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Clinical Sonography & Telecytology
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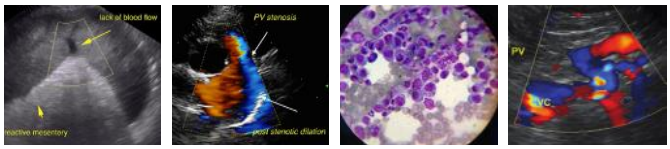

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Button Merrell

SPECIES
Feline

BREED
DMH

SEX
MN

AGE
3 yr

WEIGHT
10.02 lb

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

IMAGING PERFORMED BY
Jenna Walsh CVT

HOSPITAL NAME
West Hills Animal Hospital

REFERRING VET

INVOICE

DATE

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: 3 yo MN DMH not eating past 72 hours, no v/d per o. Current Medications Current Medications: Cerenia Radiographic Findings Radiograph findings: NSF - likely gastroenteritis Primary Question/Differential to Be Answered in This Exam Primary question to be answered: cause of inappetance? liver ok?

Abnormal PE/Chem/CBC/UA Results: Altered labwork values: GGT 5 (0-4), all other wnl

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.

Borderline subnormal size was 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 3.0 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.41 width and the right adrenal gland measured 0.32 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.

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 yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid with a small solitary hyperechoic hairball type density measuring approximately 1.0 cm in diameter. This density did not appear to be obstructive. The ventral gastric body wall measured 0.30 cm in width.

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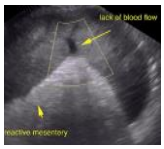

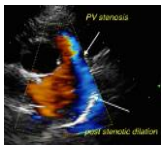

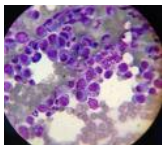
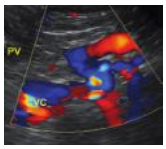

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern with mild retained gastric fluid
- Small nonobstructive hairball type density within the gastric lumen
- Sonographically unremarkable small bowel
- Bilateral adrenal hyperechoic foci-suggestive of focal areas of minor adrenal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patient's inappetence is suspected to be secondary to the mild gastritis and nonobstructive gastric hypomotility. The small hairball type density within the stomach lumen did not appear to be obstructive but could be potentially irritative. Conservative therapy for gastritis with assessment of clinical response and ideally sonographic monitoring of the hairball type density is recommended. No evidence of hepatic or hepatobiliary pathology.
Recheck sonogram to reassess the stomach is suggested if persistent/progressive inappetence and/or vomiting despite conservative therapy.

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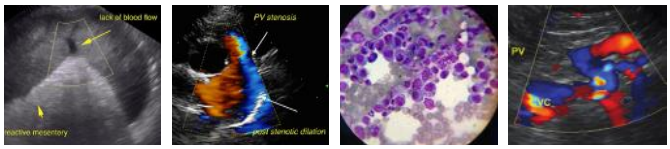

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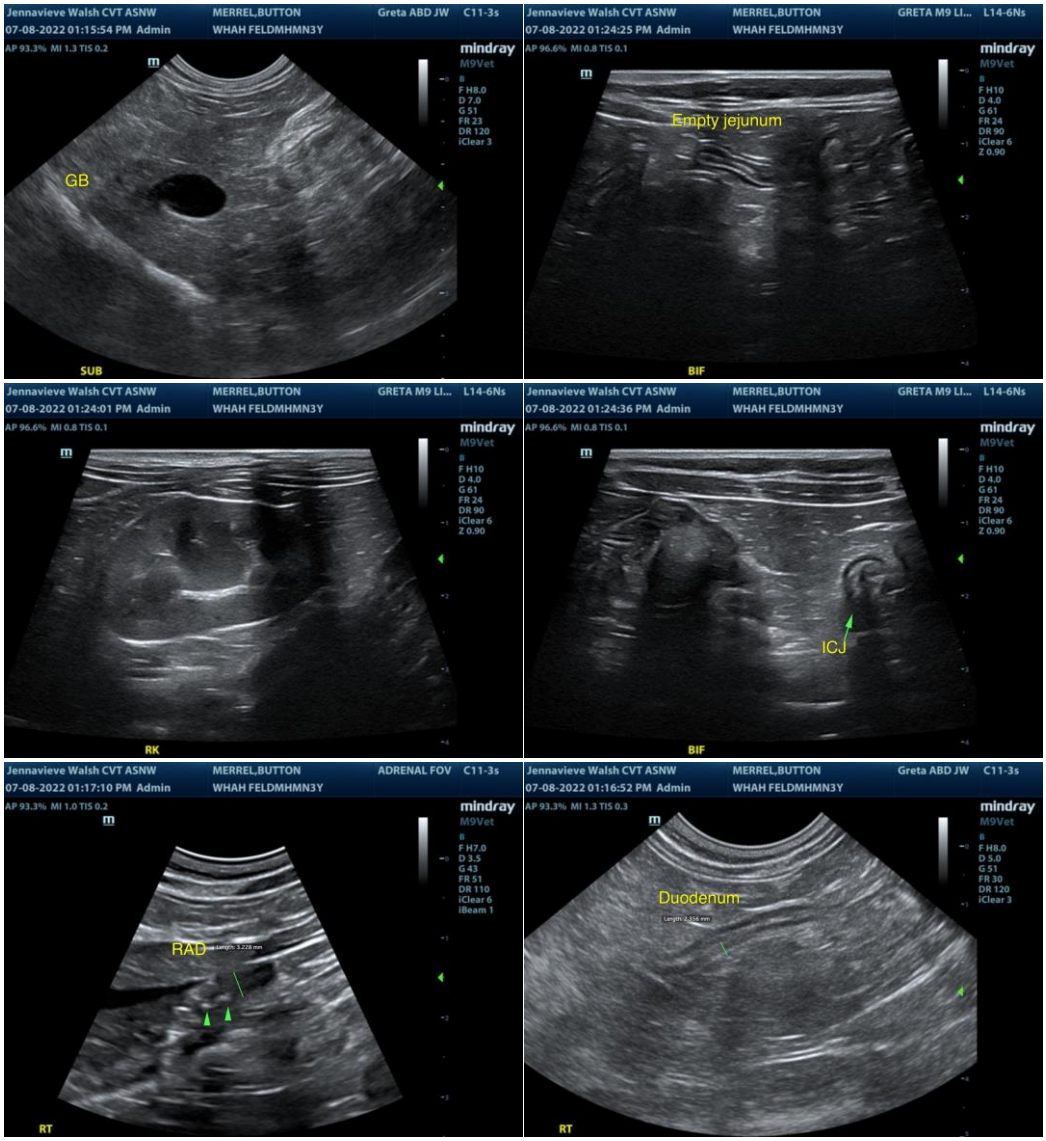

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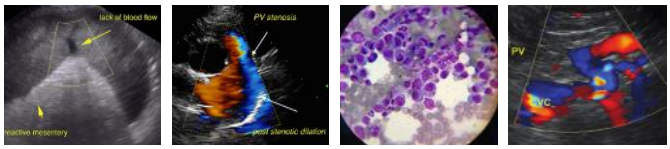

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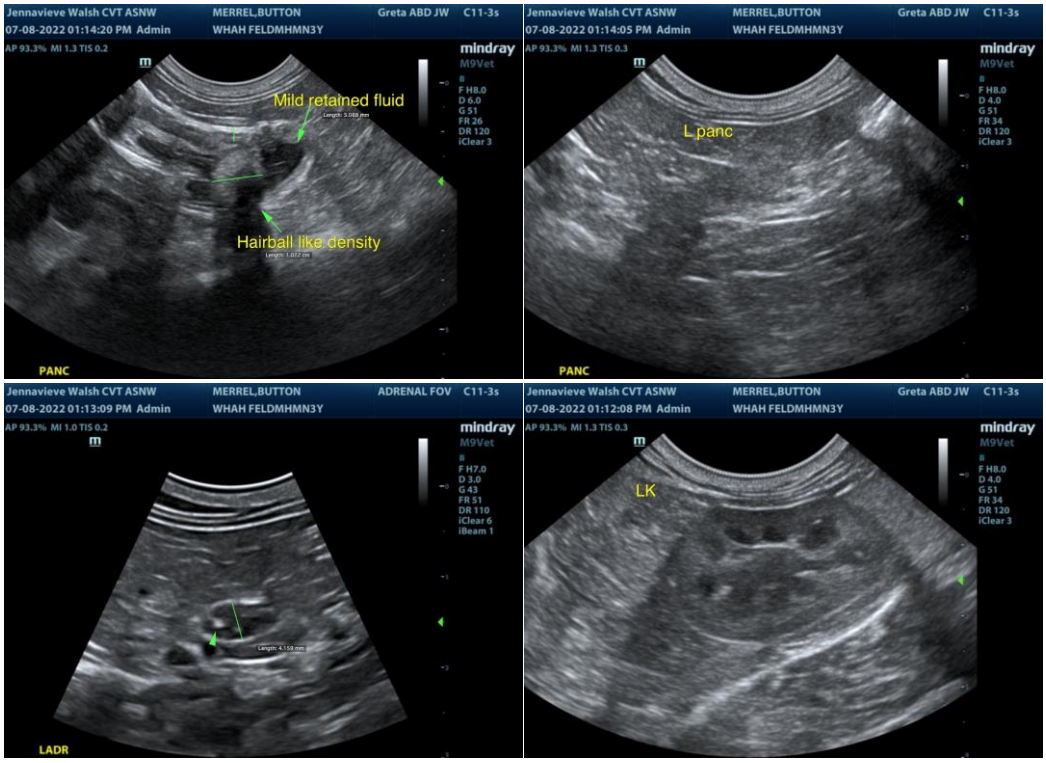

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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