



PATIENT

Lil Buddy Orspen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

6.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Gruffydd

INVOICE

36775

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Vomiting last 2-3 days but still bright and will eat but vomits after. Blood work non diagnostic . Patient given short term GA for scan On fluids
Abnormal PE/Chem/CBC/UA Results: Chen and CBC non diagnostic T4 normal

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 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. Mild pyelectasia present in both kidneys, likely owing to fluid therapy. The left kidney measured 4.5 cm. The right kidney measured 4.25 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 0.25 cm. The right adrenal gland measured 0.27 cm.

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 non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated (0.25 cm in diameter) and tortuous without overt post hepatic obstruction. This was not consistent with 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. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent muscularis layer, yet no evidence of small intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses. No evidence of mechanical/metabolic gastrointestinal ileus.

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



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Pancreas

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The pancreas presented subjective normal size and contour. Subtle hypoechoic to heterogeneous parenchyma noted, primarily in the left pancreatic limb, compared to adjacent nonreactive or inflamed peripancreatic omentum.

SPECIES

Free Abdomen

Feline

Intermittent, mildly prominent to enlarged jejunocolic 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).

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No effusion.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Potential segmental to generalized inflammatory enteropathy
- Intermittent benign/reactive jejunocolic lymph nodes
- Non-obstructive proximal common bile duct dilation
- Subtly hypoechoic to heterogeneous pancreas

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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. Given the lack of hepatic enzyme elevation, the mild proximal common bile duct dilation is considered incidental.

INTERPRETED BY

Although non-specific, the small intestine exhibited segmental to generalized subtle mural changes, which may suggest segmental to generalized inflammatory pattern. However, given the lack of additional gastrointestinal signs such as weight loss or diarrhea, this finding is non-specific. Recent dietary intolerance/food hypersensitivity, occult parasitism, non-specific inflammatory bowel episode (if no previous history of vomiting), with potential for low-grade, chronic pancreatitis (which may present sonographically normal) also possible.

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Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Potential for low-grade, chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Empirically, as needed continued gastrointestinal support with potential for novel protein or hydrolyzed diet trial and prophylactic deworming (if clinically indicated) would be reasonable. 3-view chest radiographs suggested to rule out occult thoracic or esophageal pathology as contributing factors.

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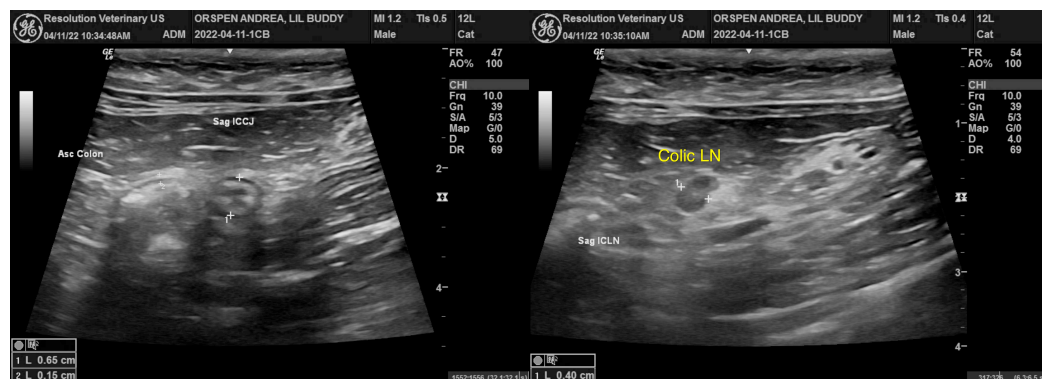
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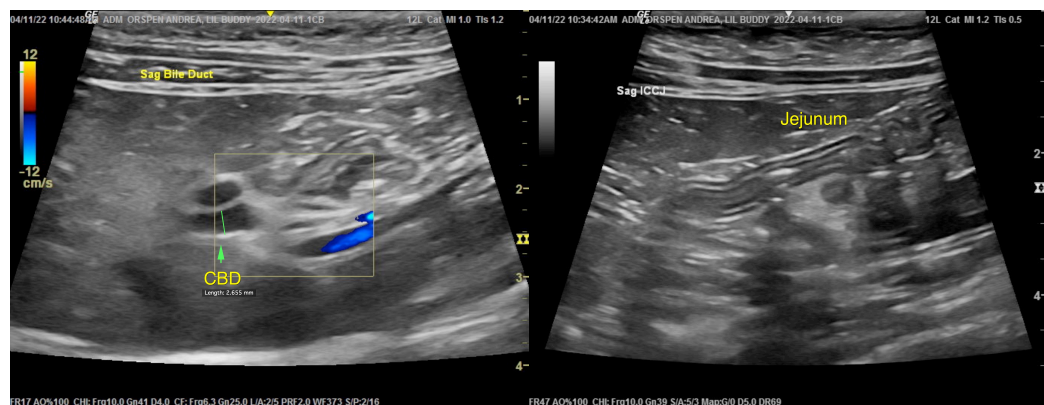
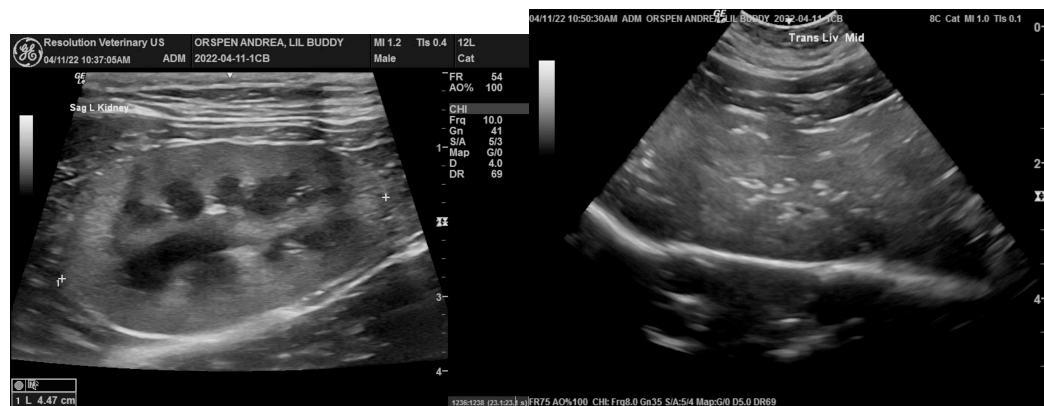
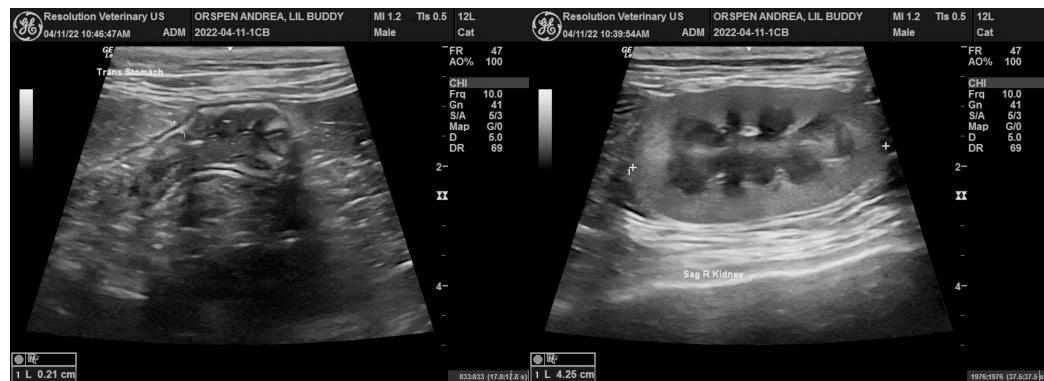
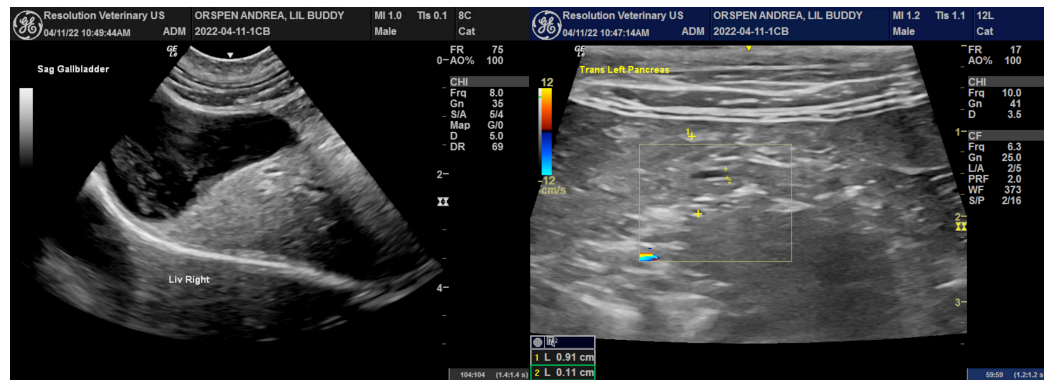
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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