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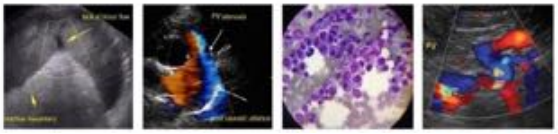


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**

Lola Rush

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

6 kg

**INTERPRETED BY**

Tam Mengine, DVM, DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Bronte Village AH

**REFERRING VET**

McGrath

**INVOICE**

12147

**DATE**

2.3.23

## PRESENTING CLINICAL SIGNS

History: Exam notes for Dec 6 when problem first arose where abdomen felt bloated and full. Mild tachycardia. Licks belly and hair not regrown from previous groom around tail. Continues to gain weight even with limiting food. Eats RC hypo diet. Owner feels she is lethargic and not herself, strong ammonia smell to urine. Patient has asthma, suspect IBD, hyperthyroidism and ongoing mild constipation. Has been on Methimazole, Cisapride and Prednisolone e.o.d.

Abnormal PE/Chem/CBC/UA Results: Please see attached rads, lab results

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.5 cm in length. The right kidney is 4.0 cm in length.

### *Adrenal Glands*

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.4 mm at the caudal pole. The right adrenal gland height 3.1 mm at the caudal pole.

### *Spleen*

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 7.6 mm.

### *Liver*

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

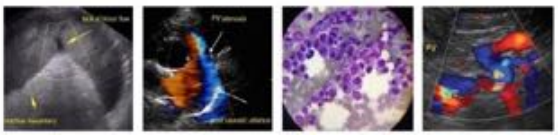
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.6 mm for duodenum and 3.2 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.





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***Pancreas***

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

***Free Abdomen***

There is no evidence of free fluid within the peritoneal cavity. There is focally hyperechoic omental and mesenteric fat, with prominent, but appropriately-sized mesenteric lymph nodes. There is a large amount of intra-abdominal fat present. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Mildly thickened small bowel and reactive mesenteric fat, consistent with infiltrative bowel disease

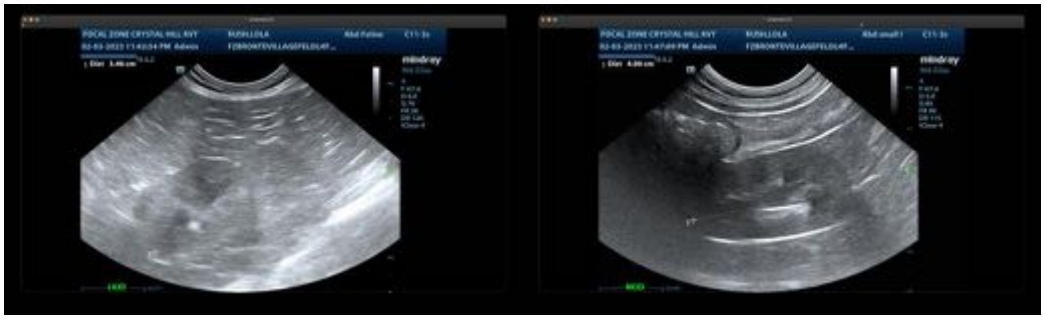
### Secondary Findings

- Large amount of intra-abdominal fat, which likely correlates with the bloating that has been noted.
- Small amount of bladder sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of free fluid or a mass that might explain the abdominal distention noted. Thus, it is likely secondary to obesity. Given that the patient is hyperthyroid, and has intestinal changes consistent with IBD, the obesity is surprising. There is no evidence on recent bloodwork that the thyroid disease is overtreated, nor is there evidence of diabetes mellitus. Thus, it is recommended that a strict dietary history is obtained, with assurance that caloric needs are appropriate. It may be that when the patient's thyroid was not controlled, it had a greater caloric need than it does now.

The amount of sediment in the bladder is modest and may be related to the cystocentesis performed recently. Correlate with clinical signs.



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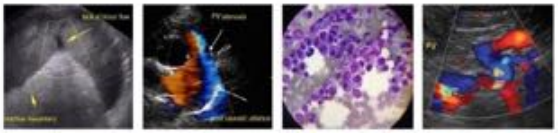

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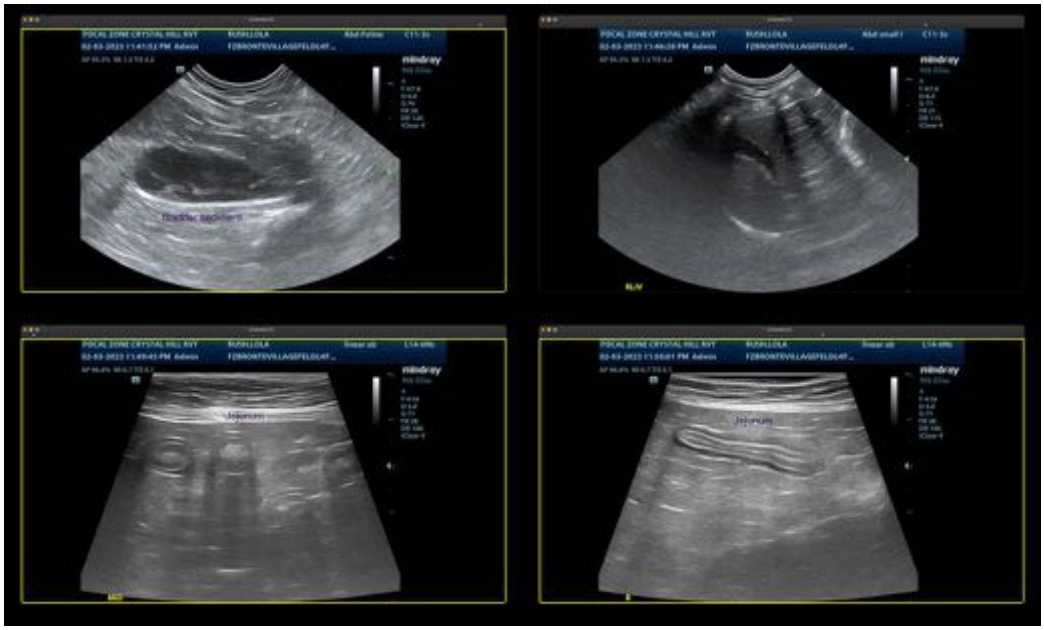

**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, ßplease contact me.

**Tam Mengine, DVM, DABVP (canine/feline practice)** info@SonoPath.com