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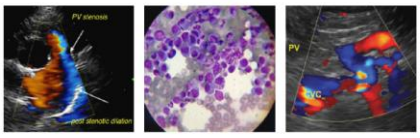

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PATIENT

DJ Dowman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5 years

WEIGHT

13.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Holly Smith

INVOICE

14556

DATE

8/10/22

PRESENTING CLINICAL SIGNS

-Weight loss and vomiting. Vomited large amount of food this morning. Used to weigh 17 pounds (in July 2021) but now is 13.9 pounds.
Abnormal PE/Chem/CBC/UA Results: Firm mass palpable in cranial abdomen, radiographs show mass in area of stomach, abnormal liver values: ALT 333 (27 - 158 U/L), AST 286 (16 - 67 U/L), ALP 9 (12 - 59 U/L), elevated sodium Sodium 163 (147 - 157 mmol/L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 4.4 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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.

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.

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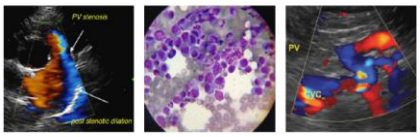

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Gastrointestinal

The stomach was moderately distended with variable to strongly shadowing gastric ingesta to potential luminal echoes. The visualized gastric walls were sonographically normal without evidence of gastric mural hypertrophy, loss of intestinal wall layering, or gastric masses. The ventral gastric body wall width measured 0.35 cm.

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. No evidence of mechanical / metabolic small Intestinal ileus or visualized small intestinal mural pathology was noted. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.38 cm width.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention with variably to strongly shadowing ingesta / possible echoes
- Sonographically unremarkable visualized small bowel
- Normal pancreas - no sonographic evidence of active inflammation
- Mild hepatopathy - suspect reactive or low-grade Inflammatory hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of intraabdominal masses or overt neoplastic criteria was noted. Rather, the primary finding in this case Is the distended stomach with moderate variable to strongly shadowing Ingesta to possible echoes. This finding may indicate recent meal ingestion, which may be considered less likely given the reported vomiting of a large amount of food prior to the ultrasound. The possibility of some degree of metabolic vs. mechanical gastric stasis or delayed gastric emptying or potential gastric foreign material could be possible.

Likewise, potential for structurally insignificant gastrointestinal disease or low-grade pancreatitis, both of which may present as sonographically normal, cannot be excluded.

Recommend hospitalization with IV fluid and gastrointestinal support with monitoring for evidence of gastric emptying following documented 12-14 hr. fast. A GI panel to include PLI/TLI/Cobalamin/Folate

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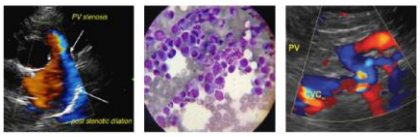

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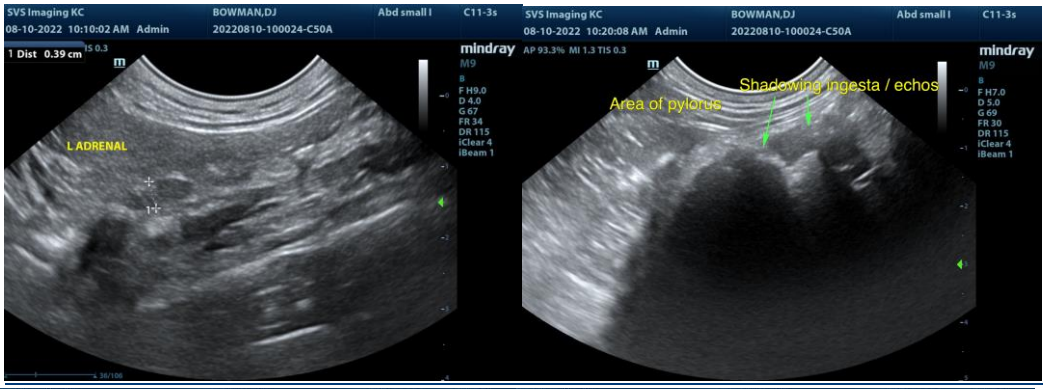
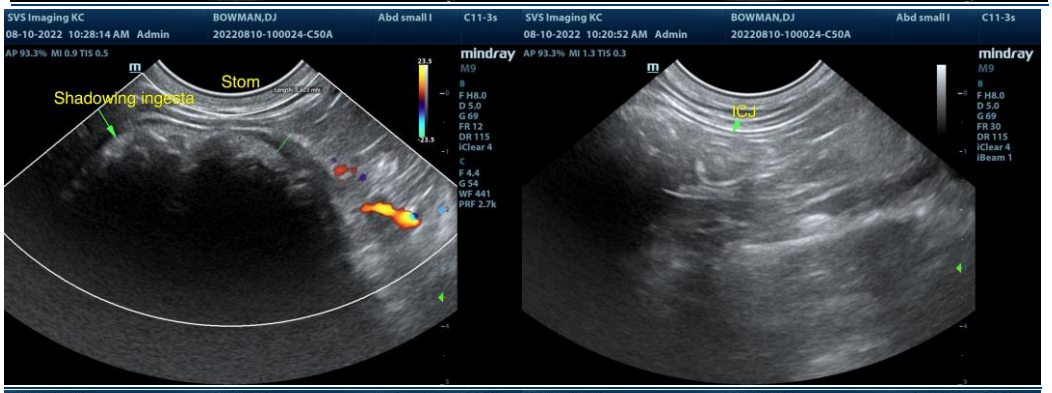
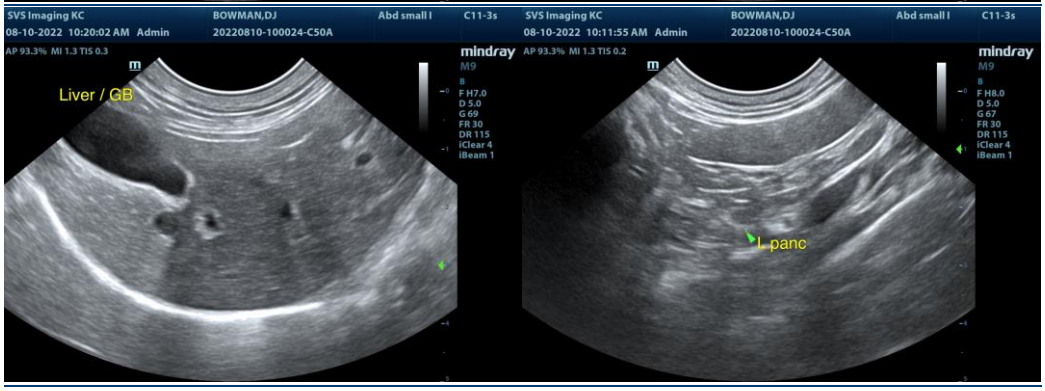
could be considered. If persistent retained gastric ingesta or evidence of delayed gastric emptying, exploratory laparotomy with gastrointestinal biopsies, considered essential, would be reasonable.

Assuming normal clotting status, hepatic biopsies could also be considered for histopathology if surgery is pursued.







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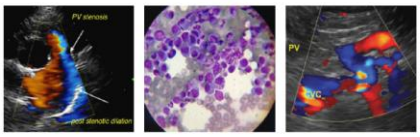

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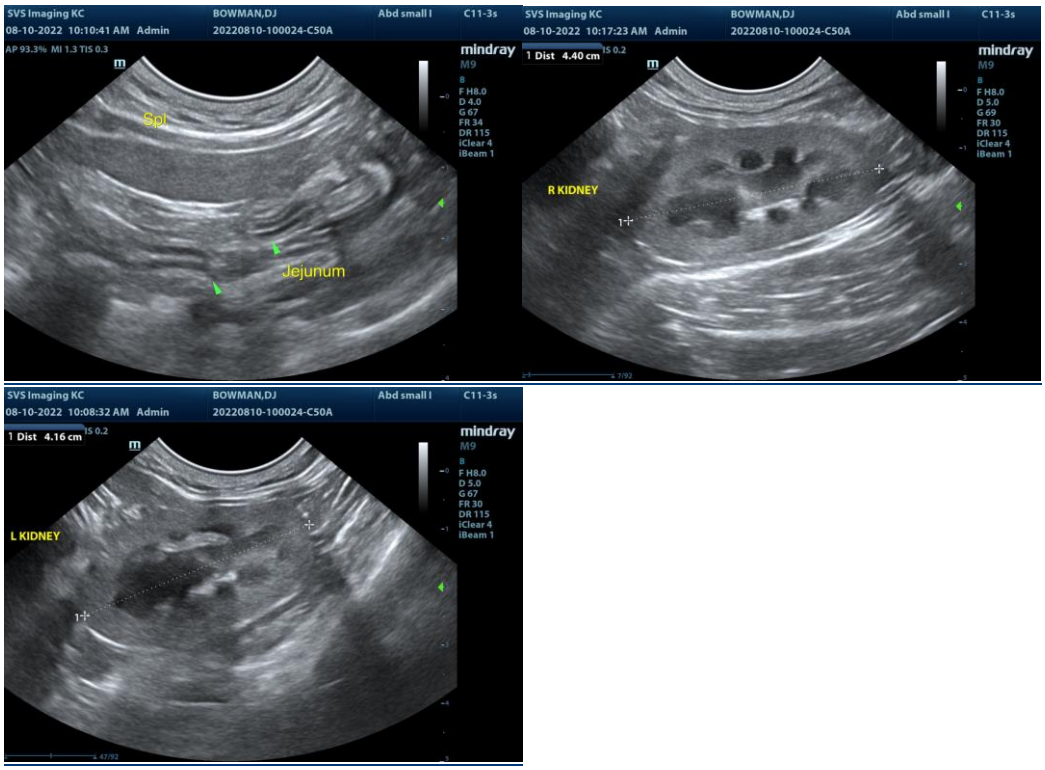

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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