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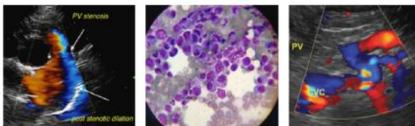

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Bruno Morang

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Herne

INVOICE
17223

DATE
6/29/23

PRESENTING CLINICAL SIGNS

Not using back legs well. Lethargic. Not eating well for 2 days. No vomiting. No bowel movement. Urinating normally.

ALT 532, AST 509

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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses was noted. Subjective adequate laminar blood flow was noted at the level of the iliac trifurcation.

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. Left kidney lateral cortical infarct was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width and the right adrenal gland measured 0.47 cm width.

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 0.92 cm width at the level of the hilus.

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 containing anechoic content with mild, echogenic gallbladder lumen sediment. The proximal common bile duct was mildly dilated and tortuous yet not consistent with obstructive common bile duct criteria.

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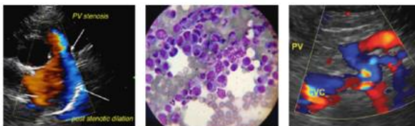

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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow. The stomach was otherwise normal.

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. The duodenum wall measured 0.22 cm width. The ileocolic wall measured 0.3 cm width. The jejunum wall measured 0.22 cm width.

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

Pancreas

The left pancreatic limb was normal in size with minor capsule asymmetry and subtle nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Gastric ingesta vs. hairball-type density
- Sonographically unremarkable small bowel
- Mildly nonhomogeneous / hypoechoic left pancreas - nonspecific
- Left kidney cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered primarily to assess for inflammatory criteria. There was no overt evidence of intrabdominal neoplastic criteria.

Hairball therapy and ideally sonographic monitoring of potential hairball-type density in the stomach for evidence of gastric evacuation over the next 24 hours is suggested.

Potential for low grade left limb pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or ideally full GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult nonstructural intestinal disease as a contributing factor may be considered. Intestinal and ideally hepatopancreatic biopsies are recommended assuming normal clotting status if surgery is ultimately indicated.

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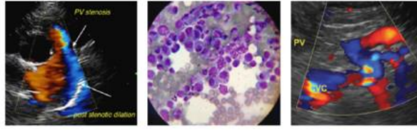

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Iliacs

ICJ

Right Kidney

Duo

PDJ

Liver Lt Sag

CBD

Ingesta vs hairball type density

Stomach Sag

Infarct

Left kidney

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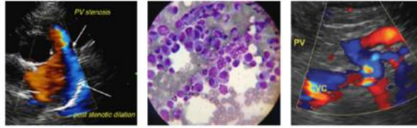

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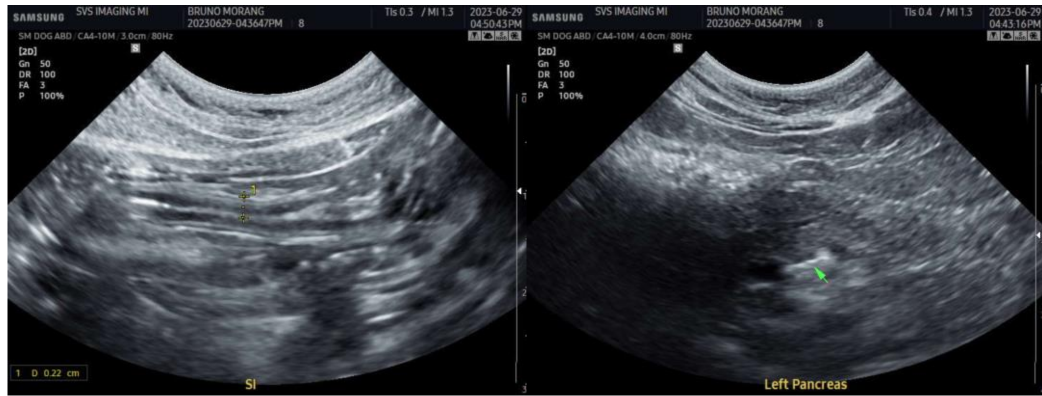

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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