



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Binxy Wargo

SPECIES Feline

BREED Siamese X

SEX Spayed Female

AGE 8 Years

WEIGHT 11.4 Pounds

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

IMAGING PERFORMED BY Sara Hansen

HOSPITAL NAME The Vet Hospital

REFERRING VET Dr. Berman

INVOICE 39114

DATE 6/29/22

1. Chronic vomiting, seems to be cyclical (once per year has multiple bouts of vomiting over a few days, then resolves) 2. Moderate dental tartar/calculus with mild gingivitis 3. Recently diagnosed hyperthyroid on 6/4/22 (well-regulated on Methimazole 5mg SID) 4. Acute onset of erythema and pruritus of face over last few days (suspect methimazole reaction) 5. Otherwise normal on exam
Abnormal PE/Chem/CBC/UA Results: Chronically elevated Amylase (>2500) since May 2021. Same value (>2500) on labwork taken 5/10/21, 6/4/22, and 6/25/22 T4 was 6.7 ug/dL on 6/4/22, now 2.3 ug/dL on 6/25/22 Otherwise no major abnormalities Current Medications Amoxicillin 75mg PO BID, Cerenia 4mg PO SID, Drontal 1.5 tabs PO once, Depo-Medrol 1.1 mL SQ once

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 to moderate non-dependent 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.

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 4.1 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm. The right adrenal gland measured 0.57 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.72 cm in width. 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 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 was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.24 cm.



PATIENT 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. Small intestinal wall measured 0.21 cm.
Binxy Wargo

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

Feline **Pancreas**

BREED 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.
Siamese X

ULTRASONOGRAPHIC FINDINGS

- SEX**
- Sonographically unremarkable abdomen
 - Mild to moderate urinary bladder sediment
- Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE Overall, no evidence of abdominal visceral pathology, specifically no overt evidence of gastrointestinal or pancreatic pathology as obvious cause of intermittent yet recurring vomiting. Potential for low-grade or chronic pancreatitis could be present, yet sonographically normal.
8 Years

WEIGHT Correlation of the amylase value with a spec fPL could be considered. Dietary intolerance/food allergy or intermittent bouts of gastroenteritis possible. As-needed gastrointestinal support during vomiting episode +/- recheck sonogram during a vomiting episode for reassessment of the gastrointestinal tract and pancreas would be reasonable. Broad-spectrum prophylactic deworming is recommended if the patient is indoor/outdoor.
11.4 Pounds

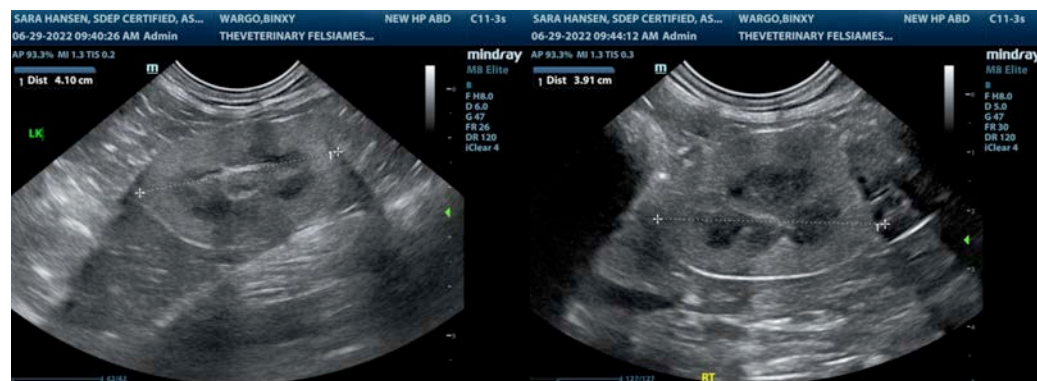
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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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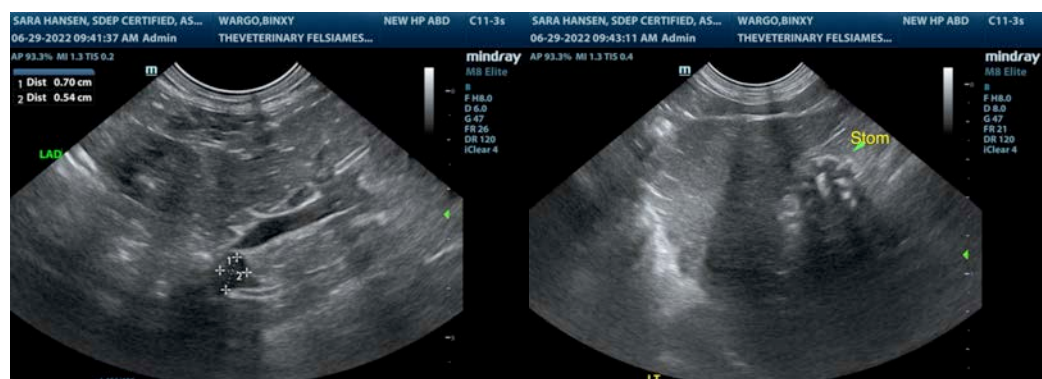
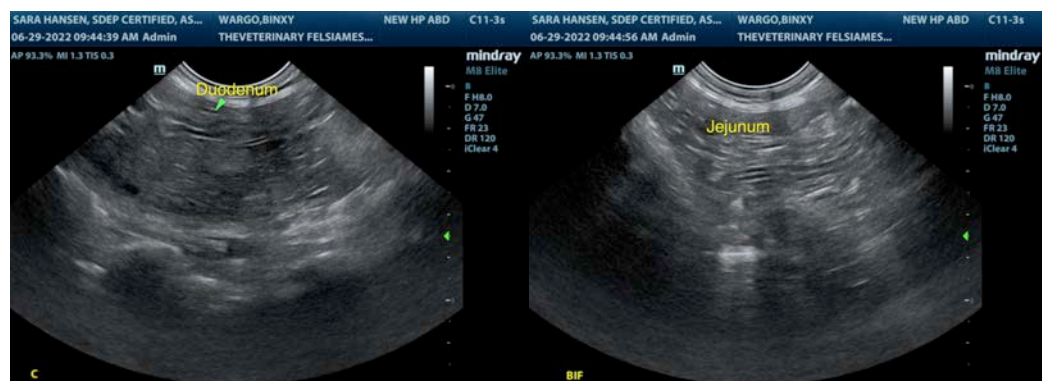
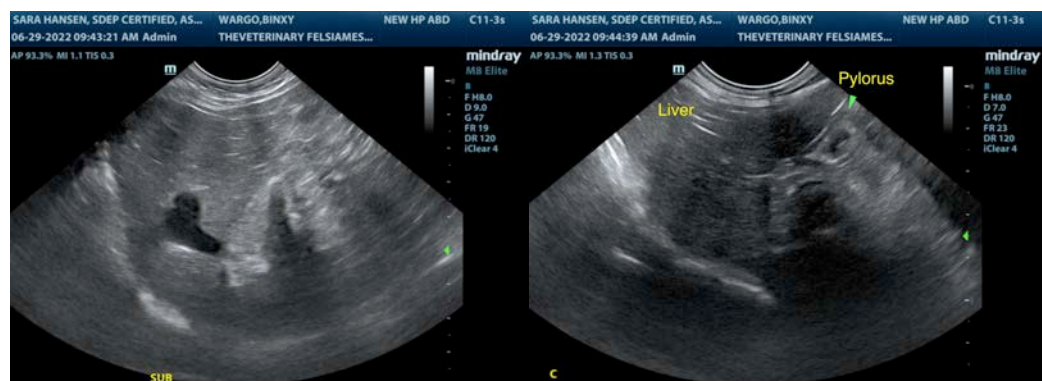
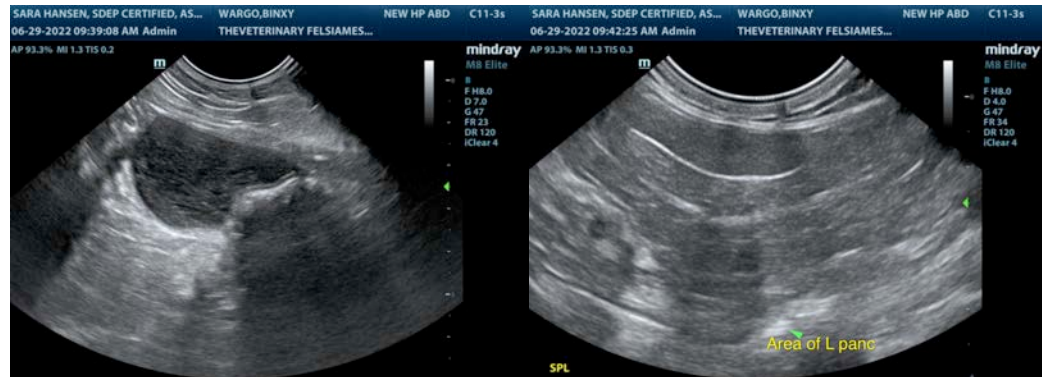
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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)

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info@SonoPath.com

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