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Clinical Sonography & Telecytology
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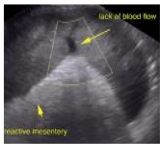
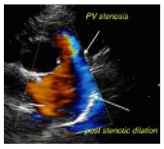
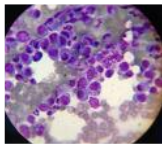
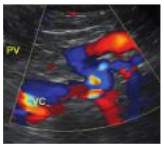




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lovie Mills

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
2 years

WEIGHT
16.2 lbs.

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

IMAGING PERFORMED BY
Val Shumskaya

HOSPITAL NAME
Animal General Augusta

REFERRING VET
Dr. Castimore

INVOICE
16147

DATE
2/14/23

PRESENTING CLINICAL SIGNS

Recheck abd scan from 2/10/23 - Suspected foreign body, went to surgery on 2/11, no foreign body found, found adhesion near duodenum. Not doing well now.

Current meds: convenia
Abnormal PE/Chem/CBC/UA Results: Lym 0.38, Glu 223, CA 6.7, ALB 2.1, ALKP 11, TBIL 1, AMYL 404, LIPA 1453, Na 145, Cl 103

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.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.31 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

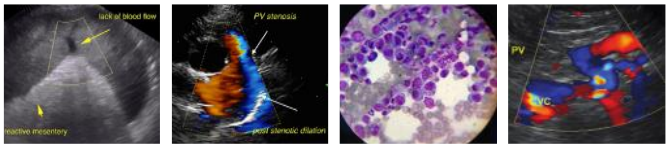
The spleen was subnormal in size exhibiting symmetrical capsule contour and uniform finely textured homogeneous parenchyma. The spleen measured 0.44 cm width at the level of the hilus.

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 exhibited intact, sonographically unremarkable wall layering. The stomach was moderately distended with retained primarily anechoic fluid extending into the pyloric outflow. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with subjective discrete to mild segmental jejunal corrugation. No evidence of small intestinal obstructive pattern or overt foreign material was noted.

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

Pancreas

The left pancreatic limb was variably prominent in size exhibiting hypoechoic parenchyma compared to adjacent regional hyperechoic to mildly nonuniform peripancreatic omentum. The pancreas base and right pancreatic limb exhibited subjective mild heterogeneous to mixed echogenic parenchyma.

Free Abdomen

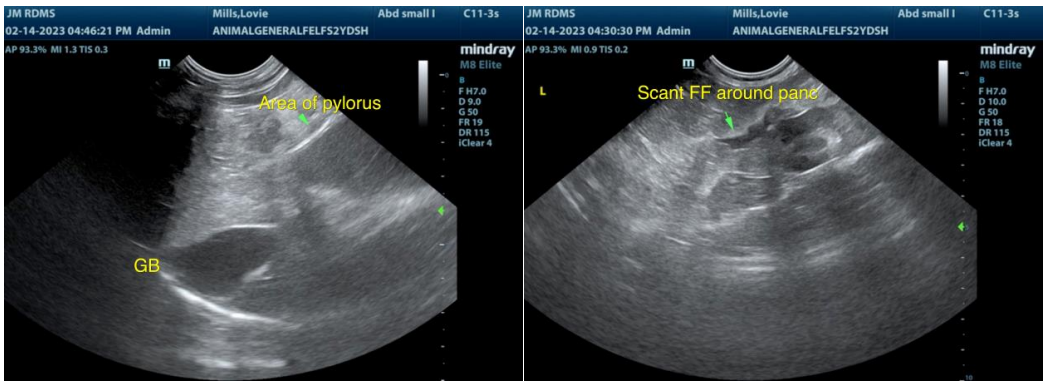
Intermittent small pocket of scant, primarily perihepatic free fluid was noted. No overt or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate hypomotile stomach - suggestive of functional / metabolic gastric stasis
- Subjective segmental enteritis - no evidence of small intestinal mechanical obstructive pattern / foreign material
- Pancreatitis left pancreatic limb with regional peripancreatic hyperechoic to mildly nonuniform mesentery - consistent with regional peripancreatic peritonitis
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with therapy for pancreatitis and gastroenteritis with functional gastric hypomotility which may include IV fluids, plasma expanders (if evidence of decreasing hypoalbuminemia), antibiotics (if clinically indicated), analgesia, as-needed gastrointestinal support, and potential prokinetic agents (if persistent gastric hypomotility) with close clinical monitoring and ideally sonographic recheck of the pancreas in 3-4 days is recommended. Monitoring of calcium levels, as well as body temperature, is suggested as hypocalcemia with concurrent hypothermia may suggest a negative prognostic indicator in cats with pancreatitis.



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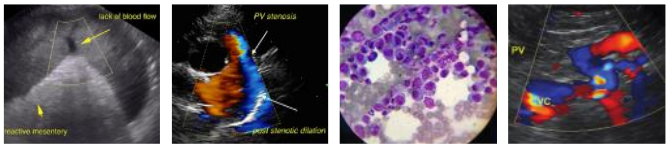

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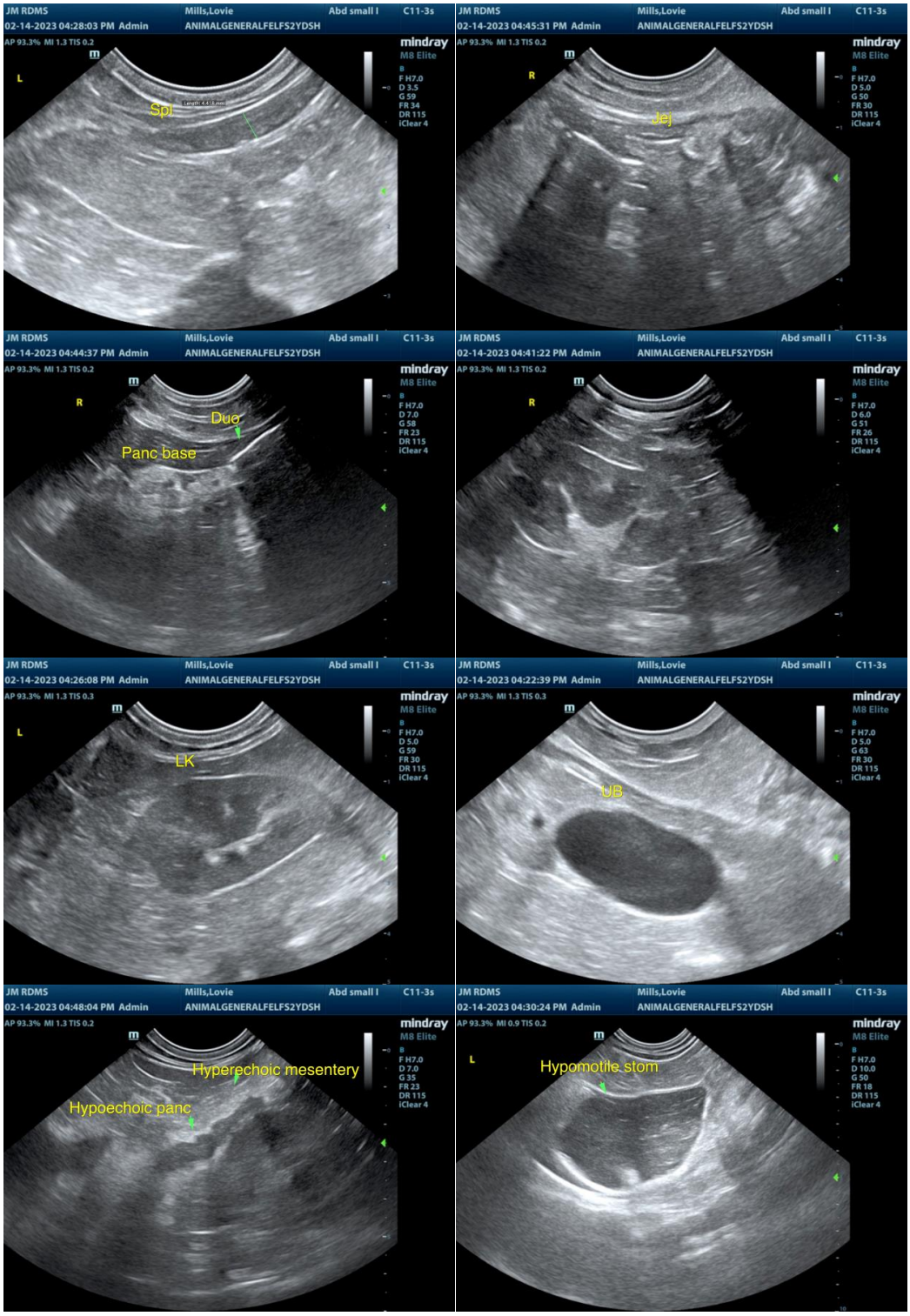

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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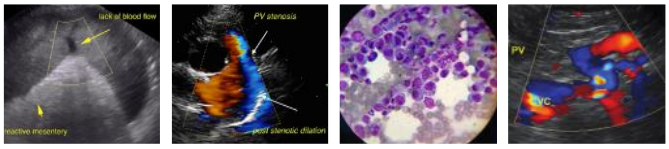

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com