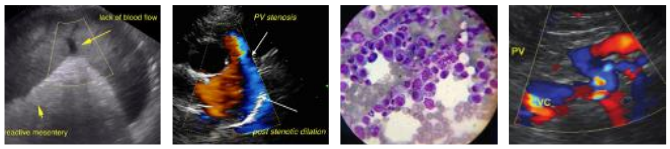
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Samantha Rose Gingrich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

37508

DATE

5/7/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating or drinking. O stated P hasn't eaten or drank in about a week and is getting weaker. O stated P could have eaten anything off the floor, and his sister was concerned about ant traps in the house. O stated he is pretty sure P did not bother ant traps. Previous Health Concerns: none reported Current Medications: P went to RDVM 5/6/22 and was given strongid PO, and injections of penicillin G, cerenia, and droncit. O gave another pill of cerenia ~10a today, but was unable to give amoxicillin
Abnormal PE/Chem/CBC/UA Results: Abdominal: doughy; some firm stool Rads- some aerophagia, concern for mid bowel clumping; irregular bowel gas (some distension, some smaller bubbles;); stool in colon (not enema worthy) ; bilat; hip dysplasia pre-surg/ EPOC; stress hyperglycemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 with no evidence of pelvic dilation. The left kidney measured 3.7 cm. The right kidney measured 3.8 cm.

Adrenal Glands

The left adrenal gland was indistinctly visualized without obvious pathology, subjectively measuring 0.60 cm in diameter.

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 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 exhibited intact yet prominent to mildly echogenic walls. Pylorus wall measured 0.49 cm. A mild amount of retained primarily anechoic fluid was present in the stomach along with solitary non-specific, shadowing echo measuring approximately 1.5 cm in diameter. No overt evidence of mechanical pyloric outflow obstruction.

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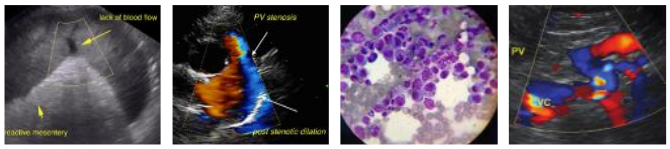

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.22 cm.

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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or effusion.

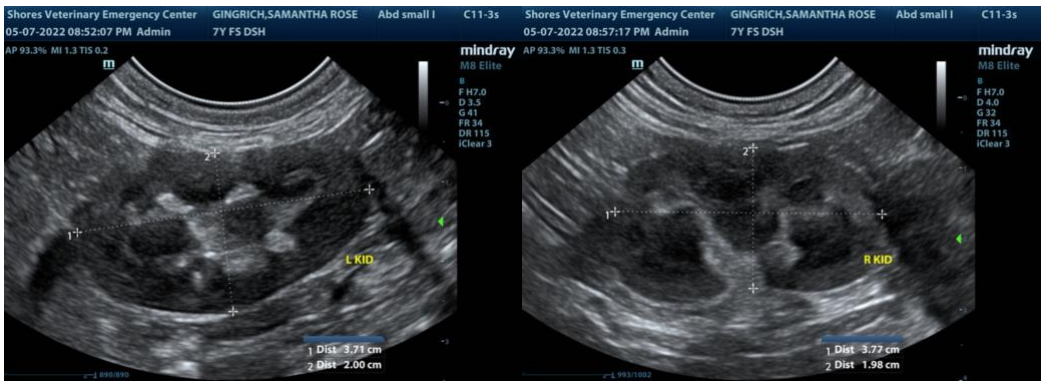
ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis pattern exhibiting mild retained fluid and solitary, non-specific shadowing luminal echo.
- Overtly normal small bowel and pancreas – no evidence of small intestinal mechanical/metabolic ileus, plication, foreign body, or active pancreatitis.
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the suspected hypomotile gastritis appeared to be relatively mild to possibly moderate in appearance. The non-specific shadowing gastric echo did not appear to be obstructive, and could potentially correlate with medications (Cerenia) depending on time frame from recent Cerenia administration to the time of the ultrasound. However, a non-obstructive or irritative gastric foreign body could be present. No overt evidence of gastric or gastrointestinal neoplastic criteria, which is thought unlikely.

Empirical therapy for gastritis with gastrointestinal support and sonographic monitoring of the gastric echo would be reasonable at this time. Hospitalization with IV fluids, given reported non-drinking, could be considered. Potential low-grade pancreatitis, which may present sonographically normal, could be considered if signs of cranial abdominal discomfort or elevated fPL. Gastric biopsies may ultimately be indicated. Urinalysis is suggested +/- culture and sensitivity, if evidence of inflammatory cells.



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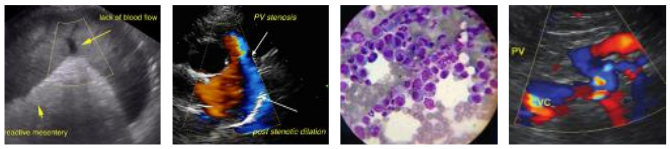

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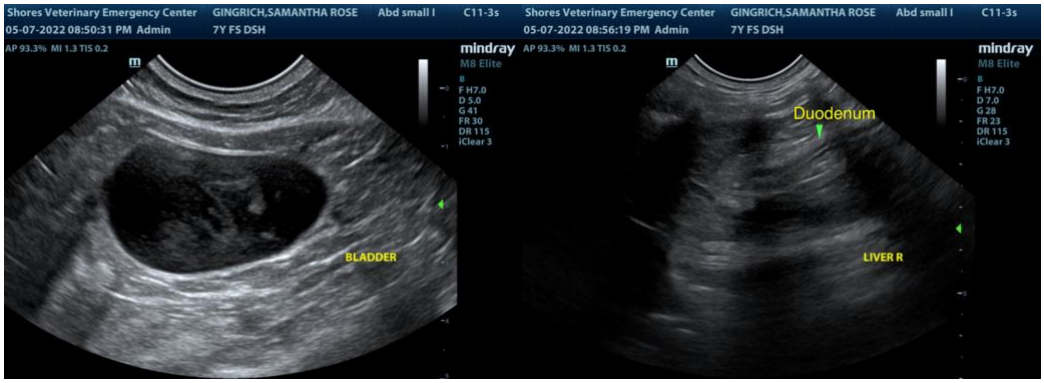

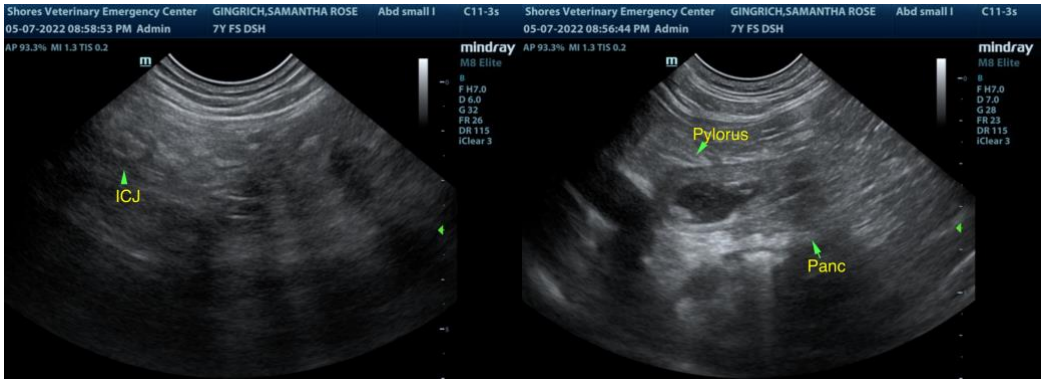

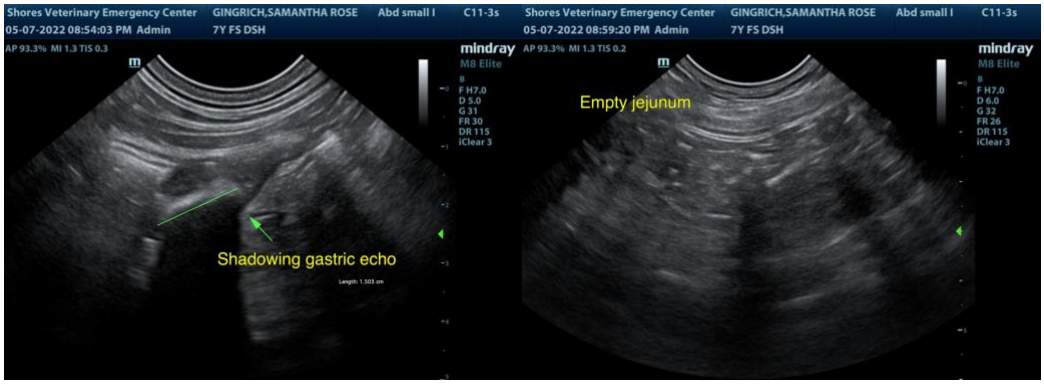

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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