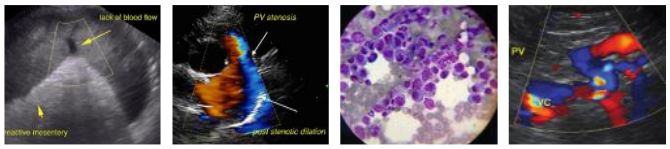
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bill Barnes

SPECIES
Feline

BREED
DMH

SEX
MN

AGE
3yr

WEIGHT
6.78kg

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

IMAGING PERFORMED BY
Patti Mayfield DVM

HOSPITAL NAME
Emergency Veterinary Hospital

REFERRING VET
Patti Mayfield DVM

INVOICE
14557ag

DATE
08/11/2023

PRESENTING CLINICAL SIGNS

Patient transfer from Banfield with request for AUS. Primary complaint of hyporexia and lack of defecation x 3 days. Patient would only eat treats. Patient has eaten 1/4 cup of Hills diet dry food (does not like wet food in general). Patient had x-rays and bloodwork on Monday, which were unremarkable. Patient was so lethargic last night that the owner thought he was dead. Patient was shuddering, owner then gave gabapentin, then layed through the night and continued to be lethargic. Patient will only cuddle with owner when he isnt feeling well. Patient usually fights getting into his carrier and he was subdued and did not fight. Gabapentin, received 100mg oral liquid from rDVM dosing at noon. PPH: -- Patient has been evaluated on multiple occasions at Banfield and at EVH for hyporexia, reduced stools; all of which have been managed medically with fluids, cerenia, enemas, lactulose, etc. -- No significant weight loss and no vomiting in the history. -- Patient last ate (per owner) ~ 36 hours ago.

Abnormal PE/Chem/CBC/UA Results: PE: -- Well-fleshed. No abdominal pain. Formed feces within the colon. Unremarkable exam Blood work 7/20/23: -- CBC: Unremarkable, mild neutropenia, 2.11 K/uL (2.30-10.29) -- CHEM: stress hyperglycemia, 189 mg/dL; remainder normal Repeat blood work at Banfield on 8/7/23 was reportedly normal 7/26/23: RADS: -- Unremarkable, ingesta noted within the stomach, but no indication for obstruction or FB. Normal SI. Moderate feces (not profoundly dehydrated or obstipated) within the colon. ** reported repeat rads at Banfield on 8/7/23 were unremarkable.

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.

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. Bilateral small cortical cysts were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

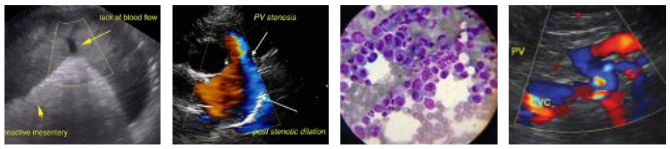
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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



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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. Normal vascular volume. 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 contained mild to moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented generalized intact wall layering with segmental to generalized borderline prominent to thickened small intestinal wall. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.37 cm width.

Normal visible colon wall layers were present with no evidence of significant colon distention and retained strongly shadowing 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach contained mild to moderate non-shadowing ingesta/chyme.
- Intact subjective borderline prominent to thickened small bowel wall.
- Normal pancreas.

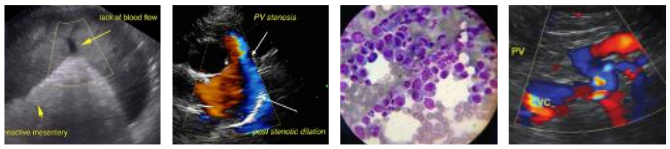
Secondary

- Bilateral small renal cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.

The presence of non-shadowing gastric ingesta/chyme given reported NPO is non-specific yet may suggest some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Although there is a potential for patient variant, the small intestine exhibited subtle to mild mural changes which may



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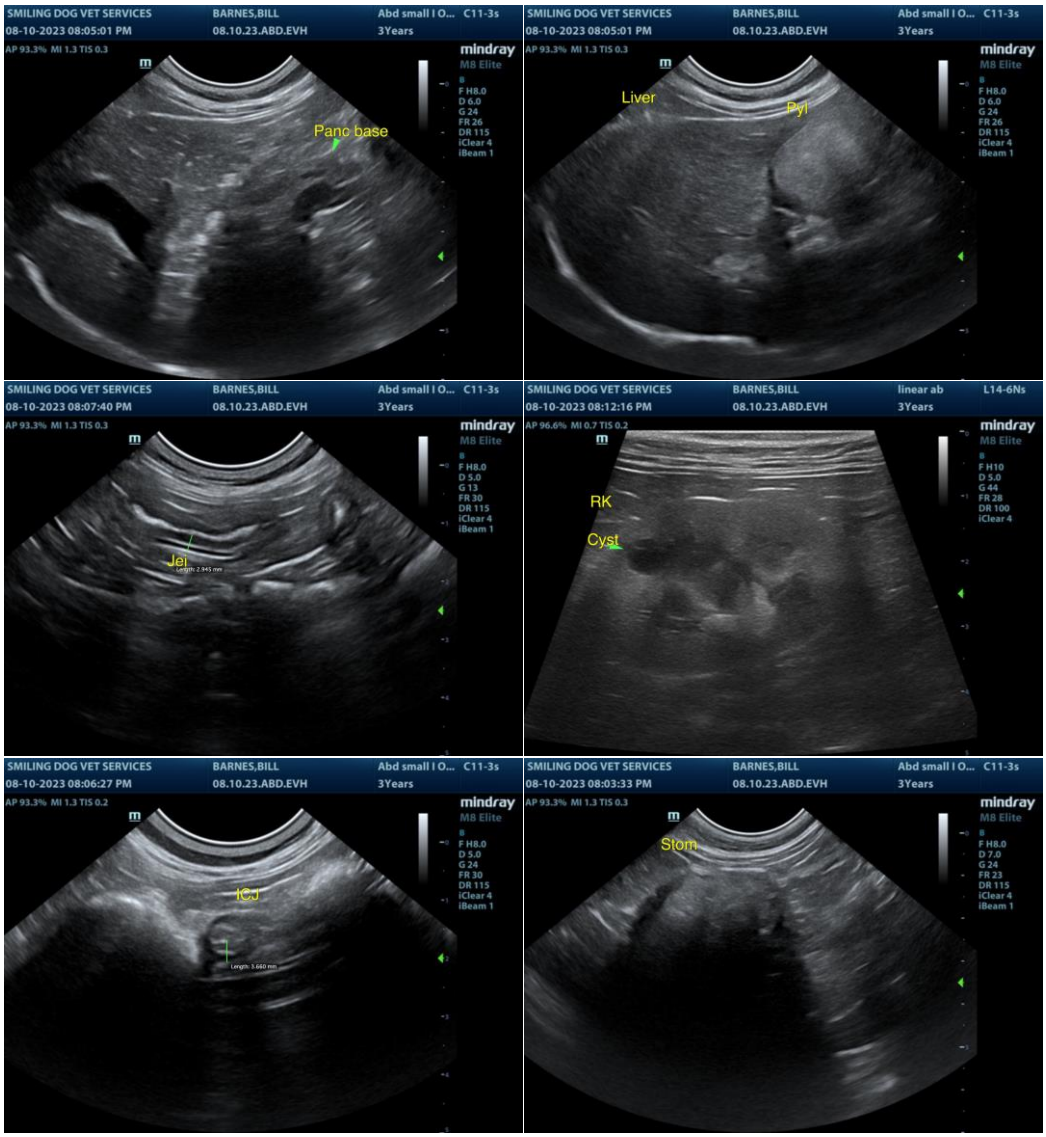
suggest underlying non-specific enteropathy. However, given no reported weight loss or additional GI signs, the small intestinal presentation is considered non-specific. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult disease as a contributing factor. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirically continued as needed GI support and empirical therapy for possible metabolic/functional gastric stasis would be reasonable.

A full thickness/surgical intestinal biopsy may be indicated if continued/progressive GI signs.



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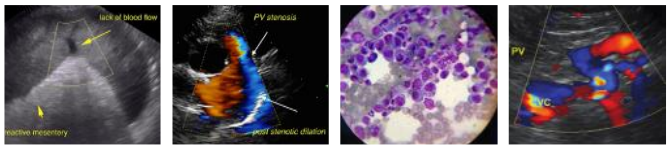

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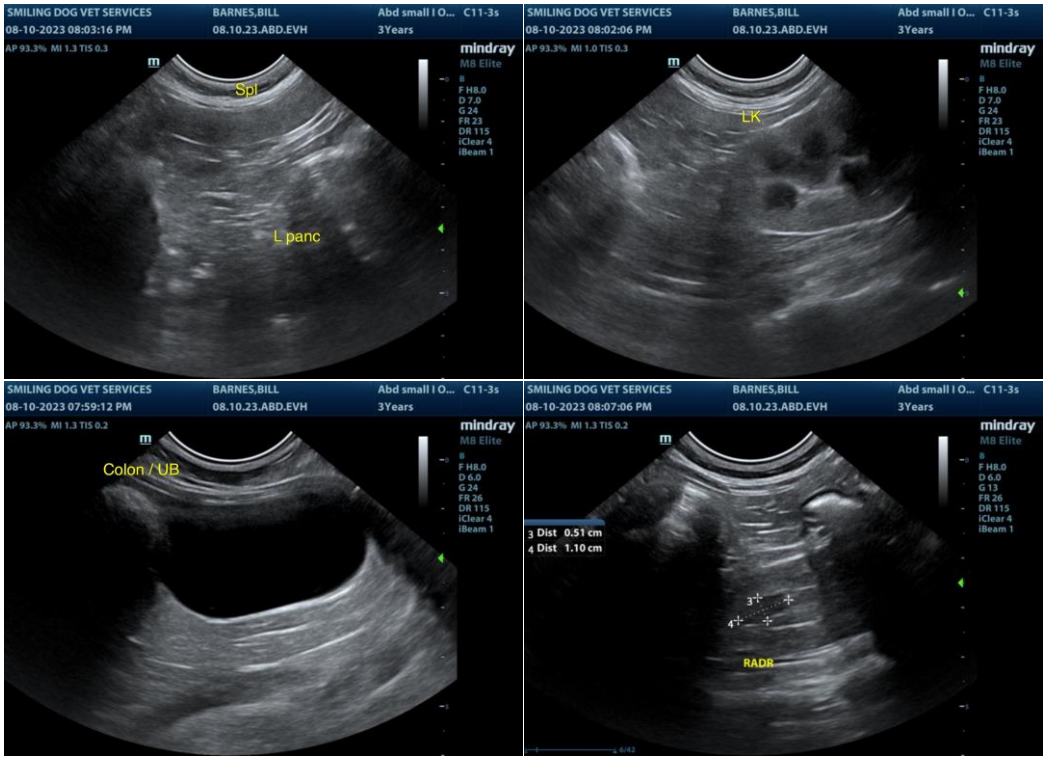

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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