



**PATIENT PRESENTING CLINICAL SIGNS**

Stormy Braham

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

1 Year 7 Months

**WEIGHT**

14.8 lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Mckenzie AH

**REFERRING VET**

Dr. Ester Kastella

**INVOICE**

25057

**DATE**

8/30/21

Patient has history of eating clothing, bedding, stuffed animals, and other fabrics. Sometimes patient will vomit it back up, but this is not consistent. Client will try bitter apple spray to deter patient and this will work for a short time, but once the spray is dry, she will go back to chewing and eating fabric. Patient does also suckle on fake fur blankets in the home. Patient also is very picky with food and will not eat treats that the other cat in the household loves. No history of lethargy, normal energy, and no diarrhea noted. Physical exam: Overweight - BCS 8/9, no murmur, normothermic, mmemb pink and moist, very minimal tartar, difficult to deeply palpate abdomen due to overweight body condition Current Medications Gabapentin 100 mg capsule prior to ultrasound Primary Question/Differential to Be Answered in This Exam Any evidence of GI abnormality to explain ongoing pica? Low folate was concerning for proximal small intestinal disease. Abnormal PE/Chem/CBC/UA Results: CBC - Platelets 95 (200-500) - platelet count reflects minimum number due to platelet clumping, Platelet estimate = adequate, All other values within normal limits Chemistry profile - Adult chem: Albumin 4.2 (2.5-3.9), All other values within normal limits Heartworm test - HW antibody = negative Urinalysis - USG 1.062, pH 7.5, urine chems: 2+ protein, urine sedi: fat 11-20/hpf, MA 0.3 (<2.5) Pancreatic Profile - Cobalamin >1000 (290-1500), Folate 7.7 (9.7-21.6), TLI 21.2 (12-82), PLI 1.8 (0.1-3.5)

**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 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. The left kidney measured 4.0 cm. The right kidney measured 4.2 cm.

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 0.26 cm in width. No overt pathology in the area of the right adrenal gland.

**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.



**PATIENT** *Gastrointestinal*

**SPECIES** Stormy Braham  
Feline

The visualized gastric walls were sonographically unremarkable with intact wall layering and without evidence of mural hypertrophy or pathology. Gastric body wall measured 0.30 cm. Mild to moderate shadowing ingesta or potential echo measuring approximately 1.7 cm in diameter was present in the gastric lumen, extending into the area of the pylorus. No overt evidence of retained fluid or mechanical pyloric outflow obstruction.

**BREED** DMH

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. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.20 cm.

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

Spayed Female

**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.

**AGE** 1 Year 7 Months

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT** 14.8 lb

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Shadowing gastric ingesta/potential echo
- Sonographically unremarkable small bowel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Jenna Walsh

The shadowing gastric echo is non-specific and indicates dense ingesta. However, given the patient's history of ingestion of clothing, bedding or other fabric, concern for gastric foreign material is warranted. Sonographic monitoring for evidence of gastric emptying over the next 24-48 hours is ideal. Radiographic monitoring for evidence of gastric emptying would also be appropriate. No evidence of mechanical or metabolic small intestinal ileus, obstruction or foreign material or altered wall layering. The decreased folate, although non-specific, and if persistent may indicate proximal small intestinal disease. Empirically, high colony count probiotic such as Provable or Visbiome and recheck folate levels may be considered. If persistent evidence of retained shadowing gastric ingesta or echo, laparotomy with expectation towards gastrotomy and small intestinal biopsies may be indicated.

**HOSPITAL NAME**

Mckenzie AH

**REFERRING VET**

Dr. Ester Kastella

According to SonoPath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

**INVOICE**

25057

**DATE**

8/30/21



**PATIENT**

Stormy Braham

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

1 Year 7 Months

**WEIGHT**

14.8 lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Mckenzie AH

**REFERRING VET**

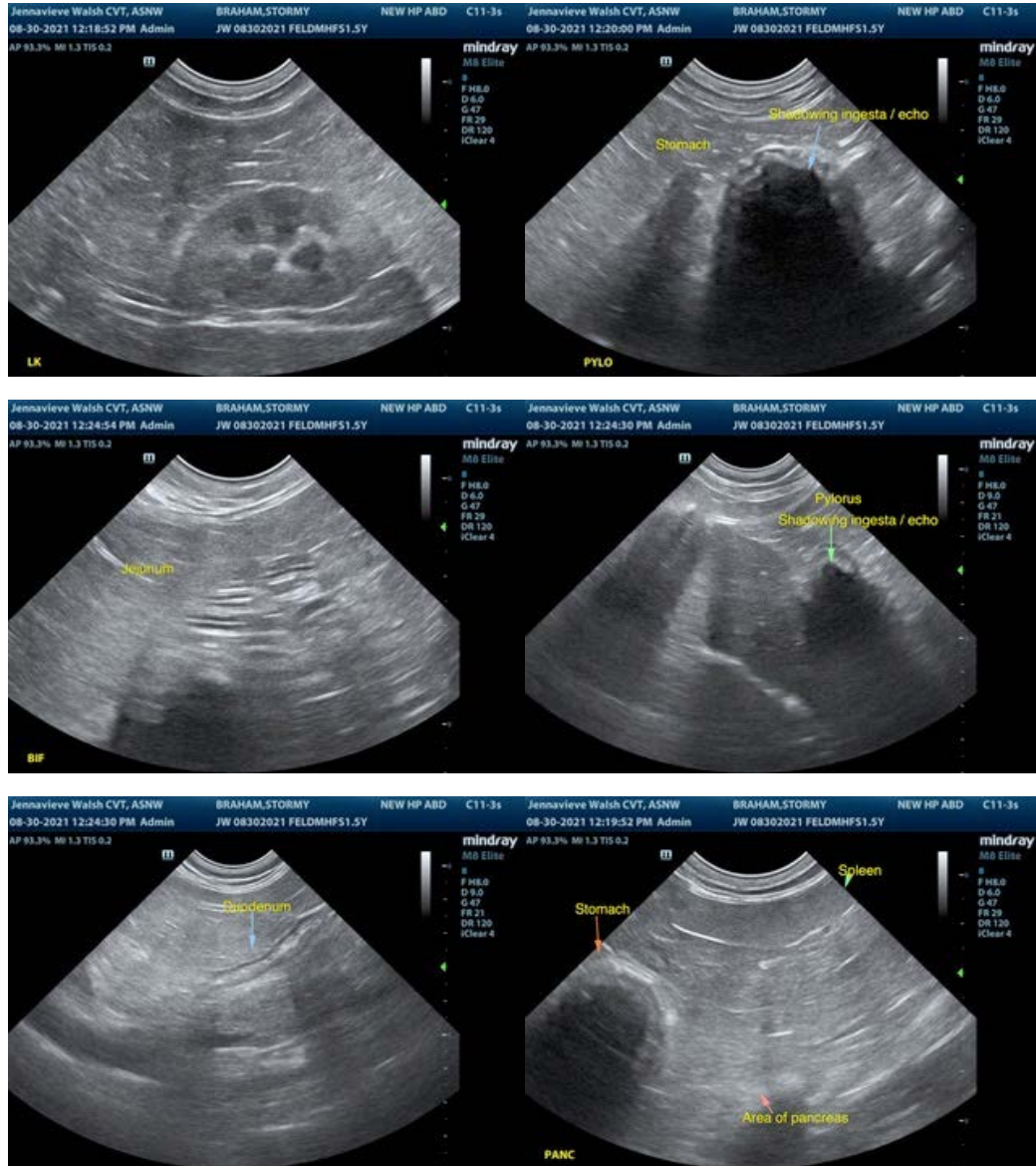
Dr. Ester Kastella

**INVOICE**

25057

**DATE**

8/30/21



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