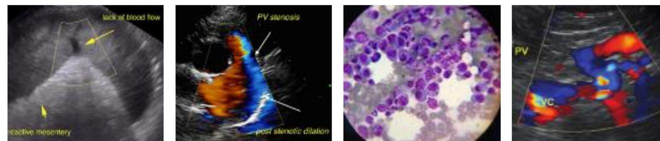
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Willow Williams

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
11 Years

WEIGHT
6.8 Pounds

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

IMAGING PERFORMED BY
Jessica Bailes

HOSPITAL NAME
All Creatures Great & Small Corvallis

REFERRING VET
Dr. Beth Marszewski

INVOICE
37784

DATE
5/19/22

PRESENTING CLINICAL SIGNS

Hx of hyperthyroidism recently dx 3/11/22; chronic hx of vomiting thus difficulty medicating. Progressive weight loss noted. Owner's Concerns: O reports that Willow is still vomiting every day for multiple day and then nothing some days for several day. He also states that he is having a hard time keep weight on her. It is hard to get food in her. She was vomiting and stopped eating when they tried to bump up the Methimazole to the 2.5 BID. They tired the 1.25mg Q24 that also did not do well for her so they are now doing 1.25mg SID 5 times a week. Per owner has vomited regularly her whole life. Now when she vomits, she does not want to eat for a couple days afterwards.
Abnormal PE/Chem/CBC/UA Results: Thin BCS, 1/6 systolic murmur, otherwise NSF on PE
Bloodwork done 3/11/22: SC: ALT 141. All other UR CBC:UR T4: 9.3. UA: USG 1.054. IS

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Subtle evidence of left and right cortical hypertrophy. The left kidney measured 3.3 cm. The right kidney measured 3.5 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 right adrenal gland measured 0.42 cm. The left adrenal gland measured 0.42 cm.

Spleen

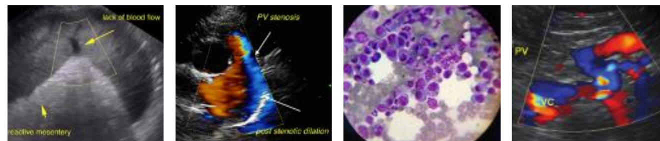
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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 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 and sonographically normal wall layering. Gastric body wall measured 0.24 cm. Pylorus wall measured 0.23 cm. A mild amount of retained anechoic fluid was present in the gastric and pyloric lumen. No overt evidence of mechanical pyloric outflow obstruction.



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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. Duodenum wall measured 0.22 cm. Jejunum wall measured 0.20 cm.

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

Pancreas

The left pancreatic limb exhibited normal size with mild capsule asymmetry, subtly hypoechoic to non-homogeneous parenchyma compared to adjacent omentum.

Free Abdomen

Mild focal isoechoic gastric lymph node was present caudal to the pylorus, measuring 0.40 cm diameter, not consistent with inflammatory or neoplastic criteria. No other evidence of intraabdominal lymphadenopathy. No omental masses or peritoneal free fluid.

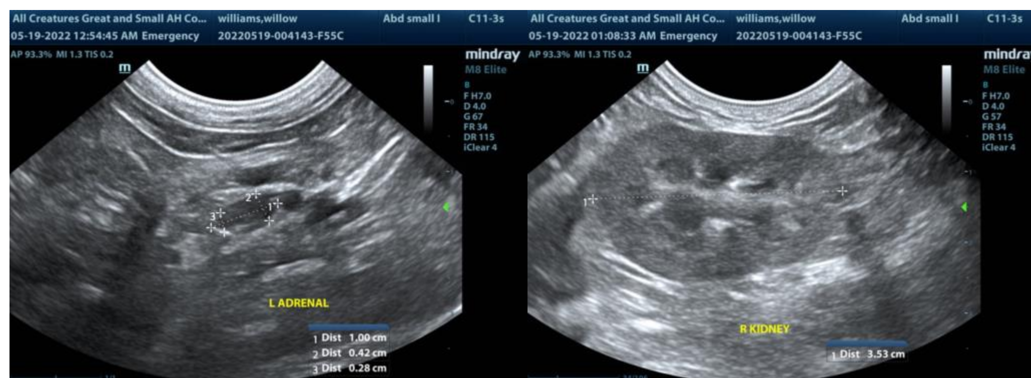
ULTRASONOGRAPHIC FINDINGS

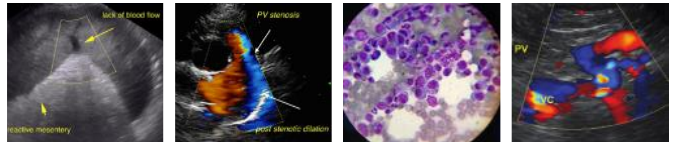
- Mild gastritis pattern with mild gastric stasis
- Sonographically unremarkable small bowel
- Possible low-grade chronic to chronic active pancreatitis in the left limb
- Bilateral chronic renal changes
- Low-grade hepatopathy – benign, primary versus secondary low-grade hepatic inflammation suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from potential mild gastritis and gastric stasis, largely geriatric abdomen without evidence of significant visceral pathology. Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL could be considered.

Empirical therapy for gastritis, which may include gastroprotectants protocol and dietary therapy may prove beneficial. No overt evidence of gastrointestinal or pancreatic neoplastic criteria. Further assessment of weight loss may include a full GI panel to include PLI, TLI, cobalamin and folate as well as 3-view chest radiographs (if not already done) to rule out occult thoracic pathology. Alternative treatment options for hyperthyroidism could be considered.





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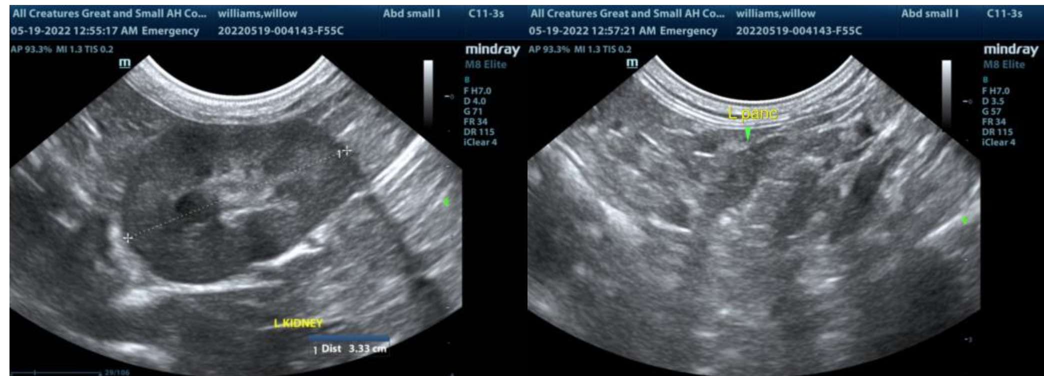

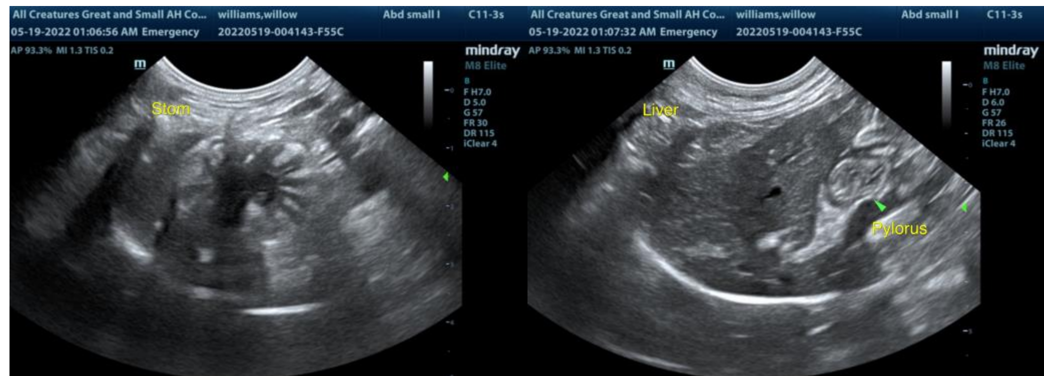

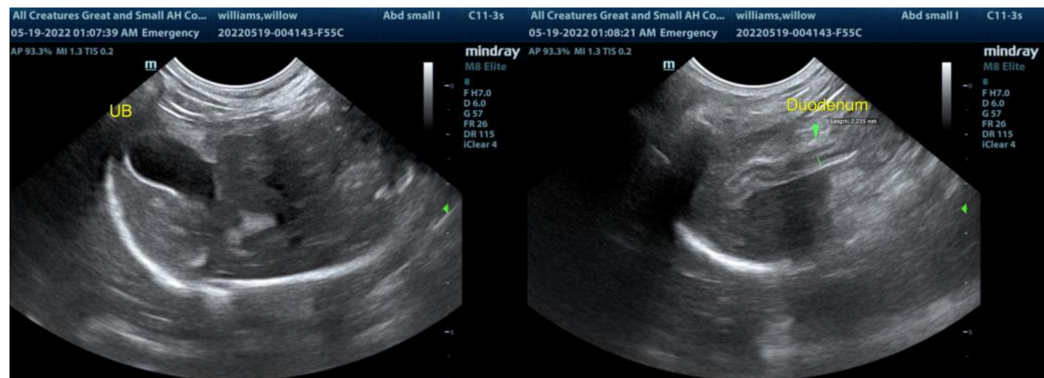

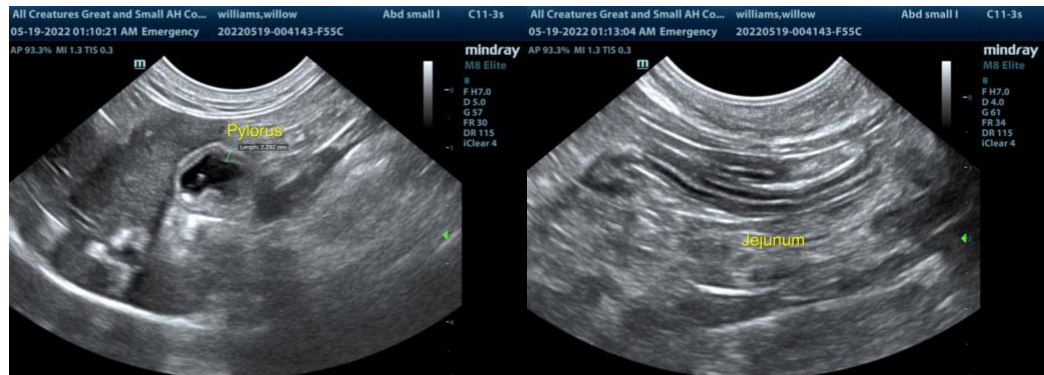

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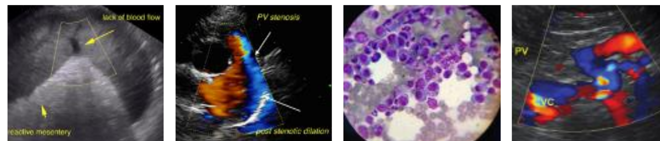

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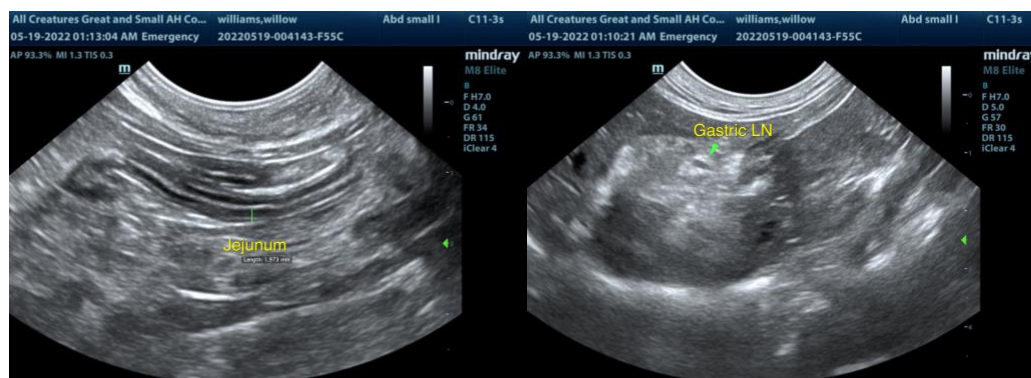

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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