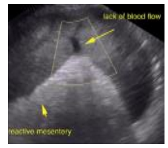
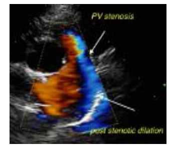
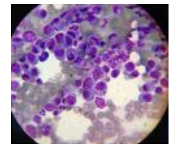
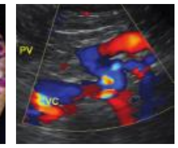





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Oosta Lawrence

SPECIES
Feline

BREED
DLH

SEX
Neutered male

AGE
11 years

WEIGHT
12 pounds

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

IMAGING PERFORMED BY
Dr. Carter

HOSPITAL NAME
Willamett Veterinary Hospital

REFERRING VET
Dr. Carter

INVOICE
10393ag

DATE
04/15/2022

PRESENTING CLINICAL SIGNS

History: History of chronic vomiting. Presented 4-6 for progress exam. wt is stable last few months, but in Jan 2021 was 15# 2. ongoing vomiting in spite of pred; was not better when on Pred q 12 hr 3. some days of hyporexia; but eating better last few days (o got the food they like best) 4. sometimes vomits within min of eating, and sometimes vomits random times 5. confirmed vomiting vs regurg

Abnormal PE/Chem/CBC/UA Results: neutrophils 14442(2500-8500) PSL 55 (8-

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 mildly increased with enhanced yet indistinct corticomedullary border demarcation. No evidence of pyelectasia was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was not definitively visualized.

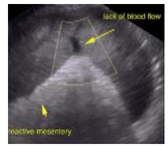
Spleen

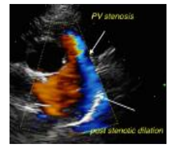
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

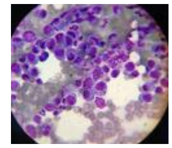
Liver

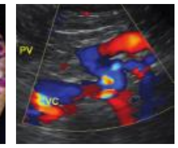
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly subnormal in size with mild generalized wall edema exhibited by mildly prominent to thickened hypoechoic gallbladder walls and primarily anechoic luminal content. The gallbladder wall measured 0.23 cm in diameter. The proximal common bile ducts exhibited minor tortuous dilation which did not appear to extend to the level of the duodenum. The proximal common bile duct measured 0.2 cm in diameter.









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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta with progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.23 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental hyperechoic to progressively shadowing digesta/chyme with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

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

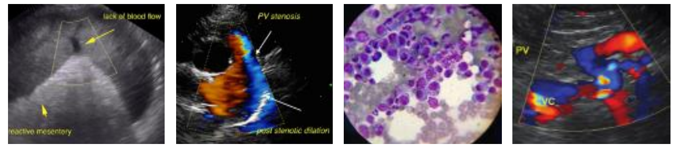
ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract with moderate gastric and mild segmental SI ingesta/chyme.
- Mild hepatic parenchyma remodeling.
- Gallbladder wall edema with minor nonobstructive common bile duct dilation-potential cholecystitis/mild cholangitis.
- Nonspecific bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of GI ingesta is nonspecific and may indicate post prandial presentation. However, if documented NPO some degree of GI stasis or inefficient peristalsis could be considered. Potentially the current use of prednisolone in this patient may be masking GI mural changes. Low grade to chronic pancreatitis, dietary intolerance or structurally insignificant inflammatory bowel may be contributing the patient's clinical signs. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring of gastric emptying for potential gastric stasis is suggested. A canned novel protein or hydrolyzed diet with as needed GI support may prove beneficial. Three view chest radiographs are suggested to rule out concurrent thoracic or esophageal pathology.

The presence of GB wall edema and nonobstructive proximal CBD dilation is of unclear clinical significance given lack of reported hepatic enzymes. This may be an incidental finding or age-related CBD dilation. Some degree of potential inflammation which may cause lethargy or anorexia could be present.



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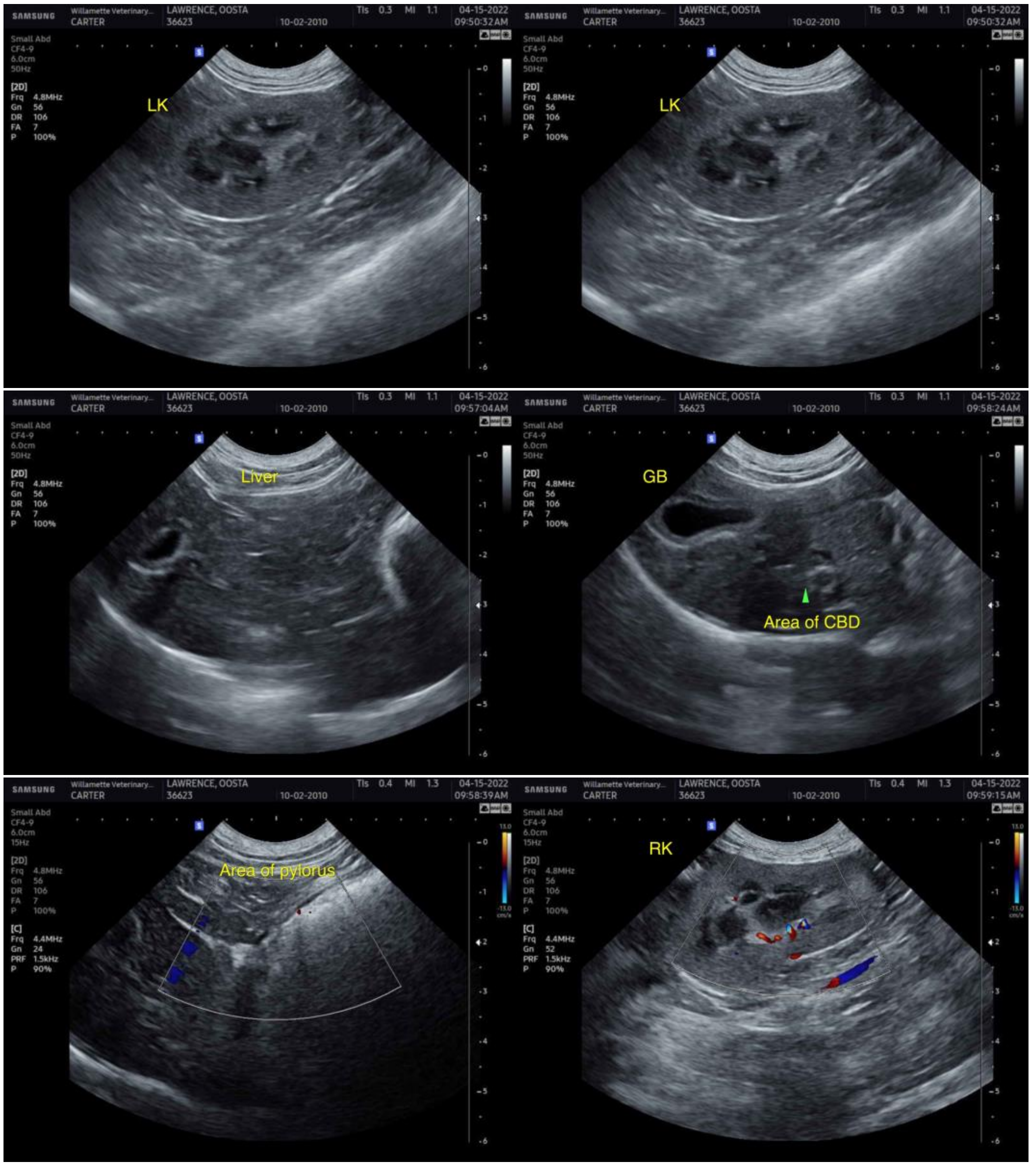

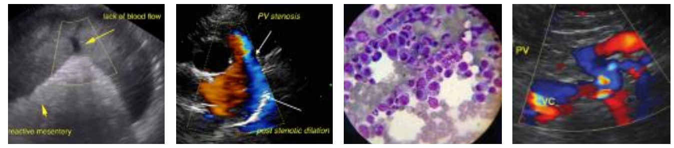

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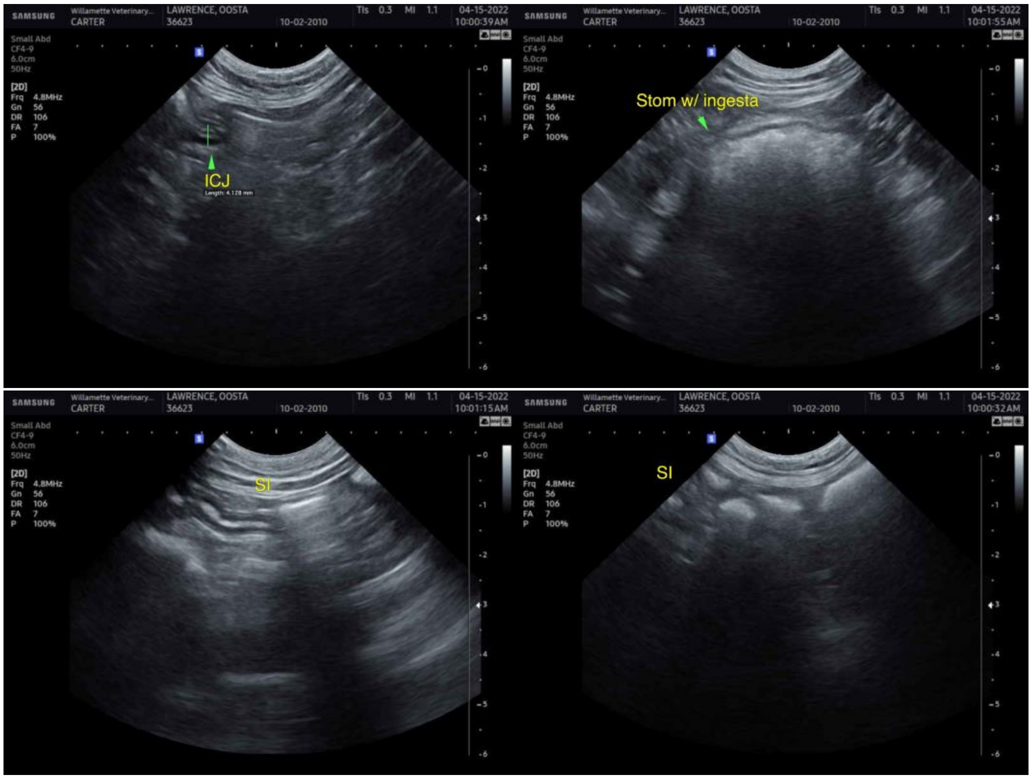

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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