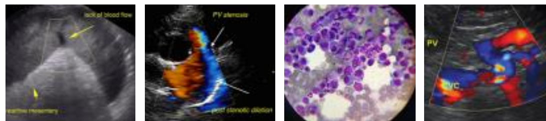


PATIENT
Chloe Muller

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13 yr

WEIGHT
8.43 lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Reid Veterinary Hospital

REFERRING VET
Dr. Sawyer Reid

INVOICE
10945ag

DATE
06/24/2022

PRESENTING CLINICAL SIGNS

History: 2-view abdominal radiographs - Round soft tissue opacity pyloric region of stomach, slightly smaller than cardiac silhouette. Associated gas distention of the stomach. Empty loops of bowel elsewhere, no obvious plication appreciated. R/o gastric neoplasia, FB

Abnormal PE/Chem/CBC/UA Results: Current Medications amoxi drops 1ml BID

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. Minor medullary mineral was noted in the right kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 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 0.48 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

Spleen

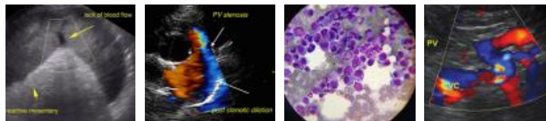
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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 mildly subnormal in size with thin walls and primarily anechoic luminal content. The proximal common bile duct exhibited mild nonobstructive distention measuring 0.33 cm in width. No evidence of significant CBD dilation or port hepatic obstructive pattern was noted.

Gastrointestinal

The stomach presented generalized intact wall layering with mildly prominent wall layering the area of the antrum and pylorus. The ventral pylorus wall measured 0.41 cm in width. A strongly shadowing



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gastric echo noted within the gastric body extending into the area of the antrum and pylorus was present subjectively measuring 1.5 – 2.0 cm in diameter. Concurrent luminal gas was present.

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.

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

Pancreas

The left limb, right limb, and base 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

No overt lymphadenopathy or peritoneal effusion was present.

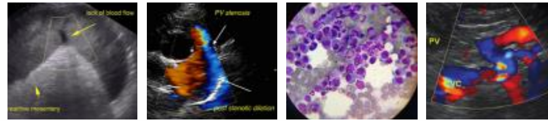
ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric ingesta/echo, subjective mild pyloric gastritis pattern
- Sonographically unremarkable small bowel
- Pancreatitis
- Subnormal gallbladder with mild nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of GI or hepatobiliary or pancreatic neoplastic criteria was present. Although subjective, the gastric shadowing ingesta/echo likely correlated with the soft tissue opacity within the pyloric area noted on radiographs and is suggestive of gastric foreign material. Correlation with clinical signs is recommended. Recheck radiographs to see if the soft tissue opacity is persistent within the area of the pylorus is suggested. If so and if clinically appropriate an exploratory laparotomy with expectation toward gastrotomy could be considered.

Correlation of the sonographic presentation of the pancreas with a spec fPL is recommended.



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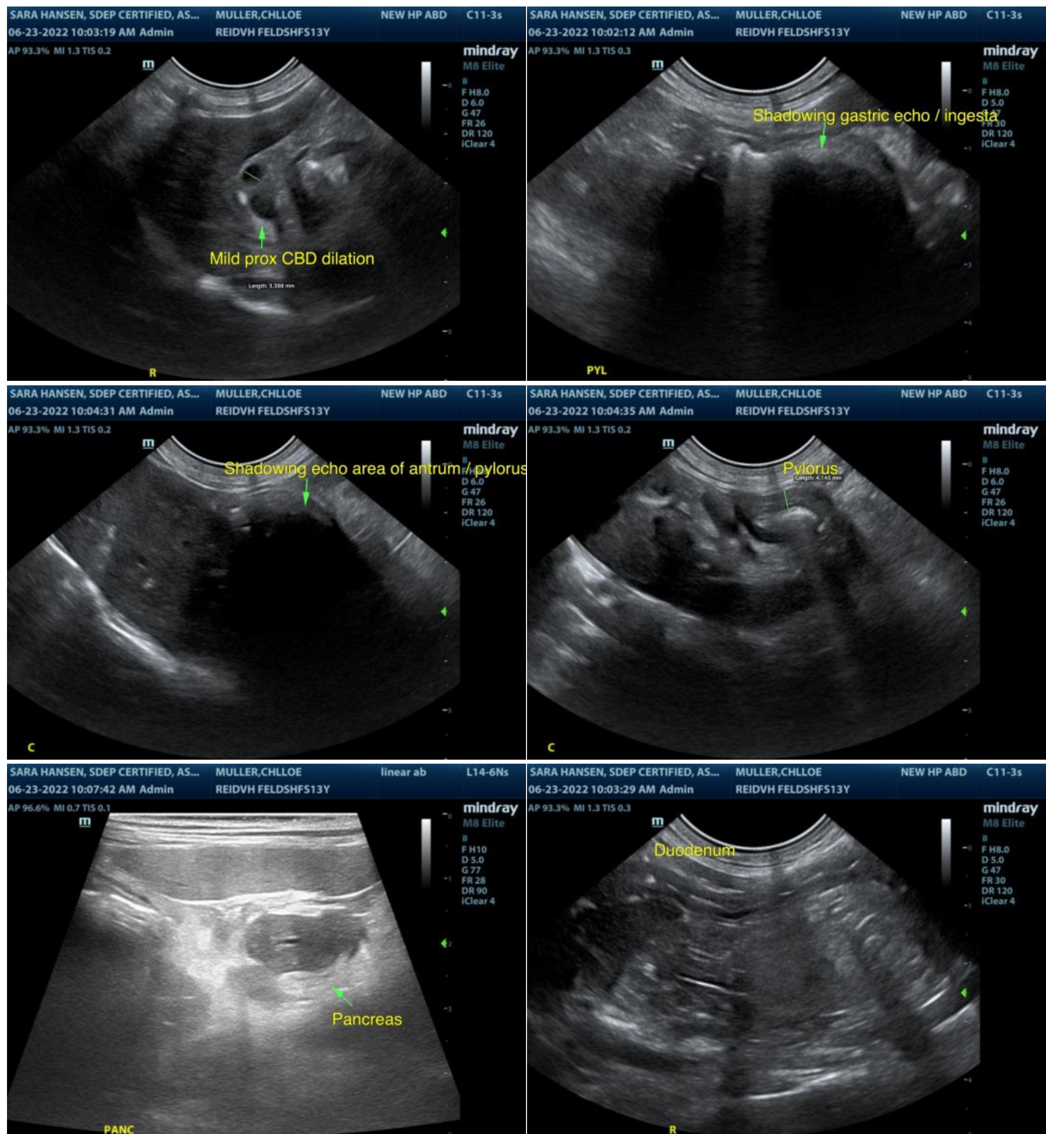

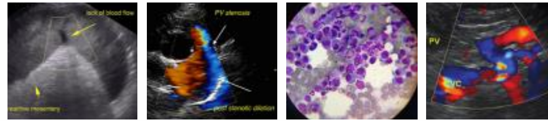

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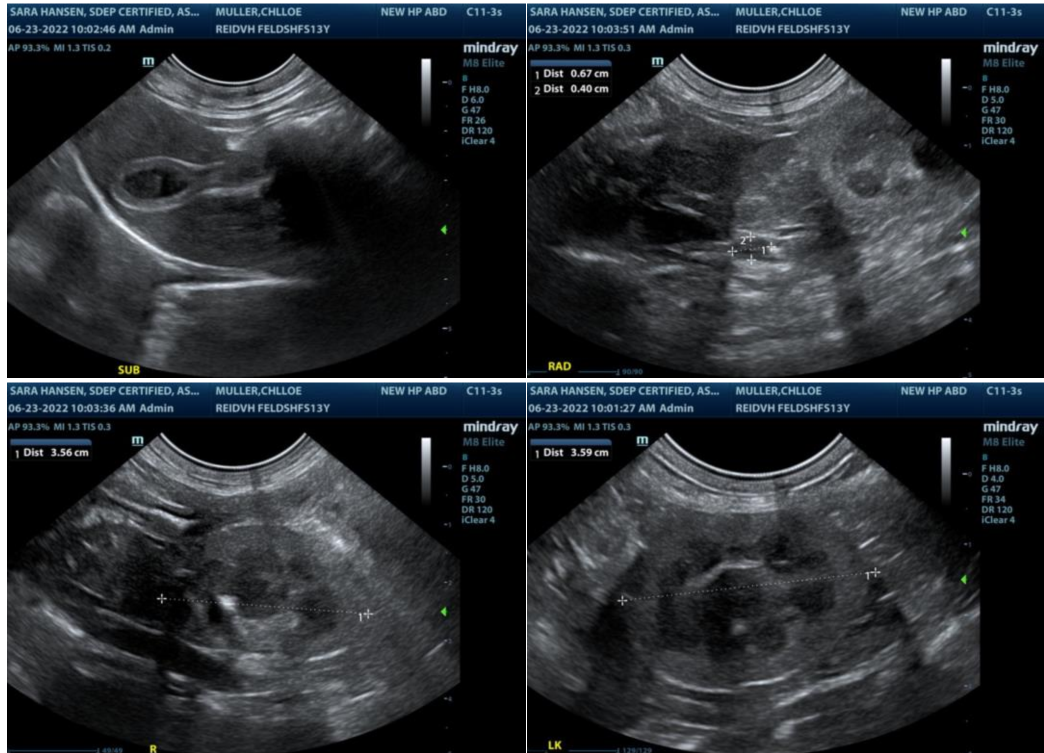

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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