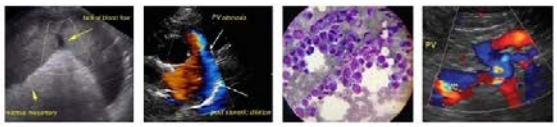


PATIENT

Jasper Wilton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

4.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

33338

DATE

12/8/21

PRESENTING CLINICAL SIGNS

Vomiting since Friday evening, with some plant material seen in the vomit. Owner has two cats and tries to keep cats away from everything in home. Other cat is normal. Quiet, anorexic then improved after Cerenia injection for just over 24 hours. Update today was that he is back to being lethargic, anorexic and vomited again. Cerenia and i/d diet.
Abnormal PE/Chem/CBC/UA Results: Nothing obvious on 2 view rads.

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. Primarily anechoic urine was present in the lumen. Mild to moderate no-dependent particulate sediment was present without evidence of calculus formation, likely indicative of mild cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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. Very scant pyelectasia noted in both kidneys. The left kidney measured 3.4 cm. The right kidney measured 3.7 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.34 cm in 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.

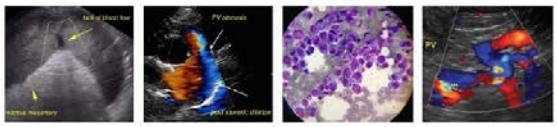
Liver

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 mildly prominent in size, potentially owing to fasting, yet subjectively divided into two compartments. Mildly prominent to echogenic gallbladder and cystic bile duct walls were present. Anechoic content was present in the gallbladder. The proximal common bile duct was dilated (0.27 cm in diameter) and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Mild luminal gas present. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of mechanical or metabolic small intestinal ileus. However, a solitary, subjectively angular, strongly shadowing echo was present in the small intestinal lumen, ,suspected to be within the distal small



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intestine, possibly within the ileum and proximal to the ileocolic junction. Duodenum wall measured 0.20 cm. This echo did not appear to be obstructive.

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

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Scant bilateral pyelectasia – The scant pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
- Bilobed gallbladder with mildly prominent to echogenic gallbladder and cystic bile duct walls, concurrent mild non-obstructive common bile duct dilation.
- Focal, subjectively angular, strongly shadowing intestinal echo – subjectively non-obstructive, suspect distal small intestinal, potentially ileum or possible ileocolic location. Minor potential for duodenal location, yet no evidence of retained gastric fluid.
- Suspect mild pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. Correlation with hepatic enzyme elevations suggested.

The clinical signs in this patient may be multifactorial in origin, potentially owing to mild pancreatitis, although suspicion for non-obstructive small intestinal foreign body is warranted. Initial empirical therapy for pancreatitis with ideally sonographic monitoring of the intestinal echo over the next 12-24 hours would be appropriate. Potential for solitary non-obstructive intestinal foreign body is warranted, yet not definitive. If continued clinical signs despite conservative therapy, laparotomy with gross examination of the intestinal tract with intestinal biopsies (considered essential despite exploratory findings) may be considered. However, sonographic assessment of the shadowing echo to make sure it is persistent and has not moved is recommended.

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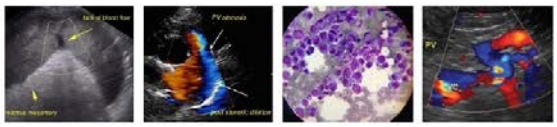

THE FOCAL ZONE

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289-808-2608 info@thefocalzone.com

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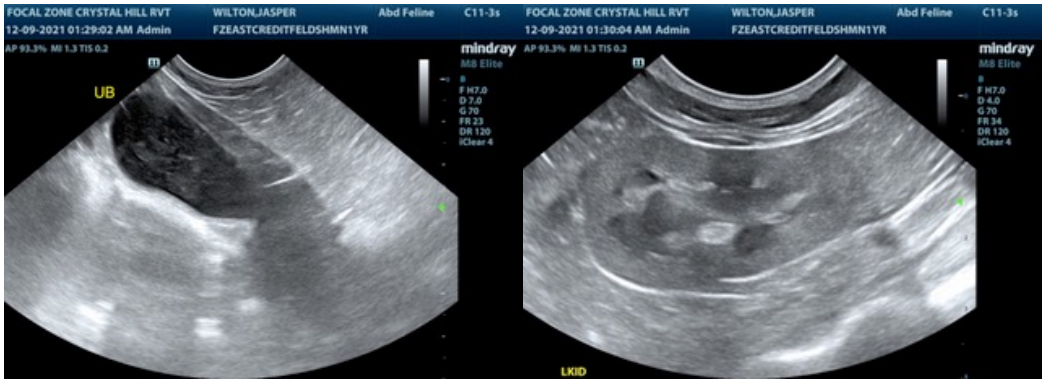

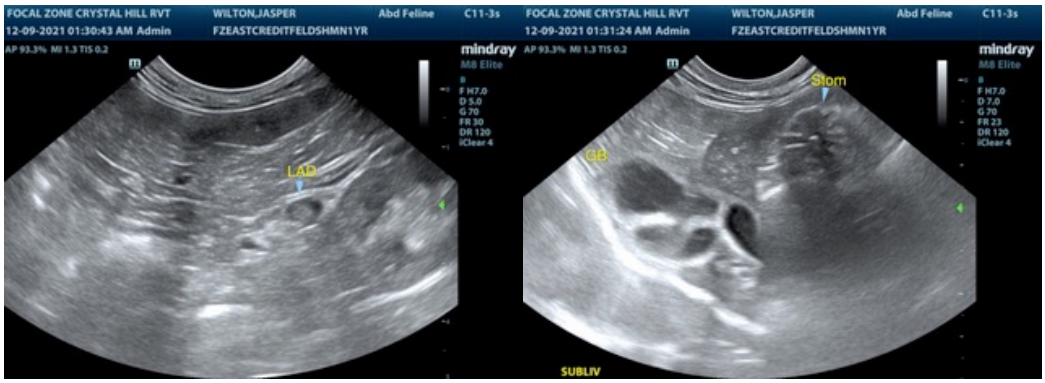

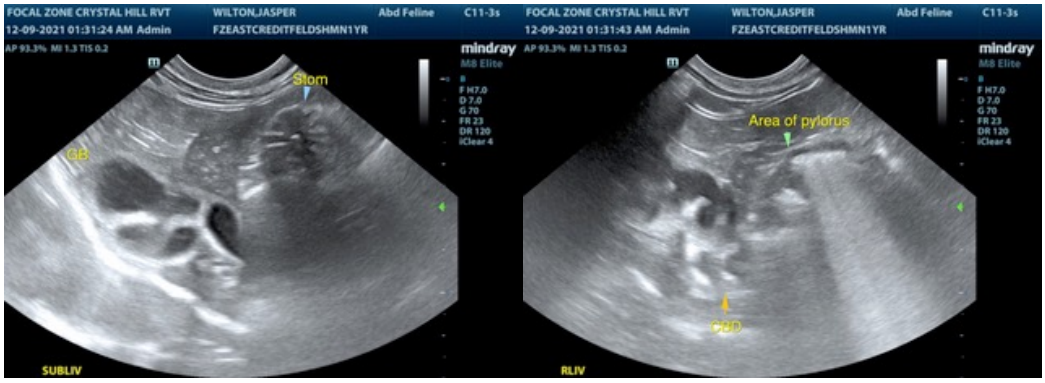

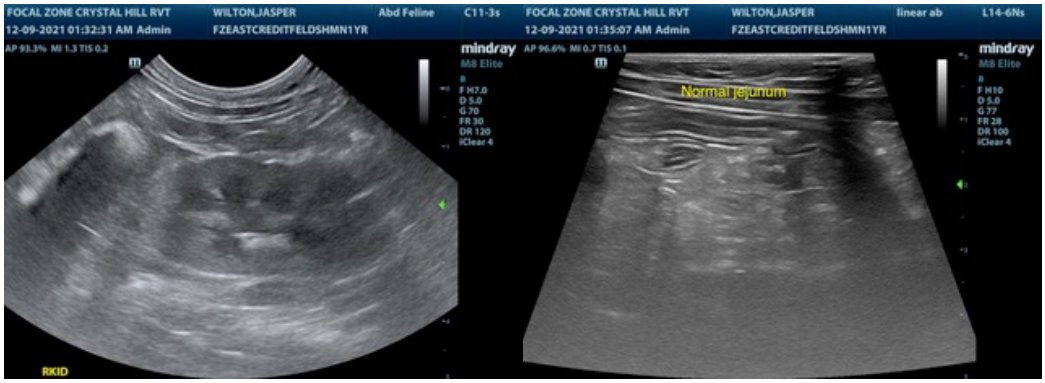

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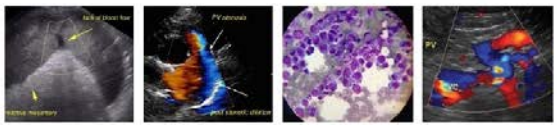

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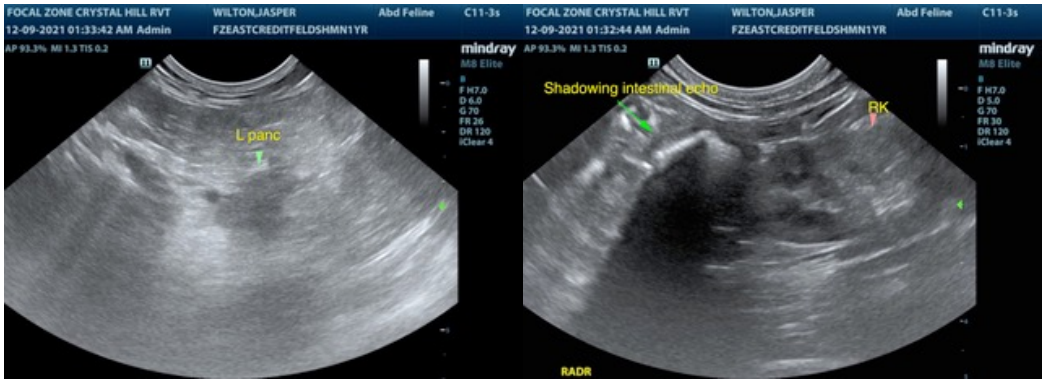

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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