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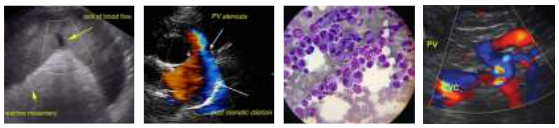


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Beau Steele

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

13.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

12835

DATE

12/16/21

PRESENTING CLINICAL SIGNS

2 month history of intermittent chronic vomiting, mild weight loss with intermittent picky appetite and intermittent head shaking (possible evidence of oral pain) that has responded to treatment with cerenia, convenia, buprenex for empiric treatment for oral infection/possible pancreatitis
Abnormal PE/Chem/CBC/UA Results: -mild PSL and amylase elevation in early November, CREA of 1.9 with SDMA WNL

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 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 pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

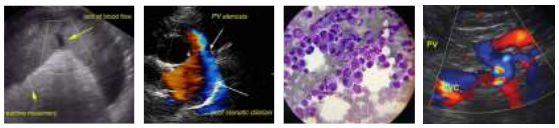
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

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. The spleen measured 0.92 cm width.

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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Gastrointestinal

The gastric fundus and body exhibited intact yet subjective mild prominent wall layering. The ventral gastric body wall width measured 0.40 cm. Mild mural thickening was present in the pylorus with subjective decreased mural echogenicity and indistinct wall layer detail. The pylorus wall width measured up to 0.74 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 duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.35 cm.

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

Pancreas

The pancreas exhibited subtle prominent size with maintained symmetrical capsule contour and mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

Mild associated omental reactivity was present around the pylorus along with focal mildly prominent gastric or pancreaticoduodenal lymph node. The lymph node measured 0.63 cm in diameter. No other evidence of additional intraabdominal lymphadenopathy was noted. No peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

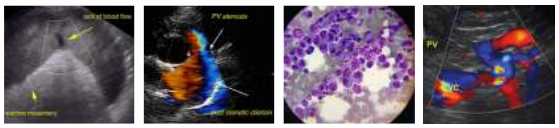
- Mildly thickened pylorus exhibiting decreased pyloric mural echogenicity and indistinct wall layering
- Associated focal mildly prominent gastric or pancreaticoduodenal lymph node - mild hyperplasia or lymphadenitis suspected
- Sonographically unremarkable small bowel and colon
- Suspect concurrent low-grade active to chronic active pancreatitis

Secondary Findings

- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's chronic vomiting and mild weight loss is suspected to be primarily associated with the stomach, specifically the pyloric mural hypertrophy. This may indicate underlying Inflammatory enteropathy such as chronic gastritis, although the possibility of emerging neoplastic gastric mural disease Is of concern. Some contribution to the patient's clinical signs owing to concurrent mild active to chronic active pancreatitis is also suspected.



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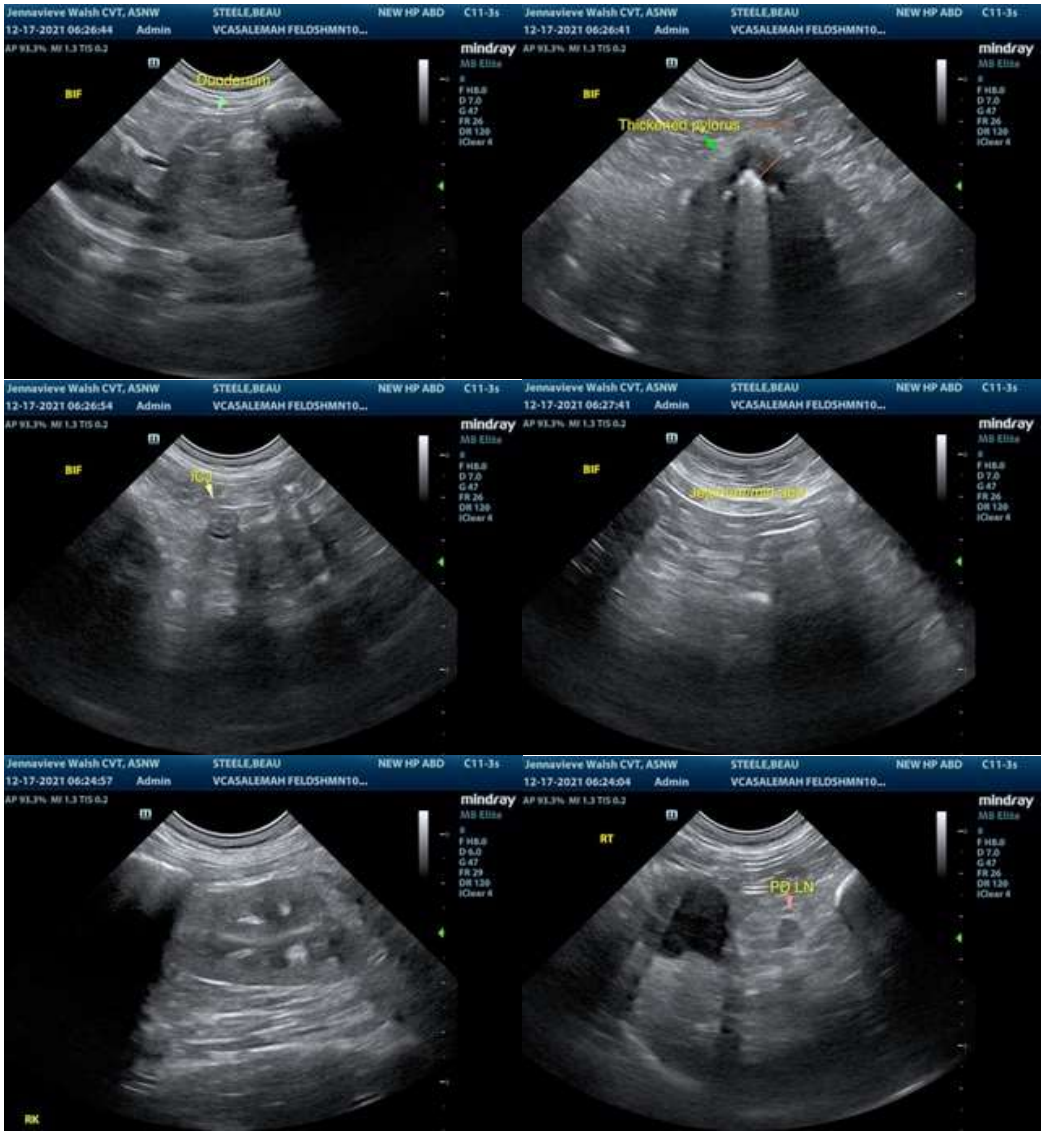
Gastric mural biopsies either via endoscopy or laparotomy are likely ideal for histopathology and a definitive diagnosis. Conservatively, medial therapy for gastritis / pancreatitis +/- empirical helicobacter protocol and sonographic monitoring of the stomach for evidence of progression is recommended. Assessment of serum cobalamin and folate levels may be considered to rule out structurally insignificant concurrent small intestinal disease.



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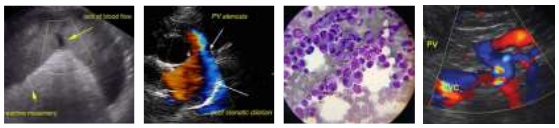

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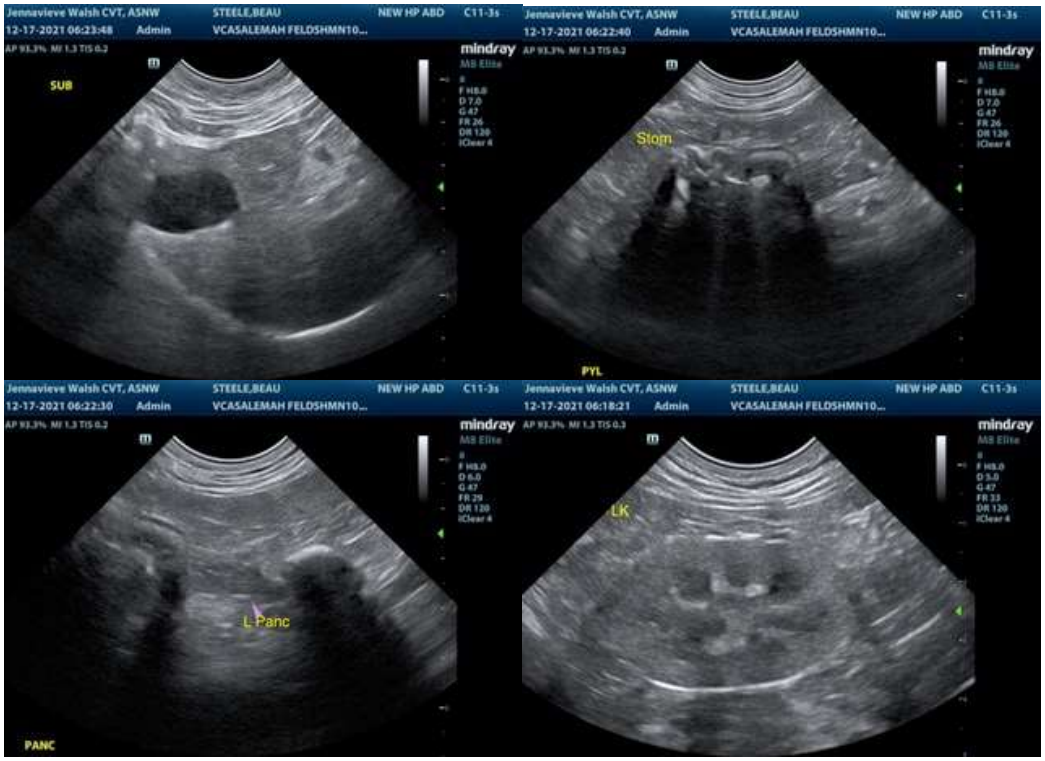

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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