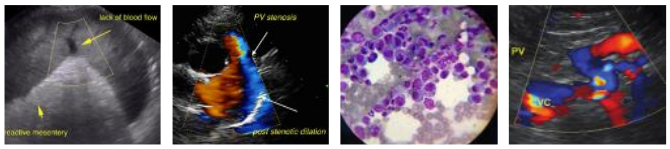
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Snickers Peiffer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Samantha Slenbaker

INVOICE

23711

DATE

7/30/23

PRESENTING CLINICAL SIGNS

Presented to ER for vomit, lethargy, fever 104.8 most recent blood work: felv/fiv: negative. severe neutropenia 0.17 (repeated on cbc machine twice bc odd), u/a: usg >1050, 1+ protein, rare wbc. fpl: normal seems painful around stomach/liver area with ultrasound probe. currently on cerenia, pantoprazole, pradofloxacin and ondansetron. Owner reports that pet ate an earring stud about 2 weeks ago, not seen on radiographs today though. Pet is indoor only and fully vaccinated.

Abnormal PE/Chem/CBC/UA Results: see above xrays: almost looks like calcified ureter??

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 2.0 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 trace pyelectasia with anechoic contents noted in the left kidney. There is no evidence of nephrolithiasis, mineralization, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.8 cm in length. The right kidney is 3.9 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 3.7 mm at the caudal pole. The right adrenal gland height 3.9 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 8.4 mm.

Liver

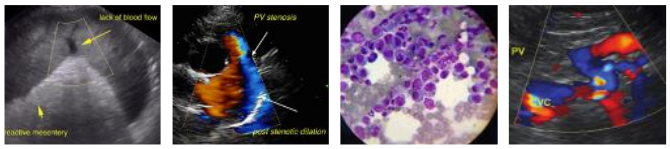
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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 2.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. There is a small amount of foreign material visible within the duodenum, with no evidence of obstruction or regional inflammation. The



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duodenal wall measures 2.4 mm. The jejunal wall measures up to 2.2 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable feline abdomen

Secondary Findings

- Small amount of foreign material in the duodenum
- Trace pyelectasia in the left kidney
- A small amount of urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the fever, vomiting, and cranial abdominal pain noted in the history.

There is no evidence of mineralization of a ureter, though the possibility that a nephrolith was passed previously remains a possibility.

There is no evidence that the foreign material in the duodenum is causing obstruction, however, if the patient's symptoms persist, then sonographic reassessment of this area would be recommended. It is also recommended to check under the tongue to rule out the possibility of a linear foreign body anchored there.

The reported neutropenia, along with the fever raises a concern for sepsis, thus continuing the current antibiotic therapy, while trying to determine and underlying cause, is recommended. Chest radiographs would also be recommended if not already performed.

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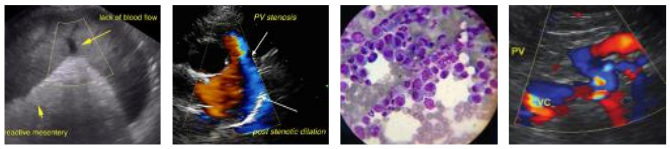

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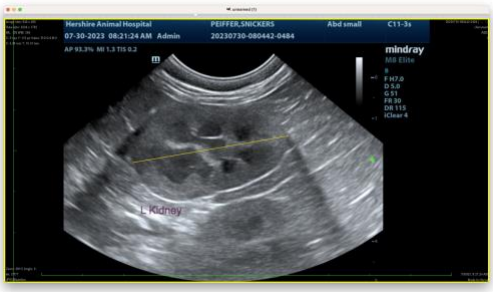

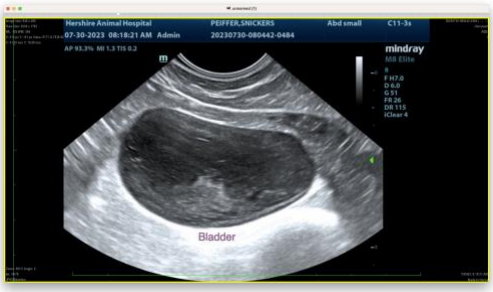

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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