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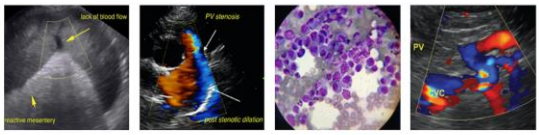


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gizmo Simione

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2011

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Telford VH

REFERRING VET

Dr. Minninger

INVOICE

17184

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Obese, history of PU surgery, chronic vomiting, elevated lipase, not responsive to medical management.

Medication: Convenia, carafate, mirtazapine, FortiFlora, ondansetron

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. 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 was 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 4.2 cm in length. The right kidney measured 4.3 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 0.48 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

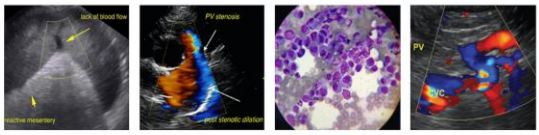
The spleen exhibited mild enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.3 cm width at the level of the mid spleen. No splenic masses or nodules were present.

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 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 generalized moderate to variably prominent gastric mucosa subjectively occupying the majority of the gastric lumen extending into the area of the pyloric outflow. Subjective maintained intact gastric muscularis layer was noted. A minor amount of retained anechoic gastric fluid was present. Intact gastric body wall measured 0.35 cm width.



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The intestinal walls demonstrated intact wall layers with altered 1:3 muscularis / mucosa ratio owing to a generalized propensity for mildly prominent to thickened muscularis layer. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.35 cm width.

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

Pancreas

The pancreas exhibited generalized mild to variable enlargement with capsule asymmetry and nonhomogeneously hypoechoic to nodular pancreatic parenchyma.

Free Abdomen

No overtly visualized or significant omental lymphadenopathy or evidence of peritoneal effusion was present. Subtle peripancreatic hyperechoic omentum was noted.

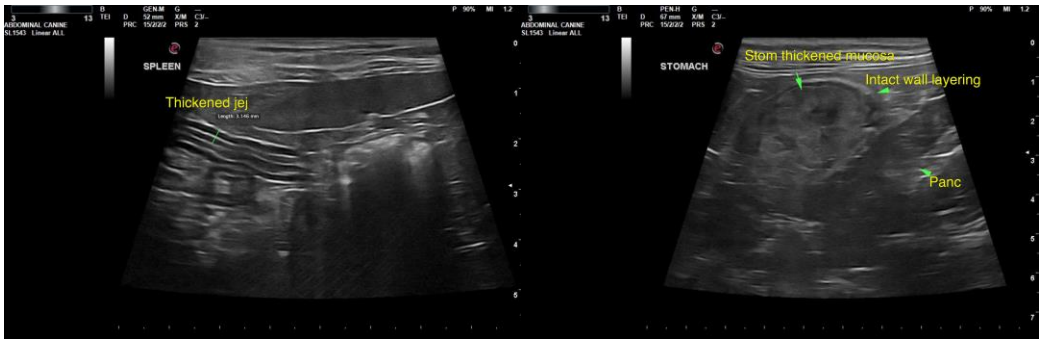
ULTRASONOGRAPHIC FINDINGS

- Variably prominent to irregular nonhomogeneously hypoechoic / nodular pancreas - suspect active to chronic active pancreatitis and potential nodular hyperplasia, potential for emerging pancreatic neoplastic criteria
- Generalized variable to moderate gastric mucosal hyperplasia / gastric polyps
- Intact yet thickened small bowel walls - probable IBD / eosinophilic enteritis or other inflammatory enteropathy, potential for low-grade neoplastic infiltrative enteropathy possible
- Mild nonspecific splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given maintained discernable gastric wall layering, gastric neoplastic criteria is thought less likely. However, the degree of thickened gastric mucosa may potentially be a cause of delayed gastric emptying in conjunction with suspect IBD and active to chronic active pancreatitis as contributing factors to the patient's chronic vomiting. Gastrointestinal and pancreatic biopsies would be ideal for further clarification and definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, gastroprotectant i.e., Omeprazole 1.0 mg/kg PO SID over the next 3 weeks along with canned novel protein or hydrolyzed diet trial with smaller more frequent feeding may prove beneficial.



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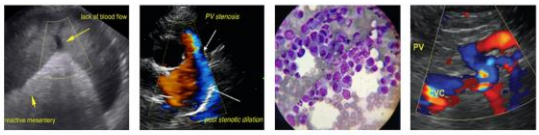

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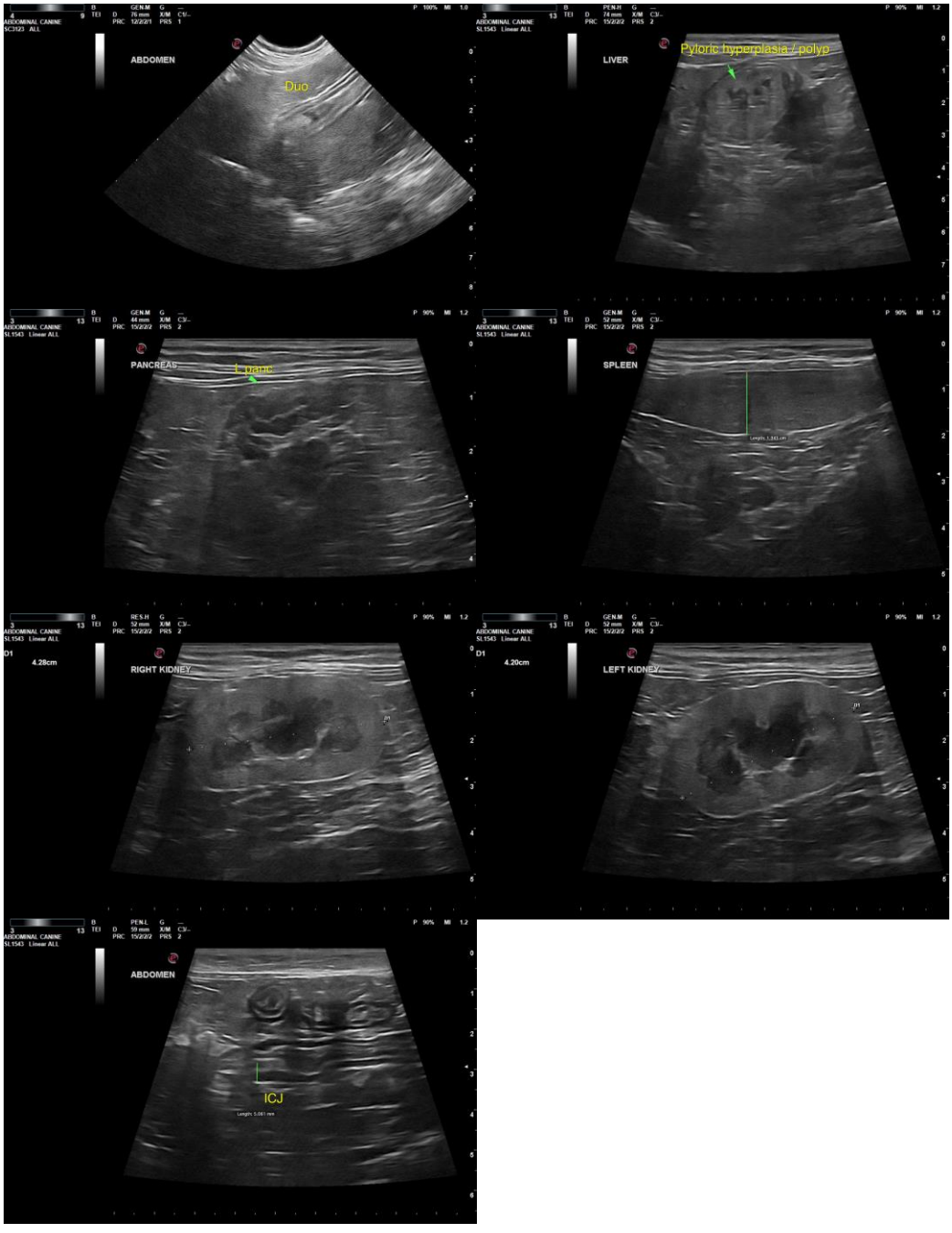

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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