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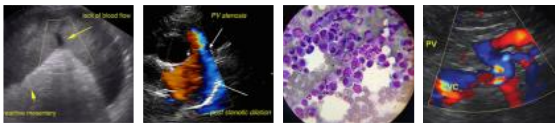


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Venus Kuper

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

6 years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

Dr. Reid

INVOICE

13489

DATE

3/15/22

PRESENTING CLINICAL SIGNS

-p chronic V ~1x/month (new p 12/3/21) on Purina EN food. No hx of diarrhea - per o (telemed) p has been V more frequently, o req imaging vs. med trials for LP gastritis or IBD Primary Question/Differential to Be Answered in This Exam Any gastrointestinal changes that may explain increased V frequency? ddx: LP gastritis vs. early IBD vs. other

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 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 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

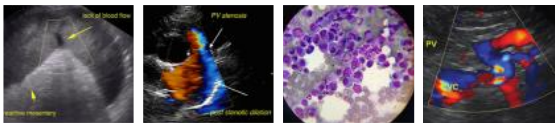
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

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.

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 mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild subjective prominent gastric mucosa. Intact wall layering was maintained without loss of gastric wall layering. A mild amount of retained anechoic fluid was present in the stomach extending into the antrum and pylorus. No evidence of retained ingesta, foreign material, hairball density, or mechanical pyloric outflow obstruction was noted. The ventral gastric body wall measured 0.39 cm. The pylorus wall width measured 0.39 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 0.26 cm. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.35 cm.

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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

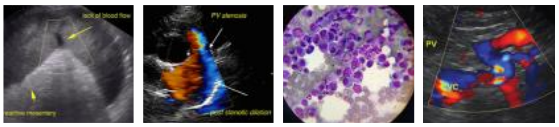
ULTRASONOGRAPHIC FINDINGS

- Mild gastritis exhibiting mild retained gastric fluid, potential for mild gastric hypomotility - dietary Intolerance / food hypersensitivity, occult parasitism / possible helicobacter, primary inflammatory diseases such as lymphoplasmacytic gastritis, eosinophilic gastritis, or other possible
- Overtly normal small bowel and pancreas
- Mild gallbladder debris - likely incidental, potentially owing to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the clinical signs in this patient are primarily suspected to be owing to gastritis given the lack of additional gastrointestinal signs such as diarrhea, the possibility of emerging or structurally insignificant concurrent inflammatory enteropathy cannot be definitively excluded. Potential for structurally insignificant or emerging inflammatory enteropathy or low-grade pancreatitis, both of which may present sonographically normal, cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, as-needed supportive care for gastritis, which may include gastroprotectants, antiemetics, novel protein or hydrolyzed diet trial with potential for diet rotation or possible smaller more frequent feedings may prove beneficial. Broad-spectrum deworming is suggested If clinically indicated. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology If not done.



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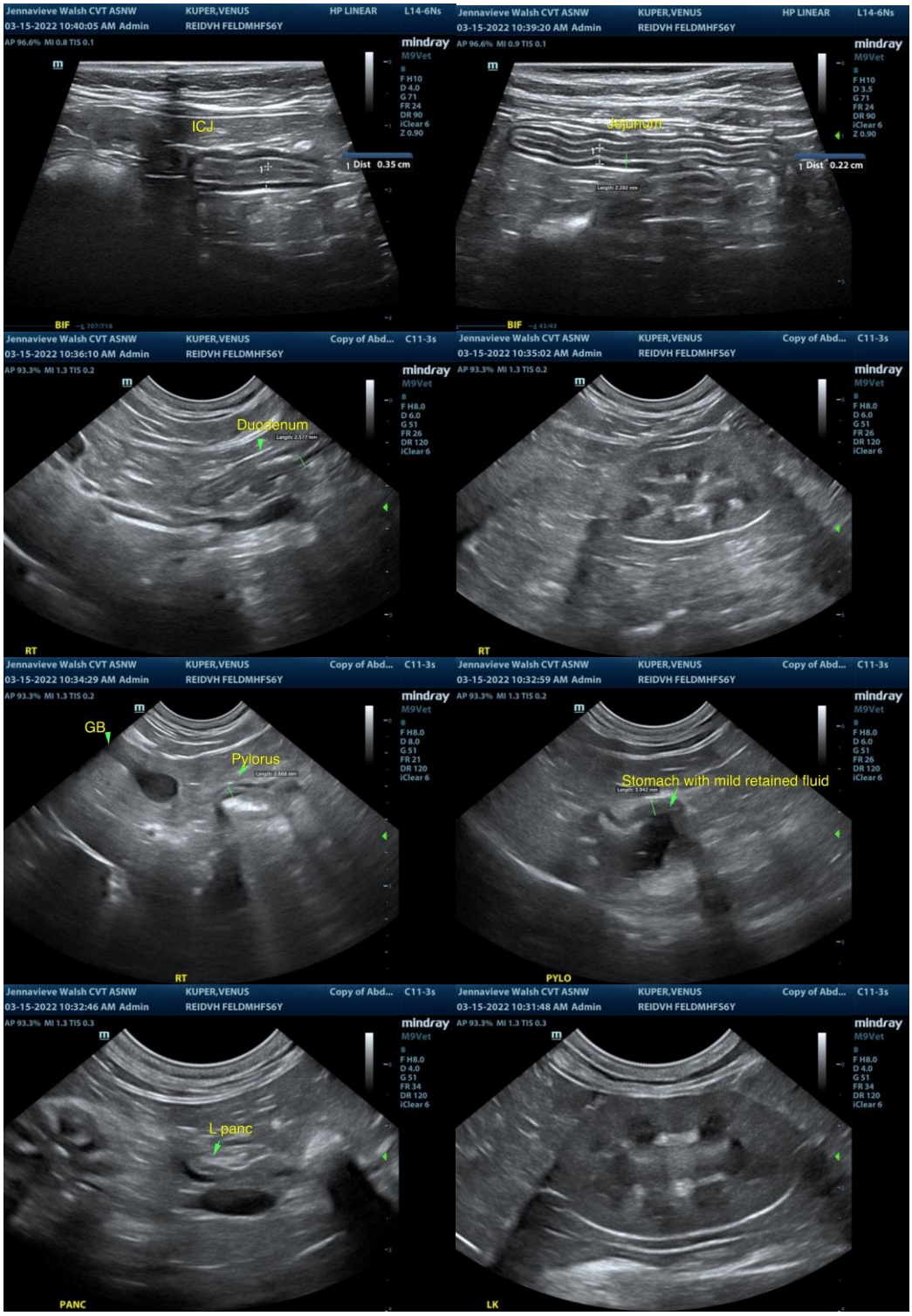
Ultimately, endoscopic gastric and intestinal biopsies may be required for a definitive diagnosis if clinical signs nonresponsive to conservative therapy continue.



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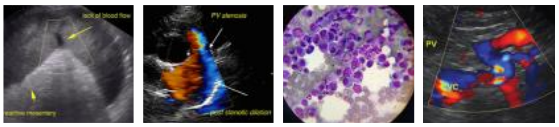

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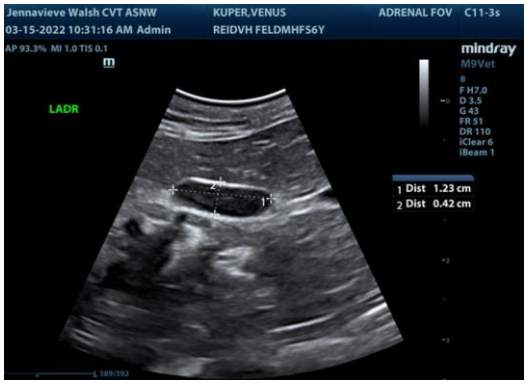

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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