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Clinical Sonography & Telecytology
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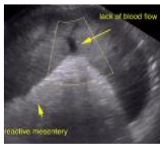
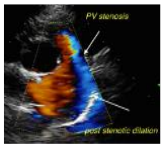
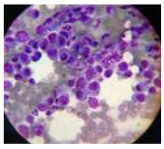
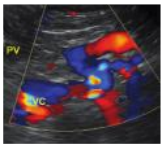





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Gizele Gosso

SPECIES
Feline

BREED
DSH

SEX
SF

AGE
1 year 11 months

WEIGHT
10.56 lbs.

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

IMAGING PERFORMED BY
Jasmine Palacios
SDEP Attendee

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Daving Gray

INVOICE
15837

DATE
6/1/22

PRESENTING CLINICAL SIGNS

History: vomiting, soft stool, recent diet change, she does get into things she shouldn't
Abnormal PE/Chem/CBC/UA Results: See attached radiograph: gas filled gut, some material in stomach

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. Primarily anechoic urine was present in the lumen. Mild nondependent 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.

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 3.9 cm in length. The right kidney measured 3.7 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 0.44 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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.

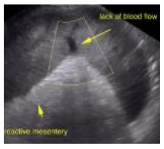
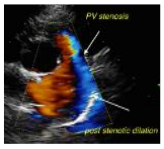
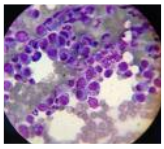
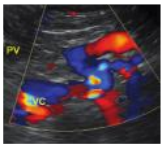
Liver/ Gallbladder

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 appeared to be divided into two compartments, both were non-distended in size containing anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable visualized wall layering with a normal wall layer ratio. The ventral gastric body wall measured 0.26 cm. A moderate amount of progressively shadowing ingesta was present in the gastric lumen.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of mechanical/metabolic small intestinal ileus or small intestinal foreign material. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.28 cm.

The colon exhibited primarily intact and sonographically unremarkable wall layering. A focal area of focally thickened proximal colon wall, exhibiting intact yet altered wall layer ratio was present, just distal to the ileocolic junction. The colon wall in this area measured up to 0.3 cm wall width. By comparison, normal appearing colon wall measured 0.14 cm. Formed feces was present in the colon.

Pancreas

The left limb and right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Several mildly prominent colic lymph nodes were present, yet without evidence of significant enlargement. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of minor regional perilymphatic reactive mesentery was evident. An example of colic lymph node size was 0.36 cm in diameter.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Progressively shadowing gastric ingesta- nonspecific
- Sonographically unremarkable small bowel
- Focal mildly thickened proximal colon wall
- Minor colic lymphadenopathy- suspect hyperplasia or reactive lymphadenitis. Emerging neoplastic criteria is thought less likely
- Suspect low-grade pancreatitis

Secondary Findings

- Bilobed gallbladder-normal variant in a cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of progressively shadowing gastric ingesta is nonspecific and may correlate with recent meal ingestion. Technically, the possibility of hairball density in the stomach or possible foreign material cannot be definitively excluded. Sonographic or radiographic monitoring for evidence of normal gastric emptying recommended.

The focal mild thickening of the proximal colon wall is nonspecific yet may indicate focal colonic inflammation. Emerging infiltrative colonic disease is considered less likely yet sonographic reassessment of this area in 4 weeks is recommended to rule out evidence of progression.

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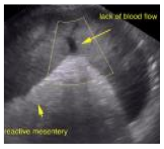
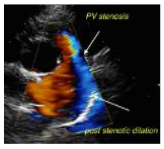
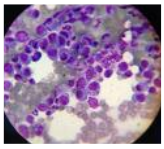
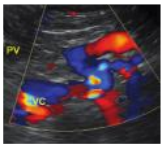

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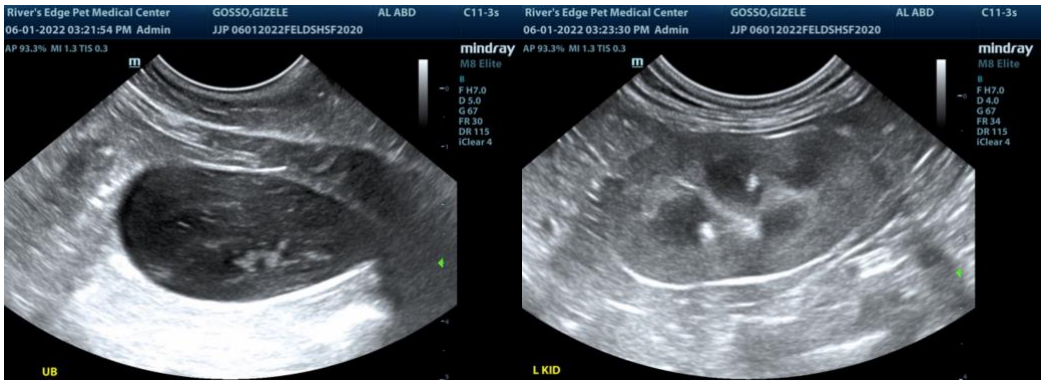
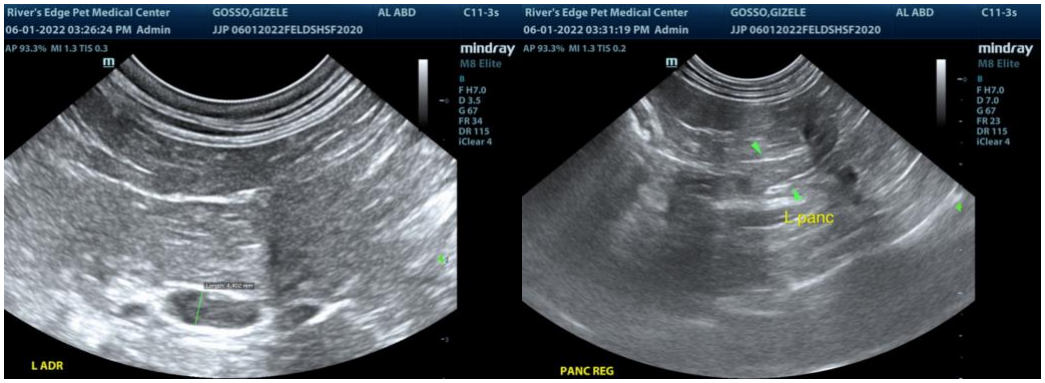
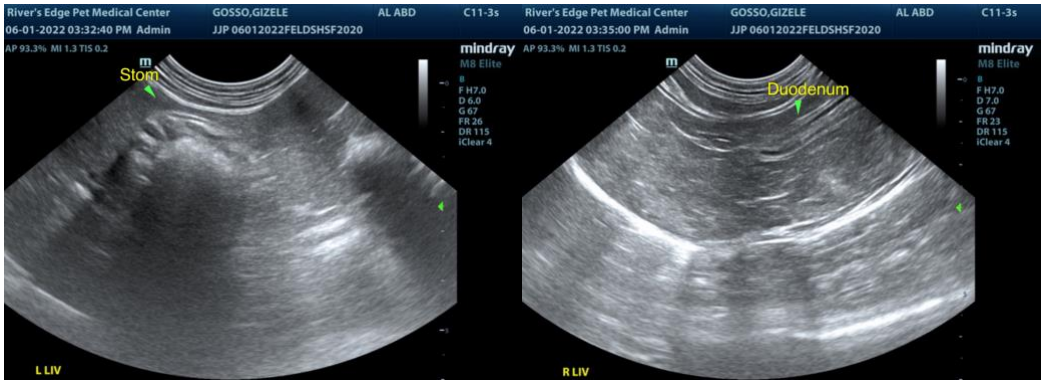
Contributing factors to the patients gastrointestinal signs may include suspected low-grade pancreatitis, structurally insignificant inflammatory bowel, dysbiosis, dietary intolerance/food allergy or other.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to rule out parasitic ova/Giardia recommended, if not done.







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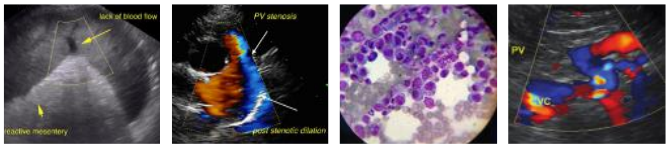

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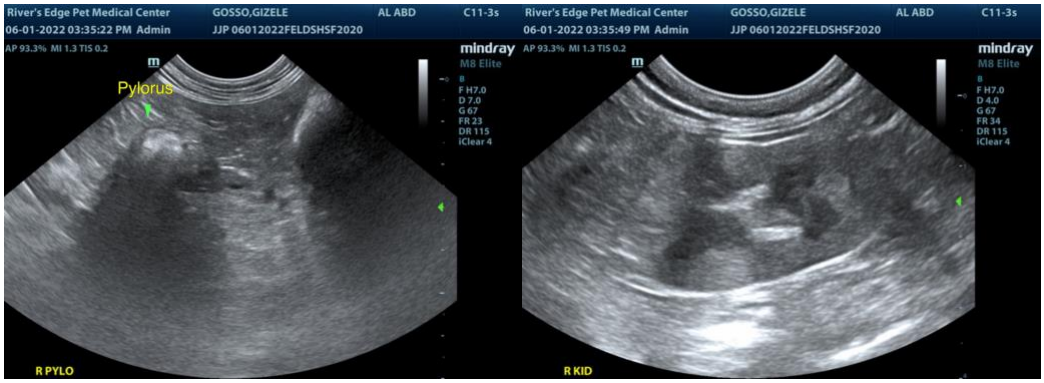

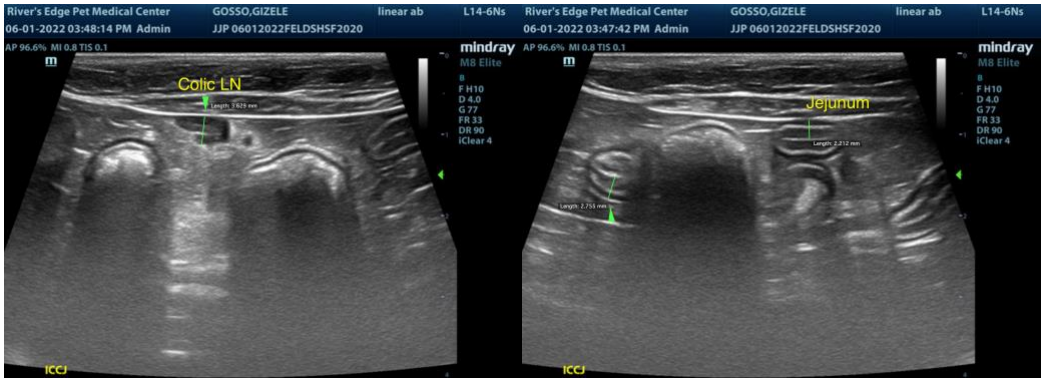

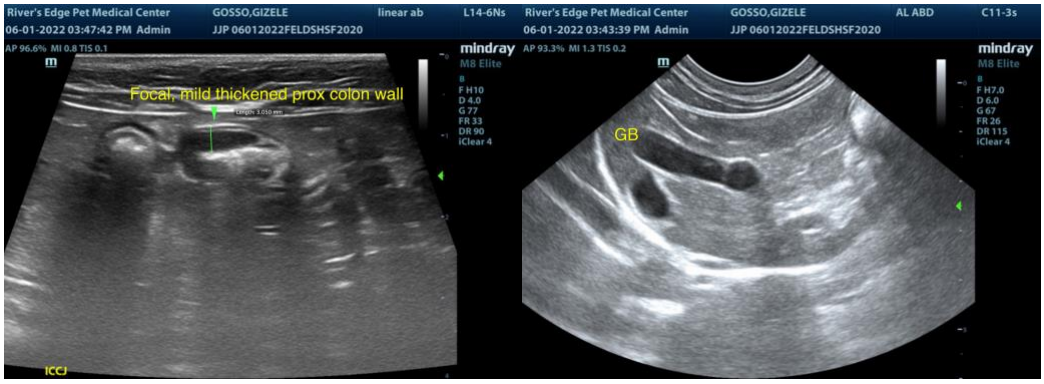

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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