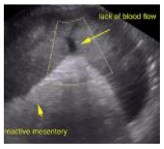
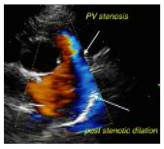
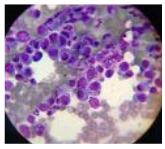
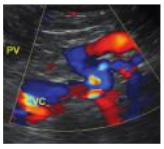
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Nick Beers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10.5 yrs

WEIGHT

12.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Jennifer Todd

INVOICE

14811

DATE

9/6/22

PRESENTING CLINICAL SIGNS

Nick is a ten year old, MN, DSH cat owned by my veterinary technician, Sarah. His normal diet is Hill's optimal care adult. He has a one week history of vomiting-vomitus looks and smells like liquid feces. He responds well to cerenia, and does not vomit when it's given every 24 hours. Bowel movements are normal and appetite is normal. CBC, Chemistry, electrolytes performed on 9/5/22 are normal and are attached for your reference if needed.
Abnormal PE/Chem/CBC/UA Results: 9/5/22: CBC, Chemistry, electrolytes wnl

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 nondependent particulate 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 criteria were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mild nonuniform increased cortex echogenicity with a maintained 1:3 cortex / medulla ratio was present. No evidence of pyelectasia was noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

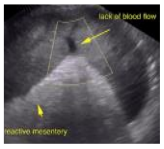
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

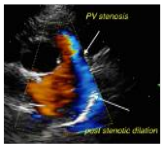
Spleen

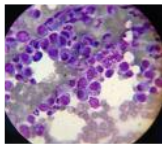
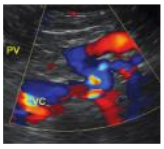
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.98 cm width at the level of the hilus.

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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.25 cm. The pylorus wall width measured 0.26 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. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.32 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

Several to multiple colic, mildly prominent lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.37 cm width. Subtle peri Ileocolic hyperechoic mesentery was present. No omental masses or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable stomach and small bowel
- Mild subjectively benign / reactive colic lymphadenopathy - not consistent with neoplastic criteria
- Sonographically unremarkable pancreas

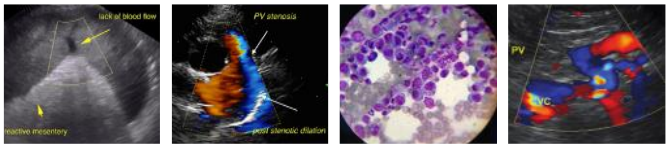
Secondary Findings

- Urinary bladder sediment
- Mild age-related kidneys

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.

No overt sonographic evidence of gastrointestinal mural abnormalities or evidence of gastrointestinal neoplastic criteria was noted. Potential considerations in this case, given the vomiting, may include dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally Insignificant inflammatory bowel, or low-grade to chronic pancreatitis, both of which may



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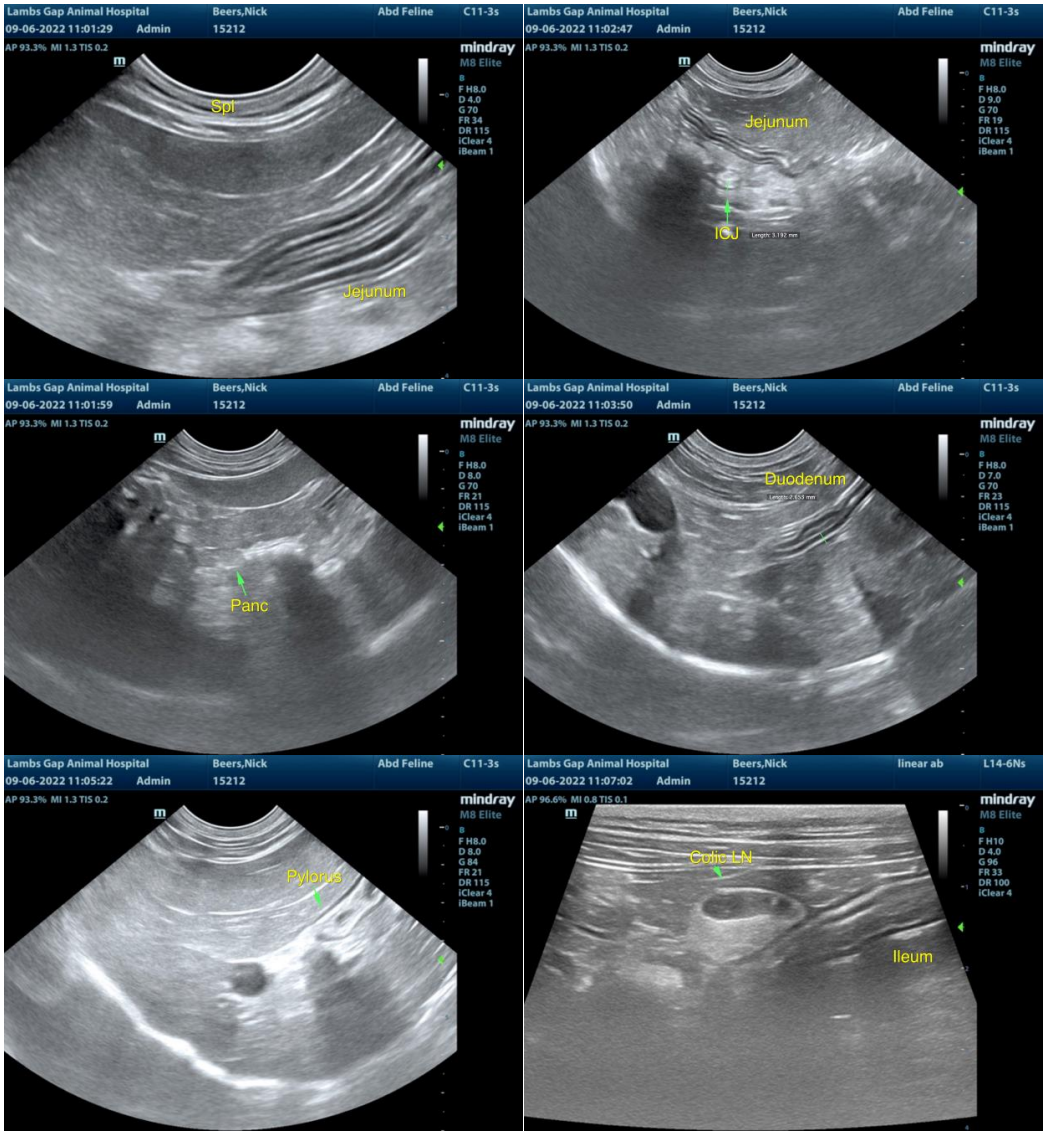
present sonographically normal. Further assessment may include Spec fPL or A GI panel to include Cobalamin/Folate levels, especially if evidence of weight loss. If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

Empirically, a canned hydrolyzed diet trial, prophylactic deworming if clinically indicated, and as-needed gastroprotectants and assessment of clinical response would be reasonable. If persistent to recurrent vomiting despite dietary trial and GI support, recheck sonogram may be considered to rule out evidence of progressive GI mural changes or colic lymphadenopathy.



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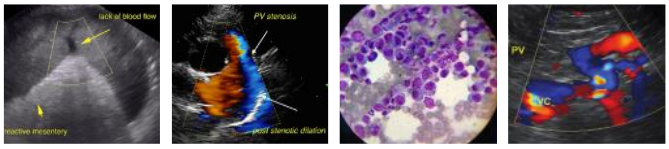

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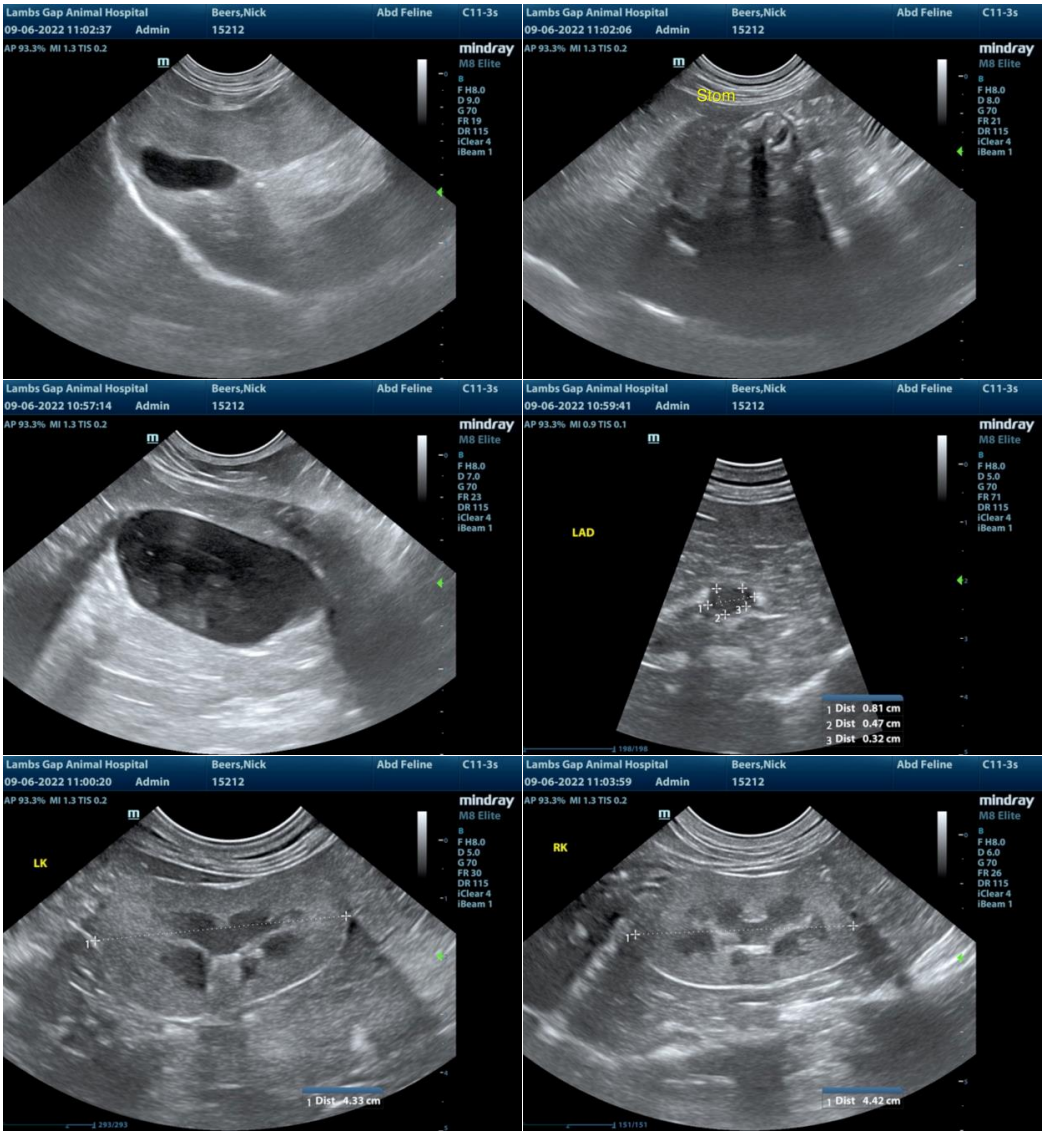

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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