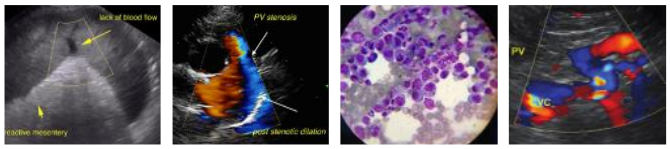
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Figaro Ardolino

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10 mos

WEIGHT

11.1 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover AH

REFERRING VET

SVB

INVOICE

10364

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: P has been vomiting since Sunday 2/13/22. O stated having work done in house and unsure if ate anything wasnt supposed to. P not interested in food starting 2/14/22 pm. Has continued to vomit foam/bile today (2/15/22) despite not eating. Drinking normally & able to keep water down. O unsure if p has urinated or defecated as p shared LB with 2 other cats in house.

Abnormal PE/Chem/CBC/UA Results: Extremely painful on abdominal palpation (primarily in caudal abdomen). Rest of exam findings WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (0.53 cm cranial); (0.55 cm caudal); (1.51 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

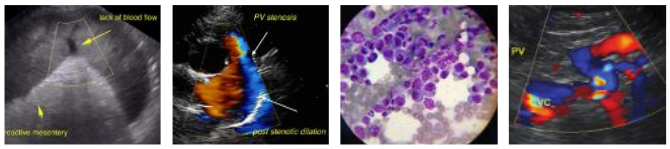
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is moderately fluid distended and hypomotile. A small amount of hyperechoic shadowing material is observed within



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the lumen. The pyloric outflow tract is patent. Outflow tract is patent. The proximal duodenal lumen is moderately fluid distended (0.84 cm in diameter), and hypomotile. The remaining small intestinal lumen loops are not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.24 cm in length. The mesentery adjacent to the nodes is reactive.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Proximal gastrointestinal dilation and hypomotility with questionable gastric foreign material. A duodenal foreign body is not definitively visualized but cannot be excluded.

Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia
- The reactive mesentery in the mid-abdominal region may be secondary to lymph node and/or bowel pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider abdominal radiographs +/- a barium study to further assess for a bowel obstruction. Alternatively, if an aggressive approach is desired, consider an abdominal exploratory to look for a foreign body. If a foreign body is not found, gastrointestinal biopsies should be obtained to assess for microscopic disease. If a more conservative approach is desired, consider supportive care for acute gastroenteritis with a repeat ultrasound in 12-24 hours. If this route is taken, additional duodenal imaging is recommended to further assess for a foreign body/obstruction.
- Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.

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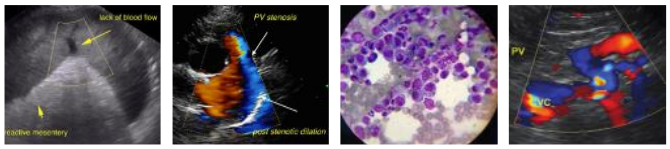

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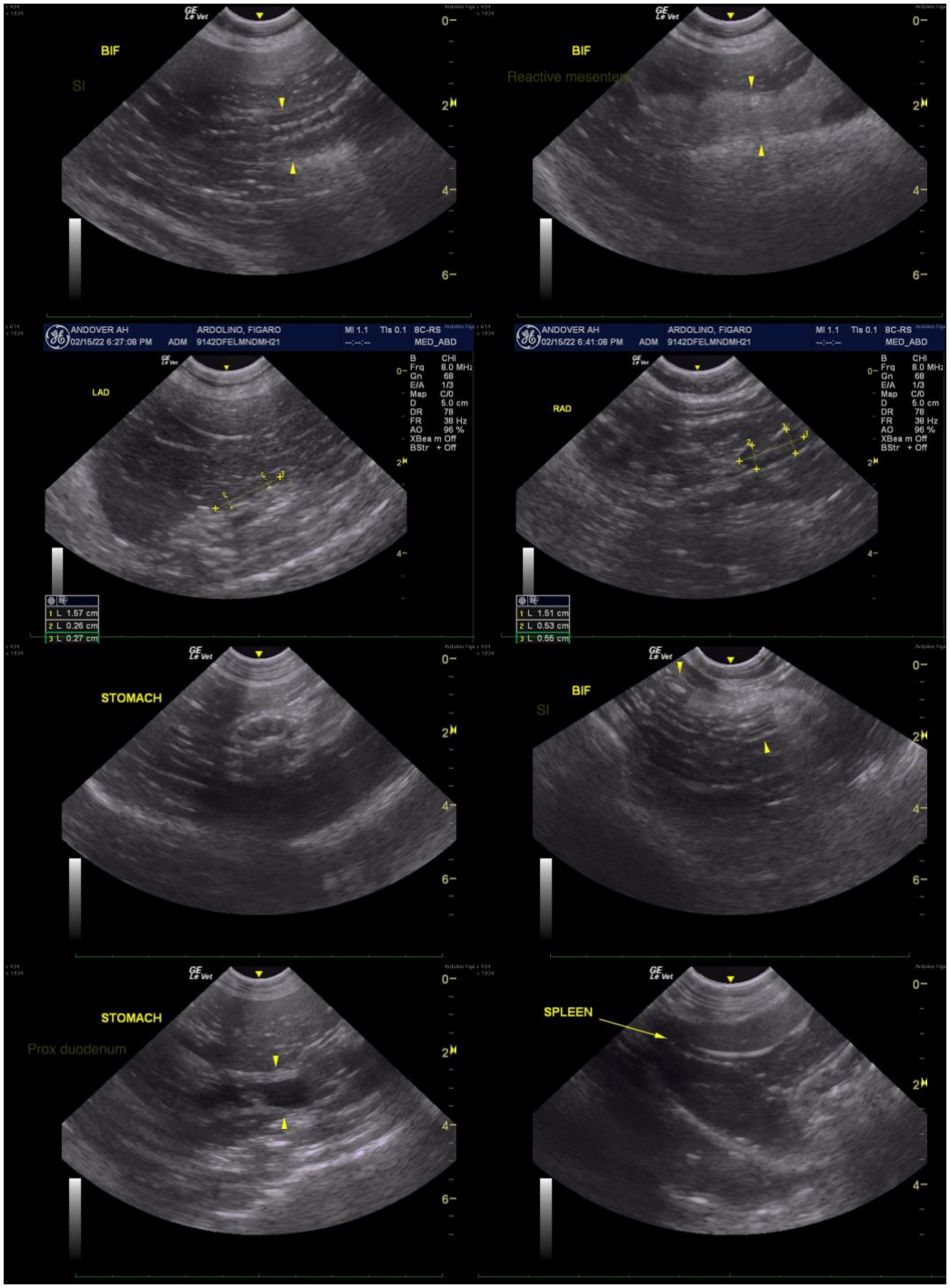

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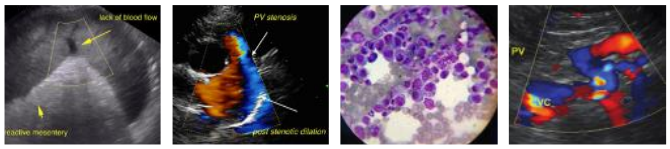

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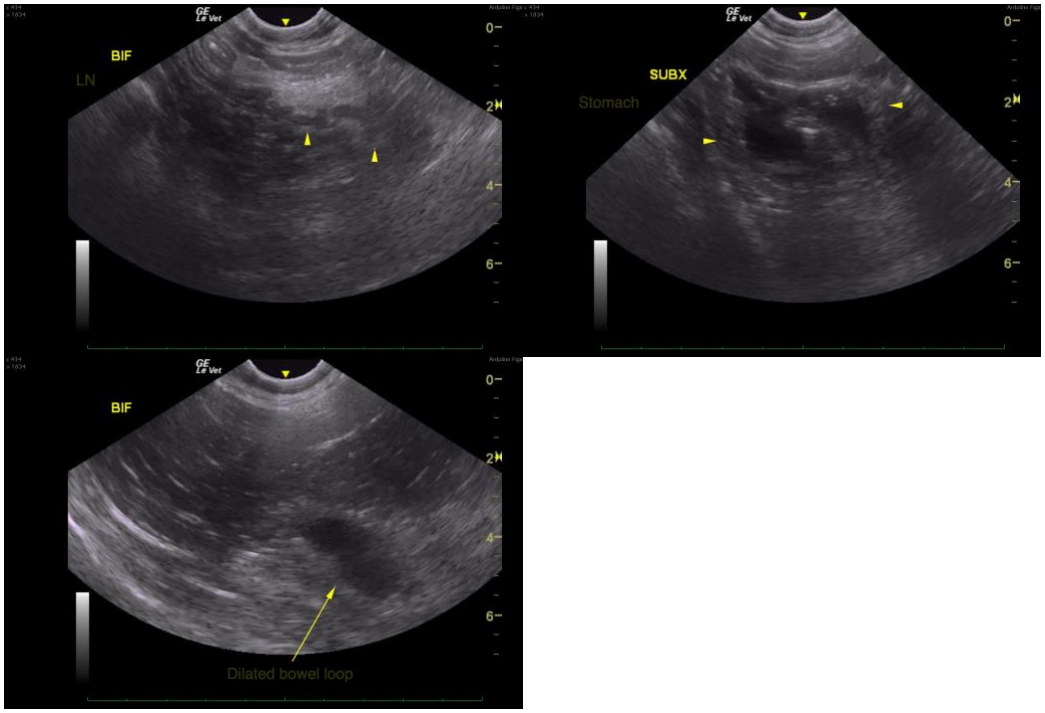

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com