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Clinical Sonography & Telecytology
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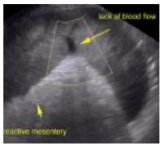
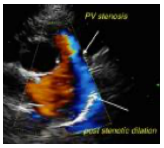
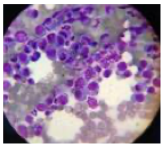
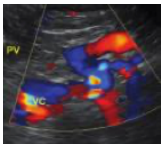

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Olivia Buckley

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
5 years

WEIGHT
13.2 lbs

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

IMAGING PERFORMED BY
Dr. Sharkaway

HOSPITAL NAME
Kew Gardens AH

REFERRING VET
Dr. Sharkaway

INVOICE
13955

DATE
8.4.23

PRESENTING CLINICAL SIGNS

History: Vomiting and gagging on and off for 3 days. Overweight.
Abnormal PE/Chem/CBC/UA Results: Blood work–mild elevated ALT, mildly elevated amylase UA–WNL F PLI–normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. 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 1.0 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 3.6 cm in length.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

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 9.0 mm.

Liver

The liver appears diffusely hyperechoic but is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture. 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 moderately distended with non-shadowing foreign material and gas.
The gastric wall is 2.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.60 mm for jejunum. The duodenum is not distinctly seen. 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.

Pancreas

There is hyperechoic omental fat in the region of the right limb and body of the pancreas. The pancreas itself does not appear swollen. The pancreatic duct appears normal.

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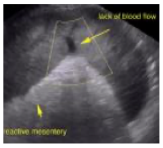
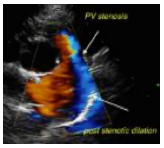
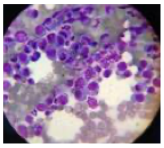
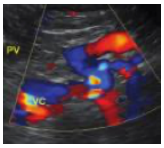

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Free Abdomen
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonobstructive foreign material in the stomach
- Hyperechoic fat in the region of the pancreas, which may suggest pancreatitis
- Focally thickened small bowel muscularis layer

Secondary Findings

- Hyperechoic liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of gastrointestinal obstruction on today's ultrasound. There does appear to be focal inflammation in the region of the pancreas. However, the normal fPLI is considered a more specific indicator of pancreatitis than ultrasound. Thus, I do not think this finding confirms pancreatitis. There are regions in which the muscularis layer of the small intestine appears thickened, which can be finding with infiltrative bowel disease. The hyperechoic liver may be a benign an incidental finding, but can also be seen with inflammation and hepatic lipidosis. However, if other liver values are normal, and the ALT elevation is mild, it is more likely that the elevated ALT is secondary to primary gastrointestinal disease. Additional recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.


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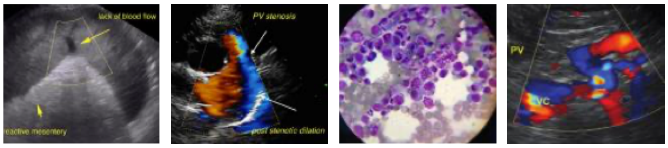

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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