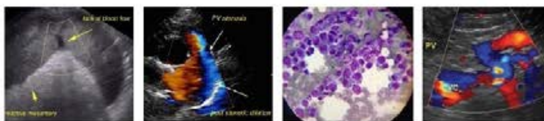

PATIENT

Sassy Fearn

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

9 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Windrush VS

REFERRING VET

Dr. Madge

INVOICE

25735

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PRESENTING CLINICAL SIGNS

initially presented 09/01 for inappetence and increased vomiting. bc - nsf, biochem - mild increase in sdma w/ normal urea and creatinine, rest of biochem all wnl- gastro cans and cerenia, to follow up if vomiting not resolved. O then called today - has not really been eating since first exam, no food at all in last 3 days. more weight loss, dehydrated. T 38.6 P 180 R 80-100 / sniffing then panting towards end of exam BCS: 3/5; weight loss x 0.21kg (5% body weight) over past 2.5 weeks Pain score: 0/4 Attitude: BAR, anxious cat; hissed once during exam but generally cooperative Hydration: prolonged skin tent; mild dehydration 3% est Ongoing inappetence, weight loss; ddx neoplasia v chronic pancreatitis (though fPL normal at bloodwork Sept 3) v IBD v endocrine disease v kidney or liver pathology v other Repeat CHEM 17 run IH: mild hypophosphatemia (GI loss v decreased intake v renal loss), otherwise within normal limits
Abnormal PE/Chem/CBC/UA Results: please see attached BW

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 minor particulate non-dependent sediment. Mild dependent mineral also present. 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. Both kidneys exhibited mild primarily uniform increased cortex echogenicity, yet maintained 1:3 cortex/medulla ratio. Potential for pinpoint areas of mineral noted, specifically in the right kidney, along with mild right kidney pyelectasia. The left kidney measured 3.9 cm. The right kidney measured 4.4 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm in width. The right adrenal gland measured 0.35 cm in width.

Spleen

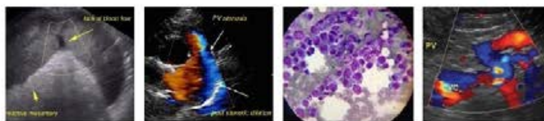
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.97 cm.

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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow. Gastric body wall measured 0.25 cm.



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The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. No overt evidence of mechanical small intestinal obstruction, loss of intestinal wall layering, or intestinal masses. Jejunum wall measured up to 0.32 cm wall width. Ileocolic wall measured 0.39 cm.

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 peritoneal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder mineral and non-dependent sediment
- Mild chronic renal changes with mild medullary mineral and minor right kidney pyelectasia
- Progressively shadowing gastric ingesta
- Possible IBD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Passage of intermittent mineral from the kidneys into the urinary bladder is suspected.

The progressively shadowing gastric ingesta is non-specific yet not expected in this patient given the reported vomiting. Potential for hairball density or similar is of concern. Although not definitive, the small intestine exhibited subtle mural changes, which may suggest inflammatory enteropathy/IBD. Potential for early neoplastic enteropathy with round cells such as lymphoma, which may present sonographically similar, though considered less likely.

Hospitalization with IV fluid and gastrointestinal support, correction of dehydration, and either sonographic or radiographic monitoring of the stomach for evidence of gastric emptying over the next 24 hours is suggested. Once rehydrated, exploratory laparotomy with gross inspection of the stomach as well as intestinal biopsies (given the patient's clinical signs and weight loss) may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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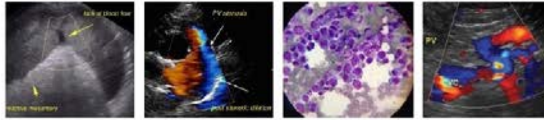

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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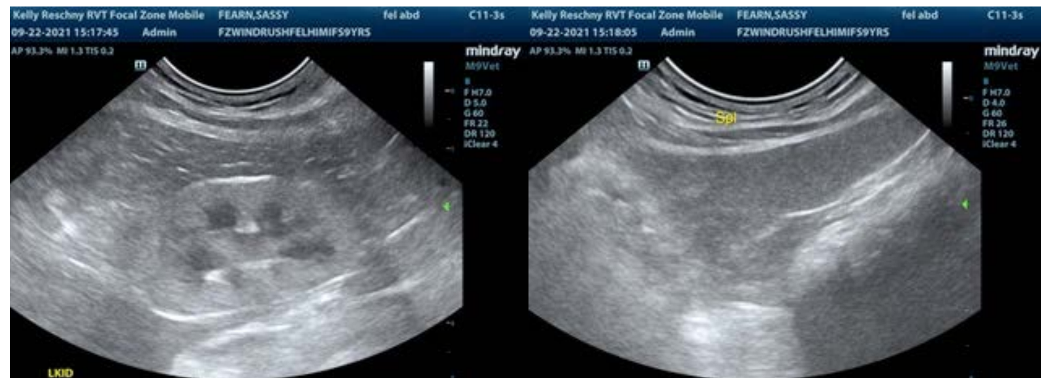

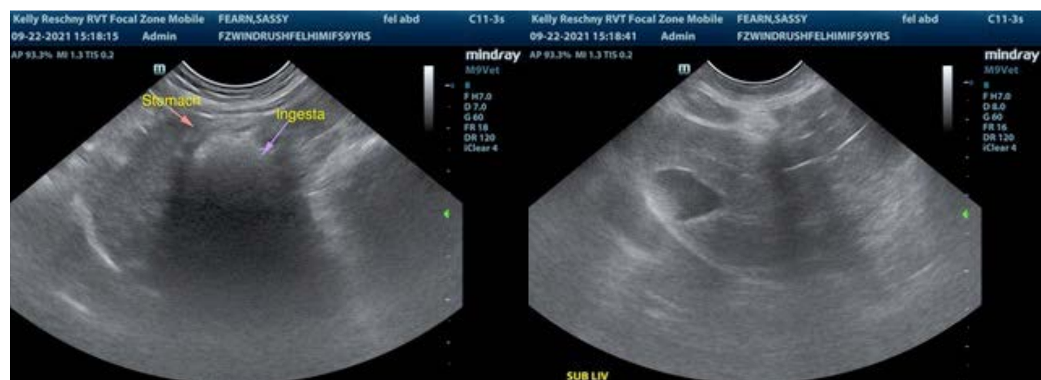

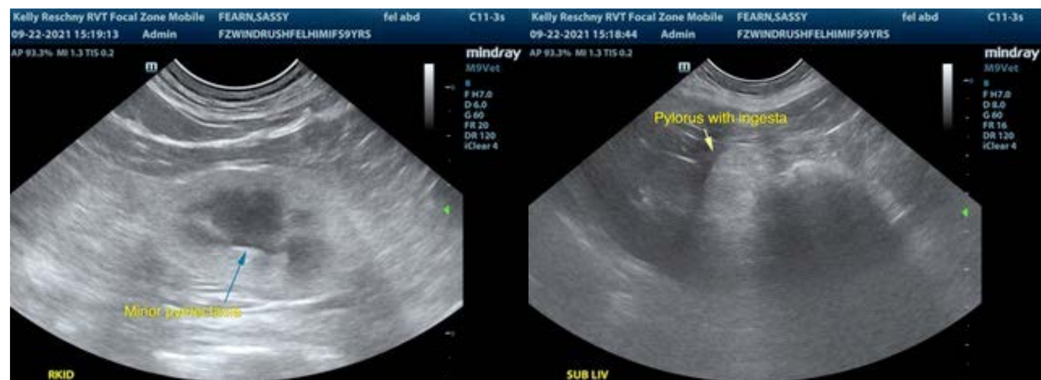

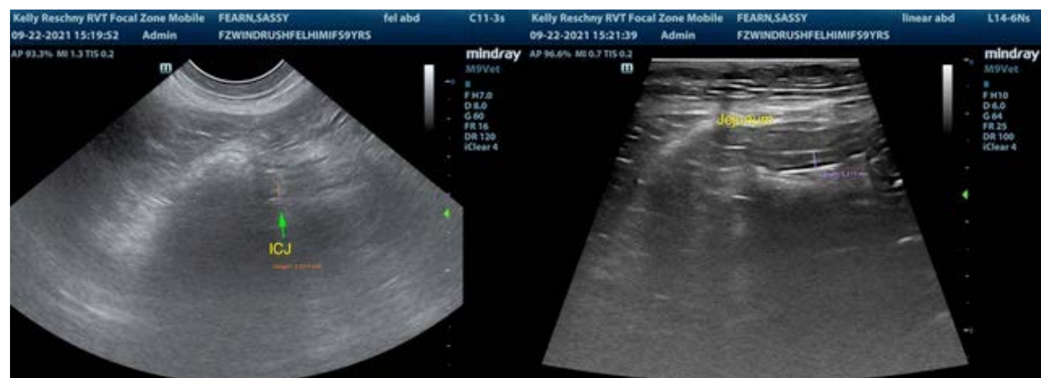

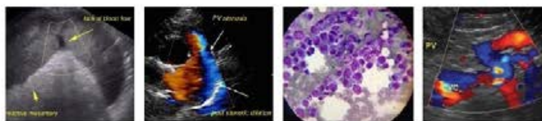

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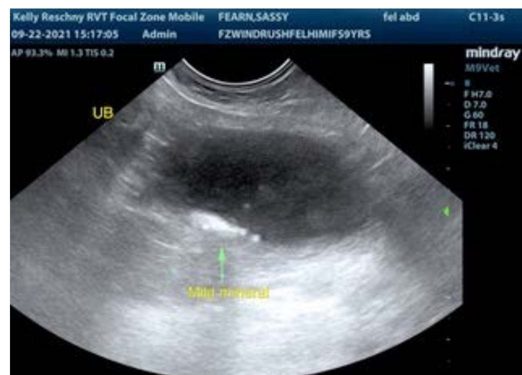

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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