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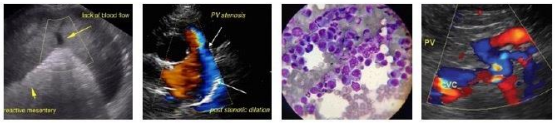

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Sparticus O'Neal

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 yr

WEIGHT

15.4 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Mountain Animal Hospital

REFERRING VET

Dr. MacKenzie

INVOICE

10883ag

DATE

06/21/2022

PRESENTING CLINICAL SIGNS

History: History of eating FB like ribbons and has always passed them before. Haas been vomiting more often than normal and sometimes vocal in litterbox. Decreased appetite and has lost 3lbs from last year. Has been given SG fluids and Cerenia.

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 was 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. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 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 0.30 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

Spleen

The spleen exhibited normal size and contour measuring 0.95 cm width at the level of the hilus. Subtle hypoechoic micronodular parenchyma changes were observed. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mildly distended with luminal gas which prohibited full evaluation of the lumen. The ventral pyloric wall measured 0.44 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized increased gas pattern was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

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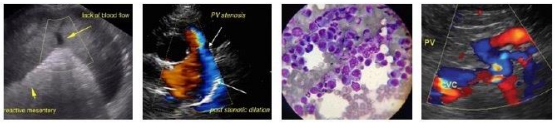

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subtle nonspecific splenic micronodular parenchyma
- Structurally normal GI tract with increased gastric and segmental small intestinal gas pattern
- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic parenchymal changes are likely consistent with age related benign nodular hyperplasia or hematopoiesis. The possibility of early neoplasia such as lymphoma, mast cell or other cannot be entirely ruled out. Sonographic monitoring of the spleen for progressive micronodular changes would be ideal. An ultrasound guided screening FNA could also be considered primarily to ensure only benign changes are present.

No obvious evidence of GI obstructive pattern, SI corrugation/plication or definitive foreign material was noted in this study. Passing non obstructive foreign material given the patient's history cannot be definitively excluded. Structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis could also be present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If currently vomiting, hospitalization with 24-48 hour IVF and GI support with radiographic monitoring of the GI gas pattern would be reasonable. Pending further assessment and additional diagnostics or if persistent/progressive GI gas pattern an exploratory laparotomy with gastrointestinal biopsies considered essential may be indicated.

Three view chest radiographs are recommended if not done to rule out thoracic or esophageal pathology as a contributing factor.

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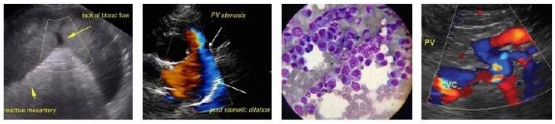

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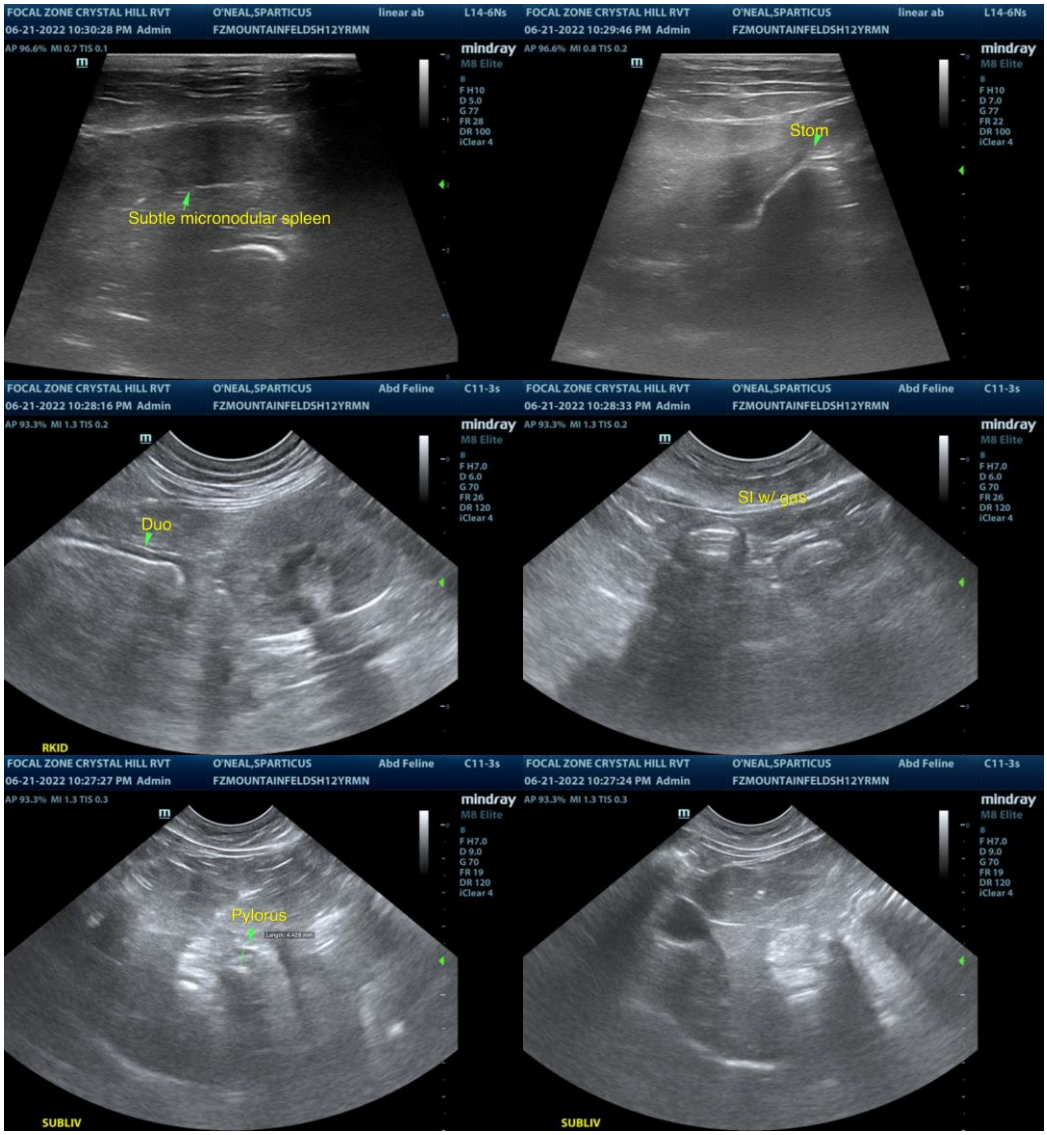

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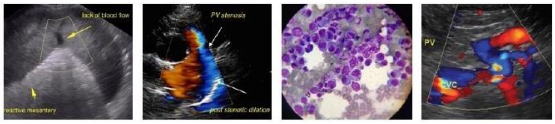

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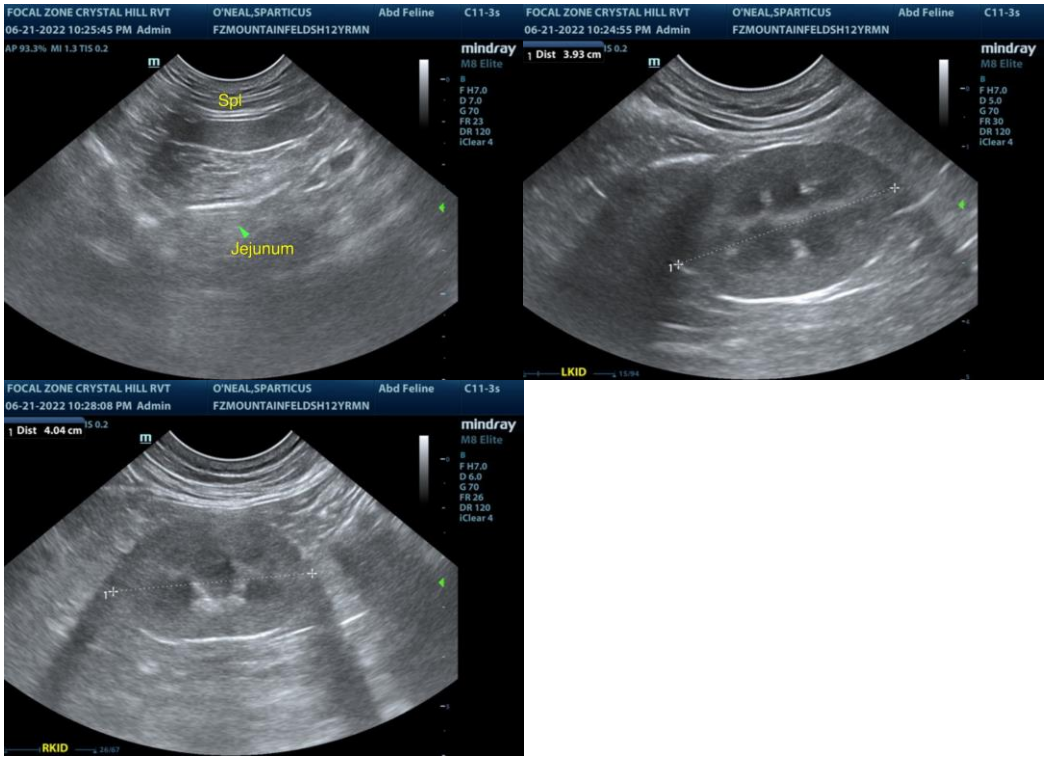

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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