



PATIENT

Gizmo Ng

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered Male

AGE

5

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Katz

INVOICE

13490

DATE

3/15/22

PRESENTING CLINICAL SIGNS

Vomiting attending suspect FB on fluids
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 contour were present in the kidneys. Both kidneys exhibited a maintained 1:3 cortex / medulla ratio with mild, nonspecific, uniform increased cortex echogenicity. Mild pyelectasia was present in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 0.75 cm in 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.21 cm.

The small intestine exhibited intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer and mild altered muscularis / mucosa ratio. Overt evidence of significant



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small intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses was not present. The jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.51 cm.

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

Pancreas

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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 were evident.

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Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a colic lymph node measured 0.44 cm width. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Mild bilateral pyelectasia
- Overtly normal stomach
- Intact yet mild altered small intestinal wall layering owing to propensity for segmental to generalized mildly prominent muscularis layer
- Associated subjectively benign / reactive jejunocolic lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of mechanical / metabolic gastrointestinal ileus, obstruction or overt gastric foreign material was noted. The small intestine exhibited subtle inflammatory mural changes which may suggest underlying inflammatory enteropathy / IBD as a primary cause of the patient's vomiting. However, given the lack of additional clinical signs such as diarrhea or reported weight loss, this finding is nonspecific with additional considerations including recent dietary indiscretion / food intolerance, occult parasitism, or simple gastroenteritis. Likewise, potential for low-grade pancreatitis could be present yet sonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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The pyelectasia noted in both kidneys is nonspecific, yet may be owing IV fluid therapy in this case. Correlation with full urinalysis +/- urine C/S if evidence of inflammatory cells is present is suggested.

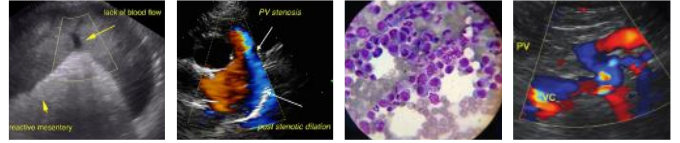
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If continued to persistent gastrointestinal signs, vomiting, diarrhea, or weight loss, gastrointestinal biopsies are likely required for a definitive diagnosis. Empirically, continued as-needed gastrointestinal support +/- conservative IBD protocol may prove beneficial.

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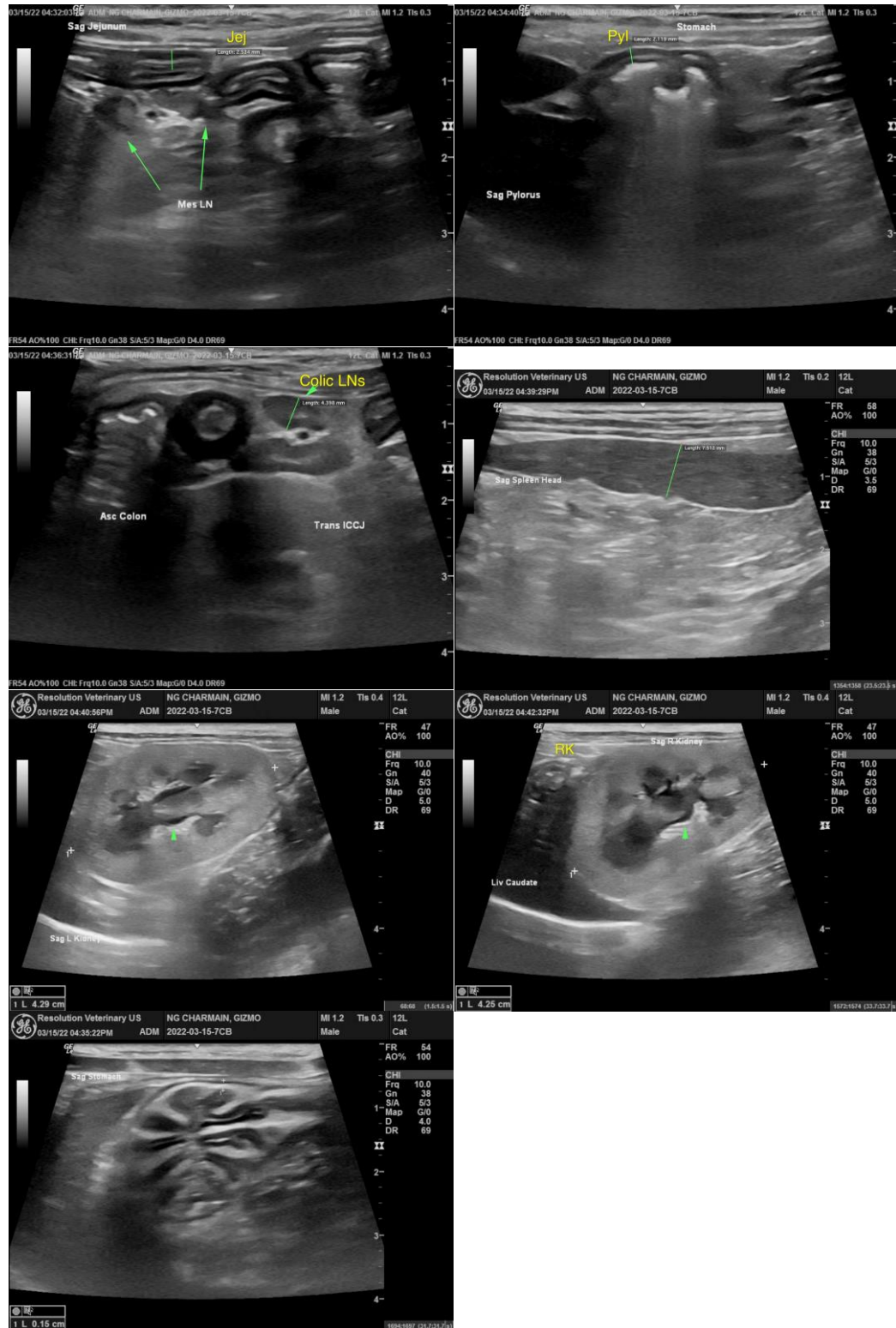
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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