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Clinical Sonography & Telecytology
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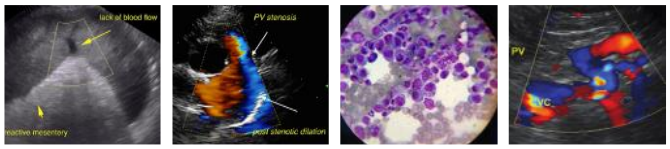

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Smudge Lockard

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7

WEIGHT

3.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Natasha Stanley

HOSPITAL NAME

Viking Veterinary Hospital

REFERRING VET

Natasha Stanley

INVOICE

13162ag

DATE

03/14/2023

PRESENTING CLINICAL SIGNS

Originially presented 12/31/22 for abdominal bloating and not eating well. Rads showed ingesta filled stomach and cranial abdominal mass. Brief US at that time showed cavitated lesion per other DVM. Has been e/d well since with no issues. Taking lactulose

Abnormal PE/Chem/CBC/UA Results: See attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 0.58 cm in 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme with no overt signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.29 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing intestinal ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.25 cm width.

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

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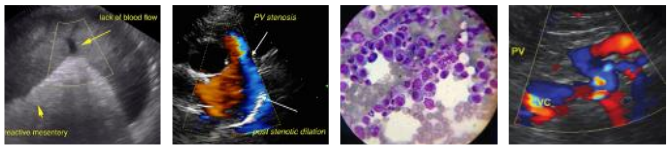

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Pancreas

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

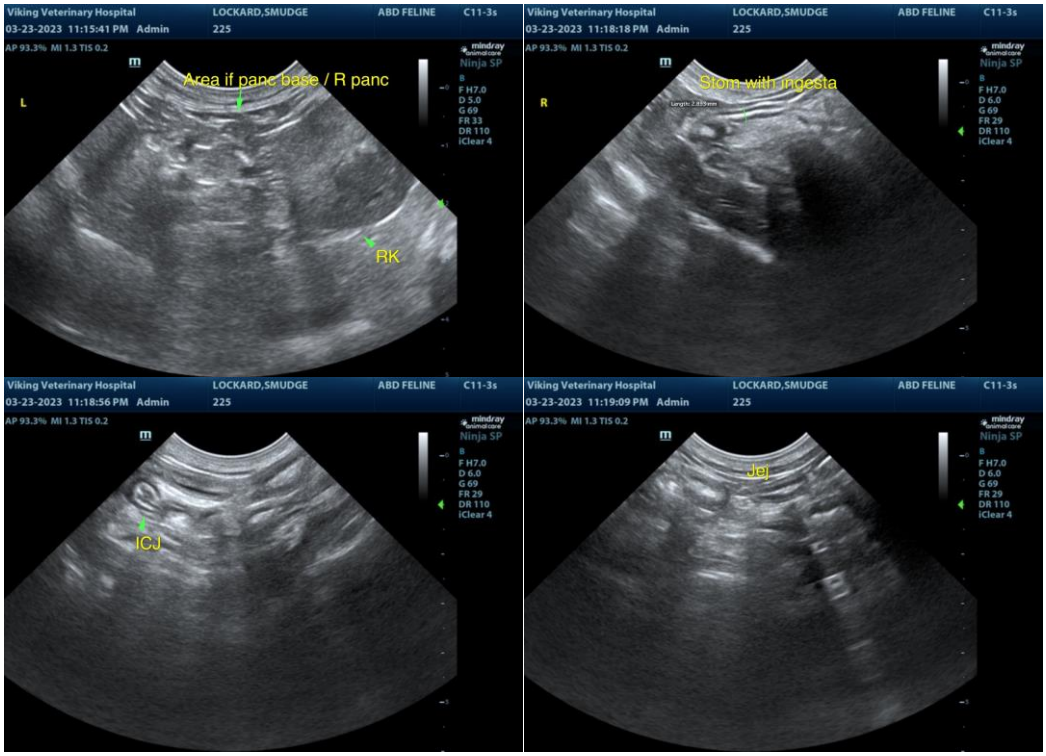
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal intact GI wall layering with mild to moderate non-shadowing gastric and segmental intestinal ingesta/chyme.
- Sonographically normal pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of intra-abdominal mass or neoplastic criteria. The previous potential visualized mass may correlate with ingesta distended stomach. Some degree of gastric hypomotility without overt obstructive mural pathology could be considered if documented NPO.

Given that the patient has been eating and drinking normally since the previous incident, canned bland or hydrolyzed diet trial with as needed gastroprotectants and continued monitoring would be reasonable. A spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult pancreatic or intestinal disease if recurrent GI signs or evidence of weight loss.



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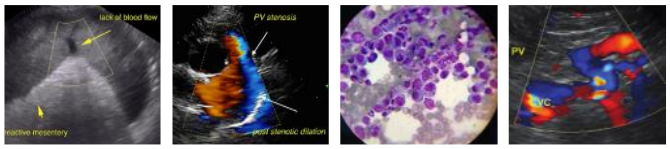

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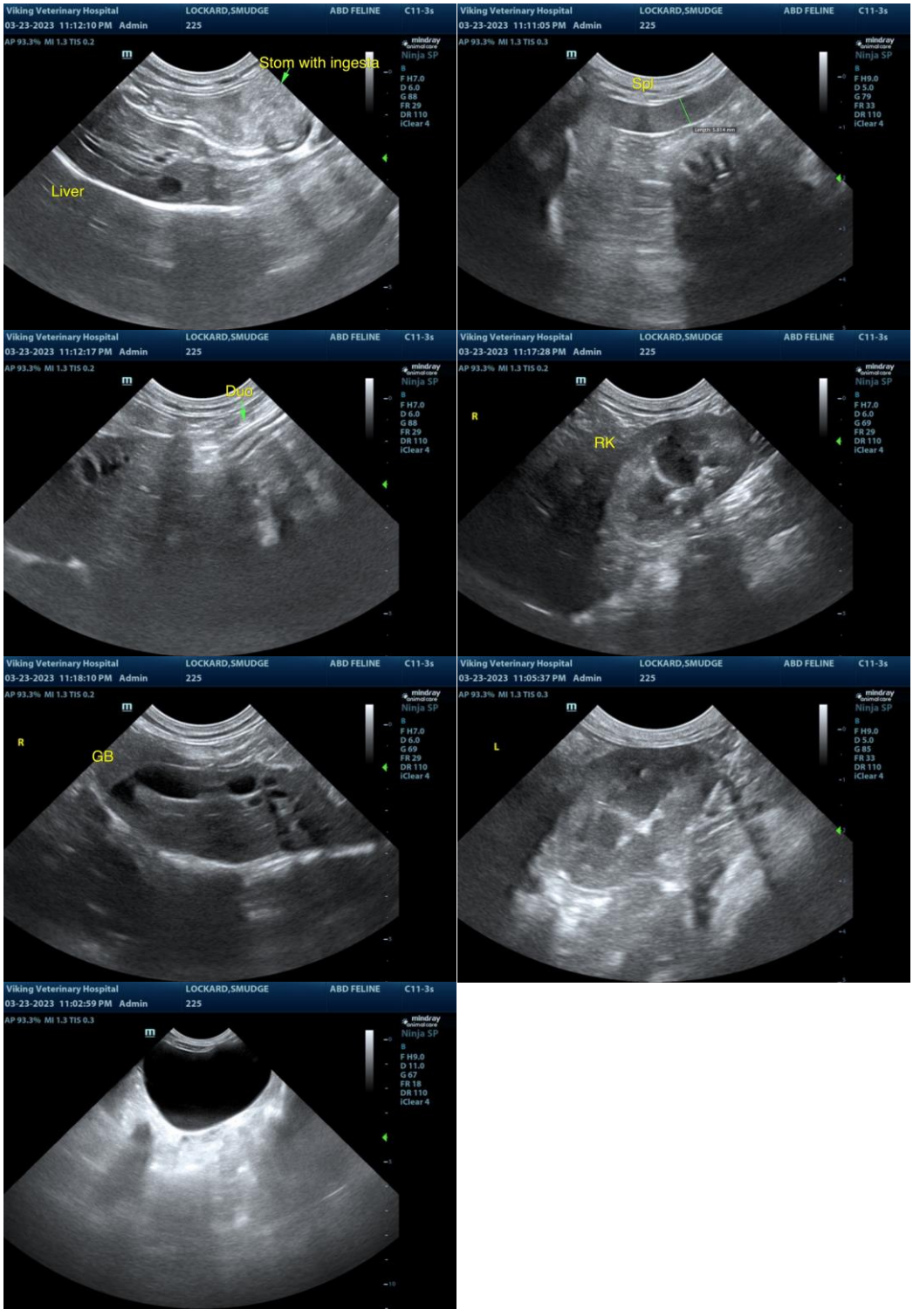
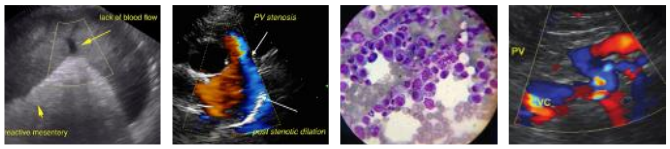


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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mac.daniel@sonopath.com