

PATIENT

Kit Kat Weisheimer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 years

WEIGHT

9.4 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emerg
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

12155

DATE

2.5.23

PRESENTING CLINICAL SIGNS

History: Vomiting frank blood (could be diarrhea, or unsure); started this AM; unsure if eating or drinking; multiple cats in household unsure if it is this cat or other; lethargic and NAR. Live fleas seen on patient.

Abnormal PE/Chem/CBC/UA Results:

FPLi: normal/negative

FELV/FIV: negative

CBC: RBC 2.95, HGB 4.4, HCT 12.9%

EPOC: HCT 12%, glucose 263 mg/dL, BUN 36, lactate 8.04, ionized calcium 1.19, potassium 3.0, BE ECF -9.1

CHEM: BUN 36.3, calcium 7.9, TP 5.2, albumin 2.1, glucose 274 mg/dL

Fecal float/direct: NPS

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 3.6 cm in length. The right kidney is 3.4 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 4.2 mm at the caudal pole. The right adrenal gland height 3.2 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 8.2 mm.

Liver

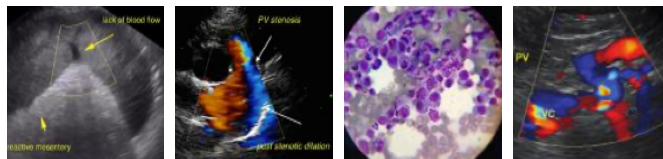
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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 mildly distended with echogenic contents. The gastric wall is 3.3 mm with a thickened submucosal layer. The pylorus is not distinctly visualized.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.2 mm. The jejunal wall measures up to 2.0 mm. Intestinal motility appears normal.



PATIENT

Kit Kat Weisheimer

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.8 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Spayed Female

- A diffusely thickened stomach, with disproportionately thickened submucosal layer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 years

The cause of the anemia is not definitively identified in today's scan. It is possible that the contents of the stomach could represent bleeding from the ulcer, but they could also be normal ingesta. Additional recommendations are as follows:

WEIGHT

9.4 lbs

- Testing for FeLV/FIV if not already performed
- Coagulation testing to rule out coagulopathy
- Endoscopy or exploratory laparotomy could be considered, with biopsy of the stomach wall. Endoscopy would be preferred as it would also allow for visualization of the esophagus.
- Supportive care including blood transfusion, gastric protectants such as Carafate and omeprazole, fluid therapy and antiemetics.
- Empirical treatment with azithromycin could be considered to rule out the possibility of helicobacter infection.
- A fecal parasite test and/or empiric deworming with Fenbendazole

INTERPRETED BY

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

IMAGING PERFORMED BY

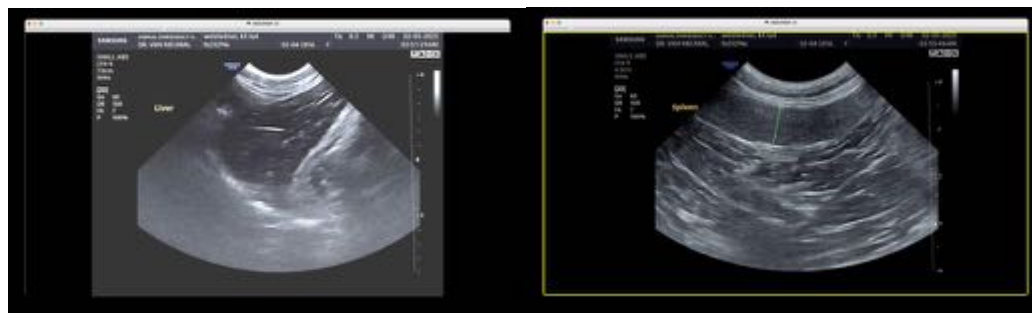
Dr. Van Nieuwal

HOSPITAL NAME

Animal Emerg
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

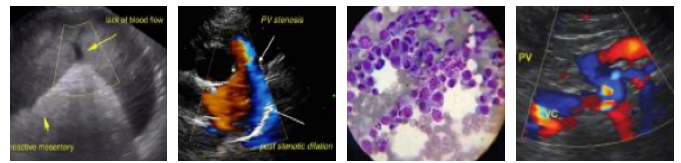


INVOICE

12155

DATE

2.5.23



PATIENT

Kit Kat Weisheimer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 years

WEIGHT

9.4 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emerg
Hospital Volusia

REFERRING VET

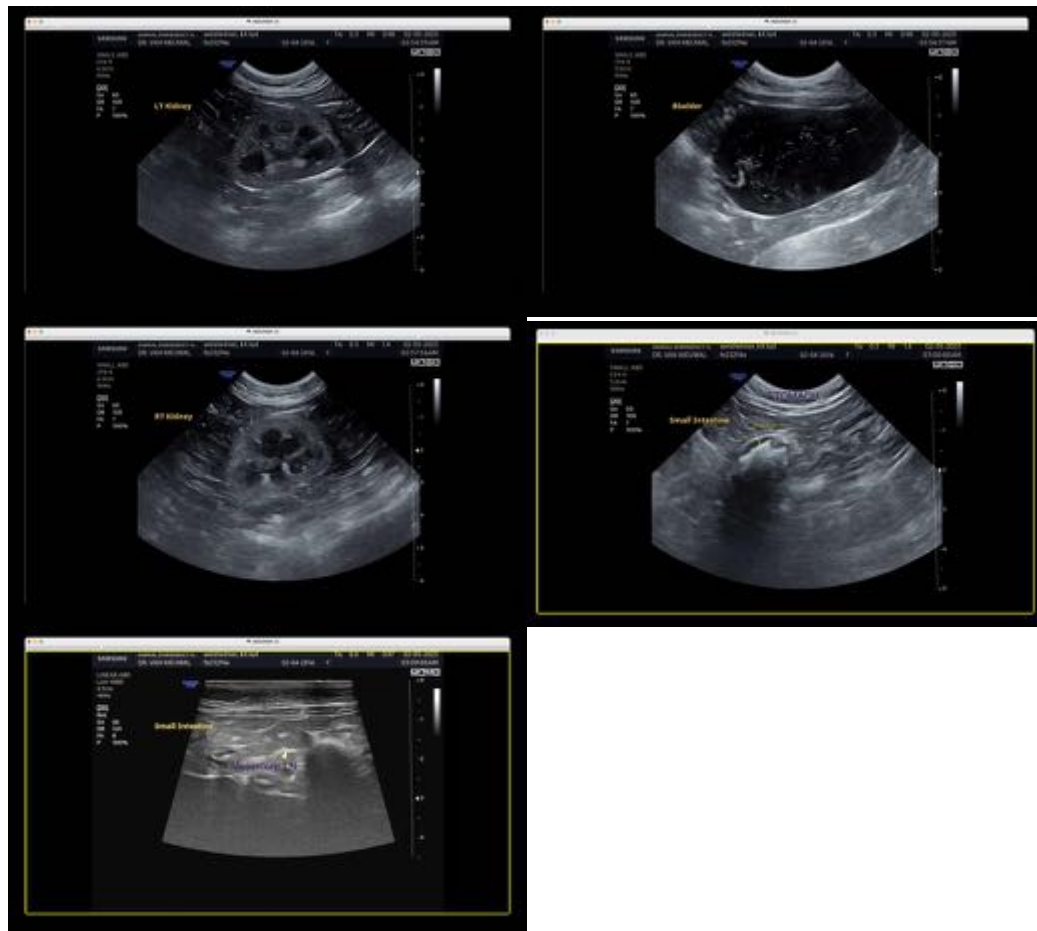
Dr. Van Nieuwal

INVOICE

12155

DATE

2.5.23



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.

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