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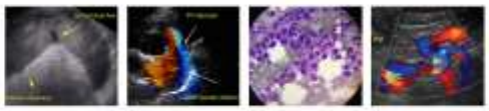
Pet Animal Ultrasound Service



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PATIENT

Butters Bogdanovich

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 Years

WEIGHT

13.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham Veterinary Hospital

REFERRING VET

Heidi Howell, DVM

INVOICE

47180

DATE

8-29-21

PRESENTING CLINICAL SIGNS

History of vomiting, sometimes projectile. Had barium series done June, 2021 - suggests gastroparesis/delayed gastric emptying. Ate the night before the barium series - still had a full stomach the next day. Barium passed through him normally.

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 particulate nondependent 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size and overall contour with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly mildly increased in echogenicity with maintained 1:3 cortex/medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia or overt pyelonephritis. The left kidney measured 4.2 cm in length. The right kidney measured 3.9 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 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. 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 0.87 cm width.

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 minor echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.26 cm width.

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 mechanical or metabolic ileus, obstruction, foreign material, or loss of intestinal wall layering. The duodenum wall measured 0.24 cm width and the jejunum wall measured 0.25 cm width.

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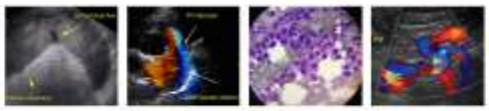

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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 urinary bladder sediment.
- Minor nonspecific interstitial nephrosis renal pattern - patient variant, early chronic renal changes, potential for minor nonspecific nephritis such as emerging interstitial nephritis cannot be excluded.
- Mild gallbladder debris - likely incidental.
- Sonographically unremarkable gastrointestinal tract and pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

No overt evidence of structural gastrointestinal pathology or active pancreatitis. Dietary indiscretion / food intolerance, occult parasitism, if the patient is indoor/outdoor, or underlying inflammatory gastrointestinal process without evidence of mural changes possible. Low grade pancreatic inflammation may be present yet ultrasonographically normal. At this time, no overt evidence of decreased gastrointestinal motility.

Empirically, gastroprotectant protocol, canned hydrolyzed diet, and broad spectrum deworming, if clinically indicated, may prove beneficial. A heartworm antigen antibody test may be considered as cats with heartworms often exhibit persistent to chronic vomiting.

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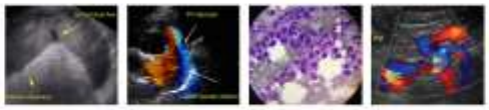

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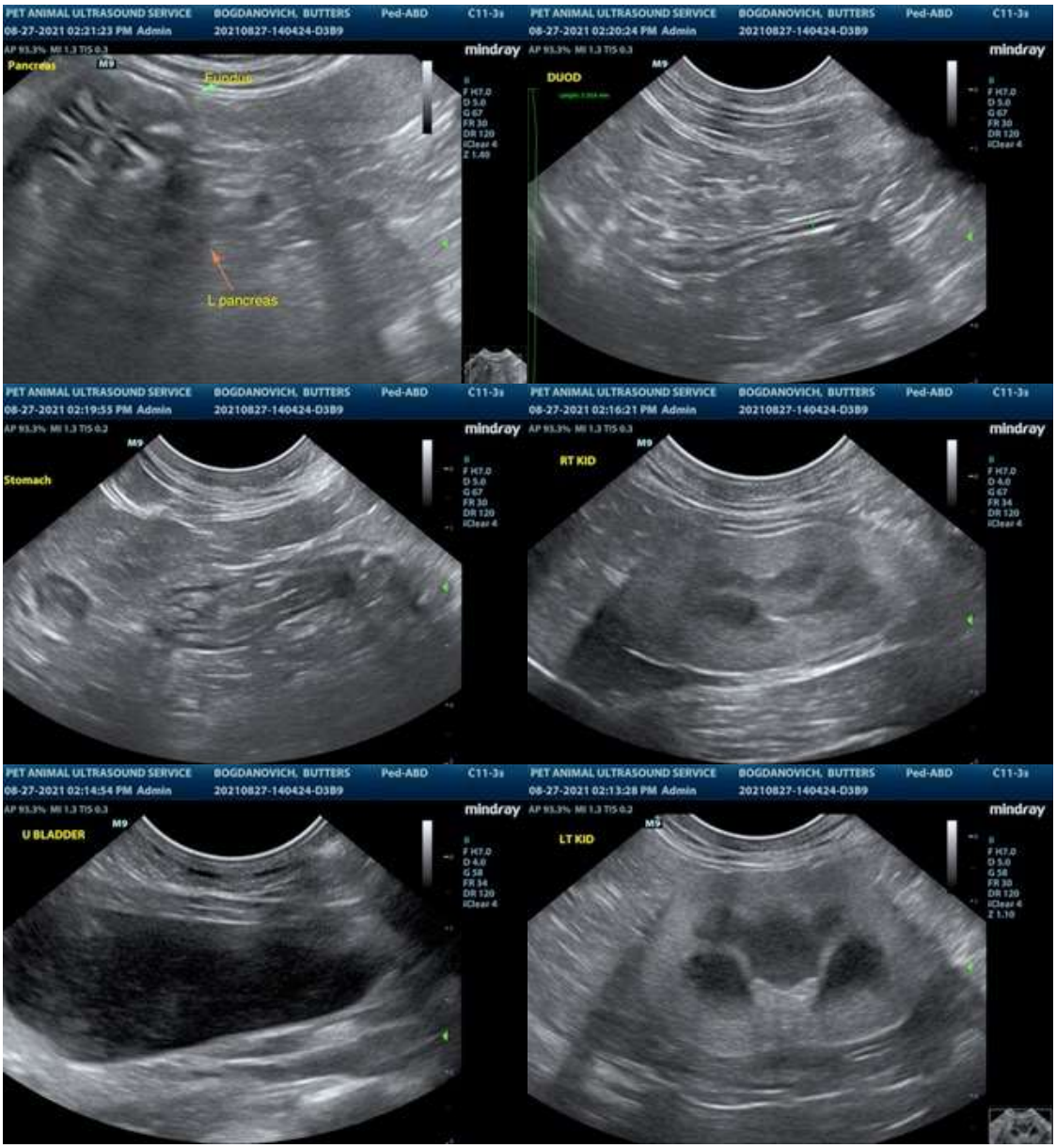

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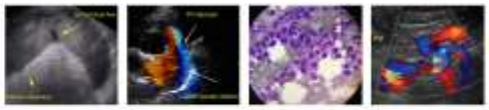

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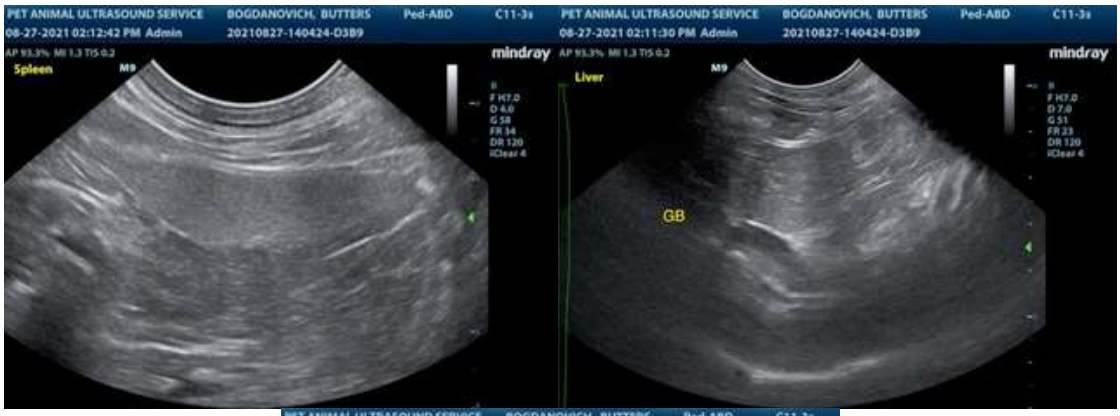

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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