence of overt pyloric obstructive mural pathology or pyloric foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Minor segmental nonobstructive jejunal ileus with concurrent segmental gas and nonshadowing minor chyme was present without evidence of an obstructive small intestinal pattern, loss of small intestinal wall layering, or small intestinal masses. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.28 cm width. No evidence of ileocolic mural pathology was noted.

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

Pancreas

The pancreas was normal in size with mild asymmetrical capsule contour and mild uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Distended stomach with retained variably echogenic mild progressively shadowing ingesta
- Intact small bowel walls exhibiting minor jejunal ileus and nonshadowing chyme
- Possible low-grade pancreatitis
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the gastric distention with retained ingesta (assuming documented NPO and in light of patient history), may Include metabolic vs. mechanical gastric stasis. Definitive evidence of obstructive pyloric mural pathology or foreign material was not obvious, yet technically the possibility of a non-visualized lesion obscured by luminal ingesta cannot be definitively excluded. The potential for intermixed hairball density could be possible if a clinical history of hairballs.

A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for nonstructural intestinal disease as a contributing factor, as well as further assessment of the pancreas. If persistent retained ingesta, hospitalization with 24-hr IV fluids, gastrointestinal support, and monitoring for evidence of gastric emptying is recommended. If persistent gastric ingesta despite documented NPO and assuming no evidence of pathology on three view chest radiographs, exploratory laparotomy with gross inspection of the upper gastrointestinal tract and with biopsies (considered essential) could be considered.

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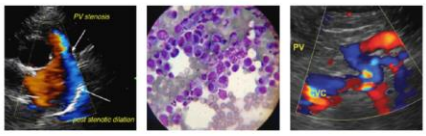

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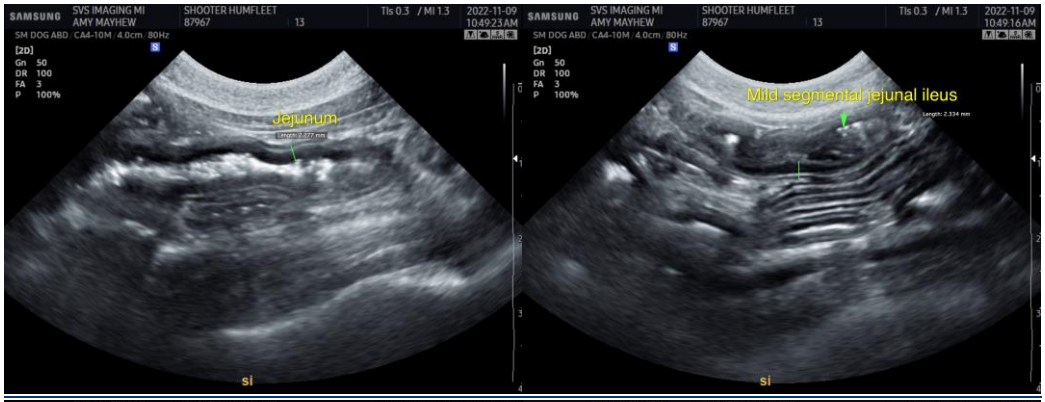

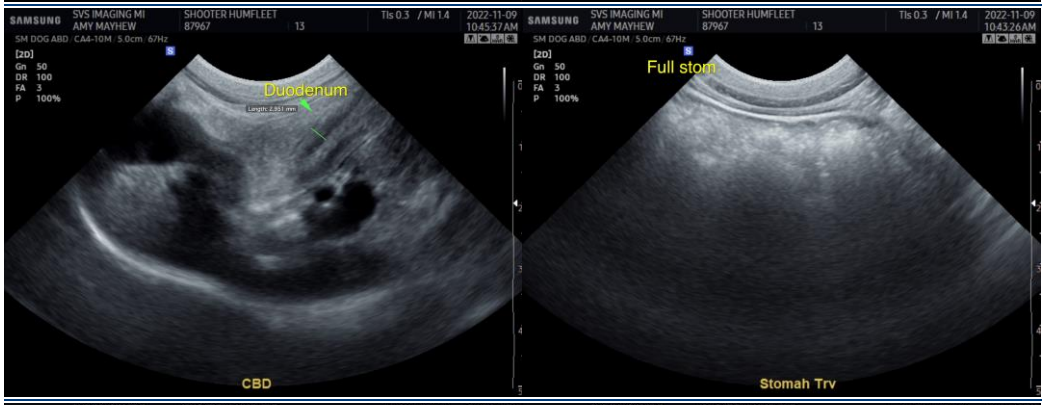

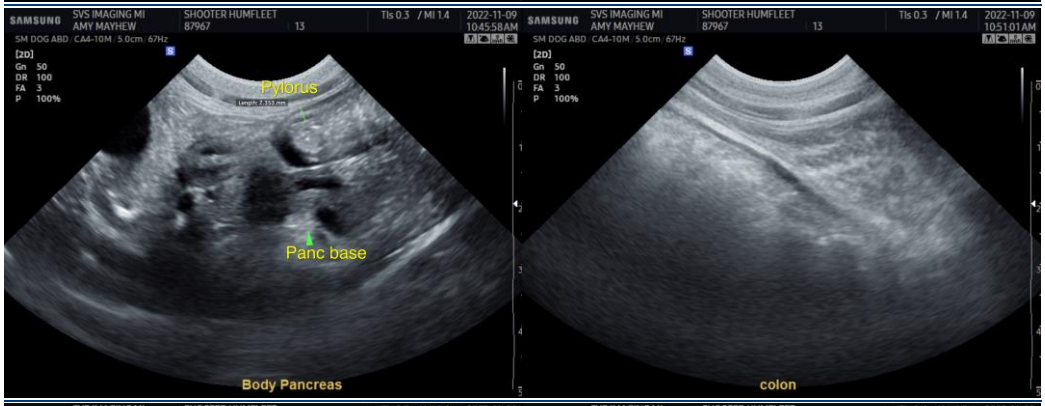

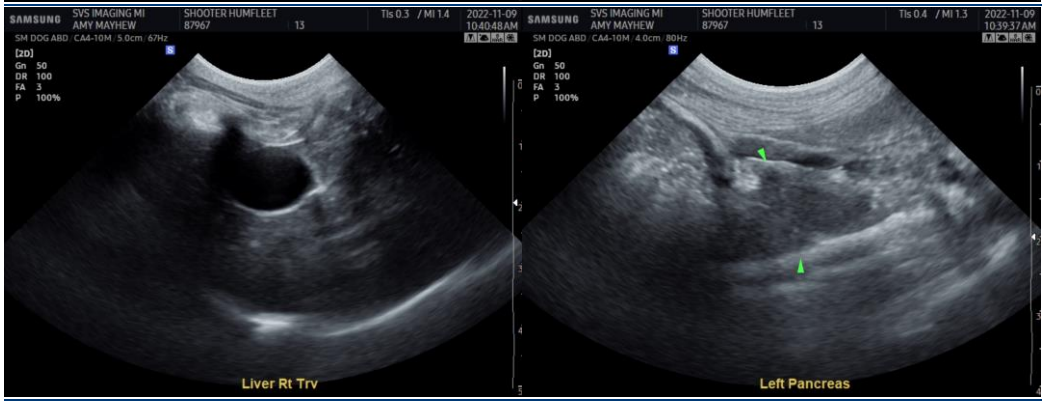

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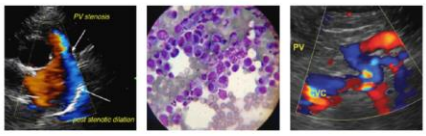

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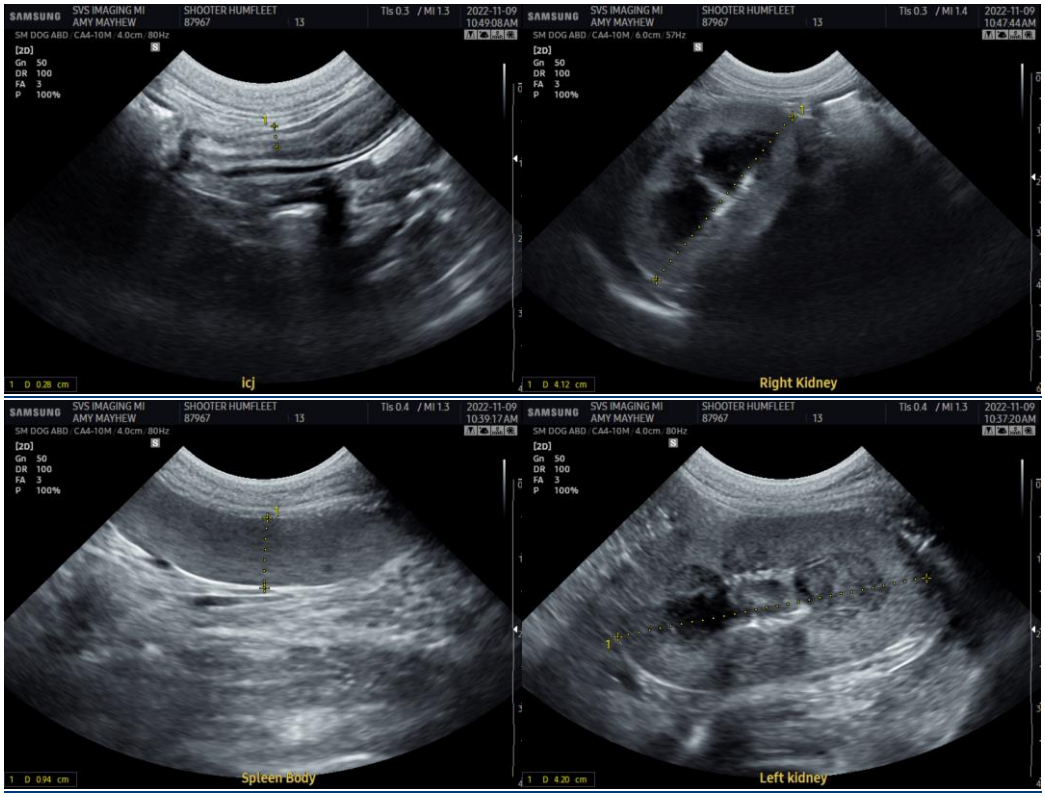

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com