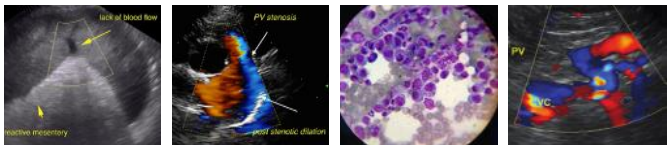
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Holly Wurzer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9

WEIGHT

8.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Dr. Beachy

INVOICE

10960ag

DATE

06/25/2022

PRESENTING CLINICAL SIGNS

Hx chronic vomiting/regurgitation, worsening over the last 2 months. Normal on exam yesterday. When attempting to draw blood, pt became fractious and ran away and broke jaw. Jaw was stabilized and ET tube placed. Pt hospitalized overnight. Abdominal U/S done today to rule out additional injury and to work up chronic vomiting.

Abnormal PE/Chem/CBC/UA Results

In house CBC: Lym 9.42, Eos 2.09, Baso 0.32

In house chem 10: Glu 335, Crea 2.7

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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild to moderate pyelectasia was present in both kidneys. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

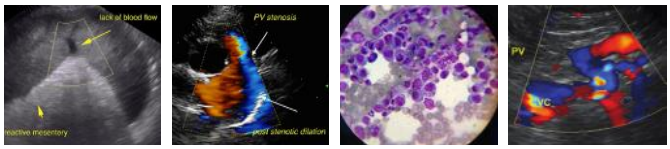
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.87 cm in width at the level of the hilus.

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 lumen of the stomach contained a mild amount of variably echogenic nonshadowing ingesta/chyme with no signs of ileus,



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obstruction or foreign material. The pylorus wall measured 0.2 cm in width. The ventral gastric body wall measured 0.26 cm in width.

The small intestine presented intact mildly prominent wall layering owing to propensity for prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.28 cm in width.

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

Pancreas

The left pancreatic limb exhibited normal to mildly prominent size with areas of mild capsule asymmetry. Heterogeneous subtly hypoechoic parenchyma compared to adjacent omentum with subjective pancreatic duct dilation was present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific chronic renal changes with mild to moderate pyelectasia
- Mild retained gastric ingesta/chyme
- Intact yet subjective mild prominent small bowel walls
- Chronic active pancreatitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some degree of pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort is present on palpation. The small intestine exhibited mild mural changes which may suggest underlying chronic inflammatory enteropathy such as IBD. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance/food allergy or if the patient is indoor outdoor occult parasitism could be considered. Hydrolyzed diet trial with as needed GI support and assessment of clinical response would be reasonable pending the GI panel results. No overt evidence of abdominal neoplastic criteria or evidence of trauma. If not done, three view chest radiographs are suggested to rule out thoracic pathology.

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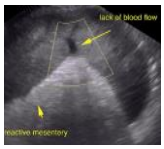

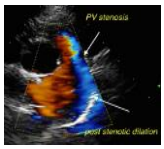

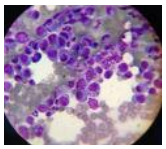
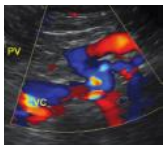

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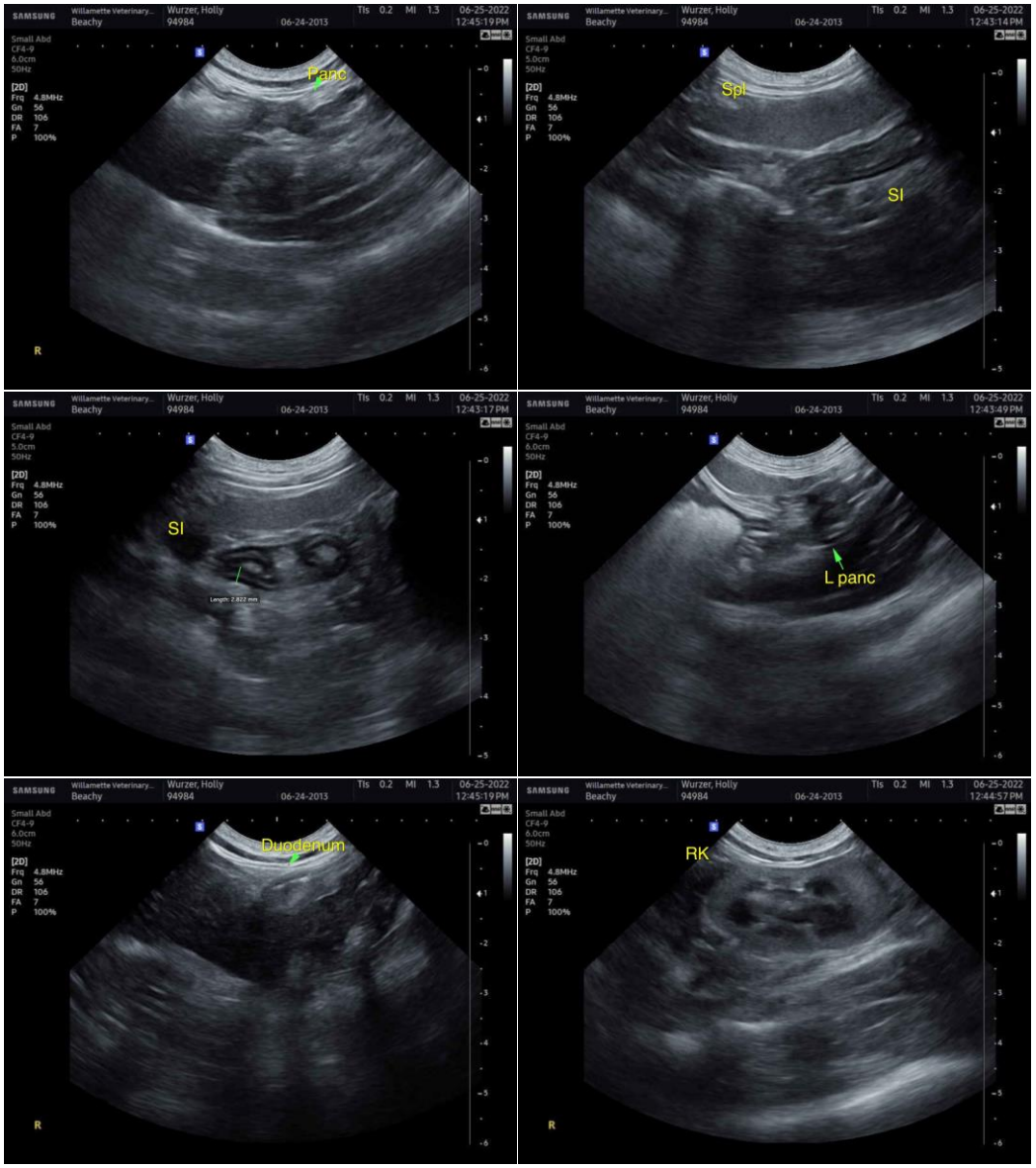

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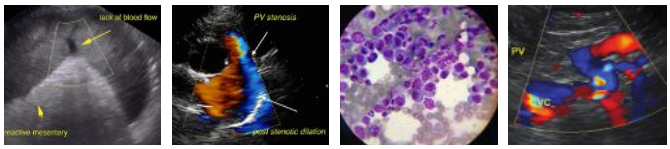

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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