



PATIENT

Bubba Steevens

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting last night, bile

SPECIES

Feline

Clinical Exam Findings:

EENB mmb pink <2

CV/R no murmur, slow then fast regular arrhythmia. Not related to breathing.

abd palp- soft

UG Ub moderate sized soft.

BREED

Papillon

PLNs nwl

integ nsf

MS/N nsf

SEX

Neutered Male

Abnormal lab-work values: mild leukocytosis, BUN 40

Current Medications: IVF, cerenia, ondansetron, buprenex

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

10/10/2006

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within

the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized

portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

WEIGHT

3.32 kg

The prostate is normal in size (0.89 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small
Animal Internal Medicine*)

The left kidney is normal in size (3.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Renal vasculature is normal.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small
Animal Internal Medicine*)

The right kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Renal vasculature is normal.

HOSPITAL NAME

MP Blue Pearl ER

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.58 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogenous with slight loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.60 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Danielle Fraser

Spleen

The spleen is normal in size (0.92 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.

INVOICE

12161

DATE

2.6.23

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. A small to moderate amount of aggregated, echogenic debris/sludge is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderate to severely fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is mildly to moderately fluid-distended and hypomotile. Some small intestinal segments are empty. Approximately mid-jejunum, a 1.50 – 2.00 cm soft shadowing structure is observed within the lumen. The mesentery effacing the serosal surface in this region is hyperechoic. The colonic wall is normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion (right limb) the pancreas is normal to slightly prominent in size, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

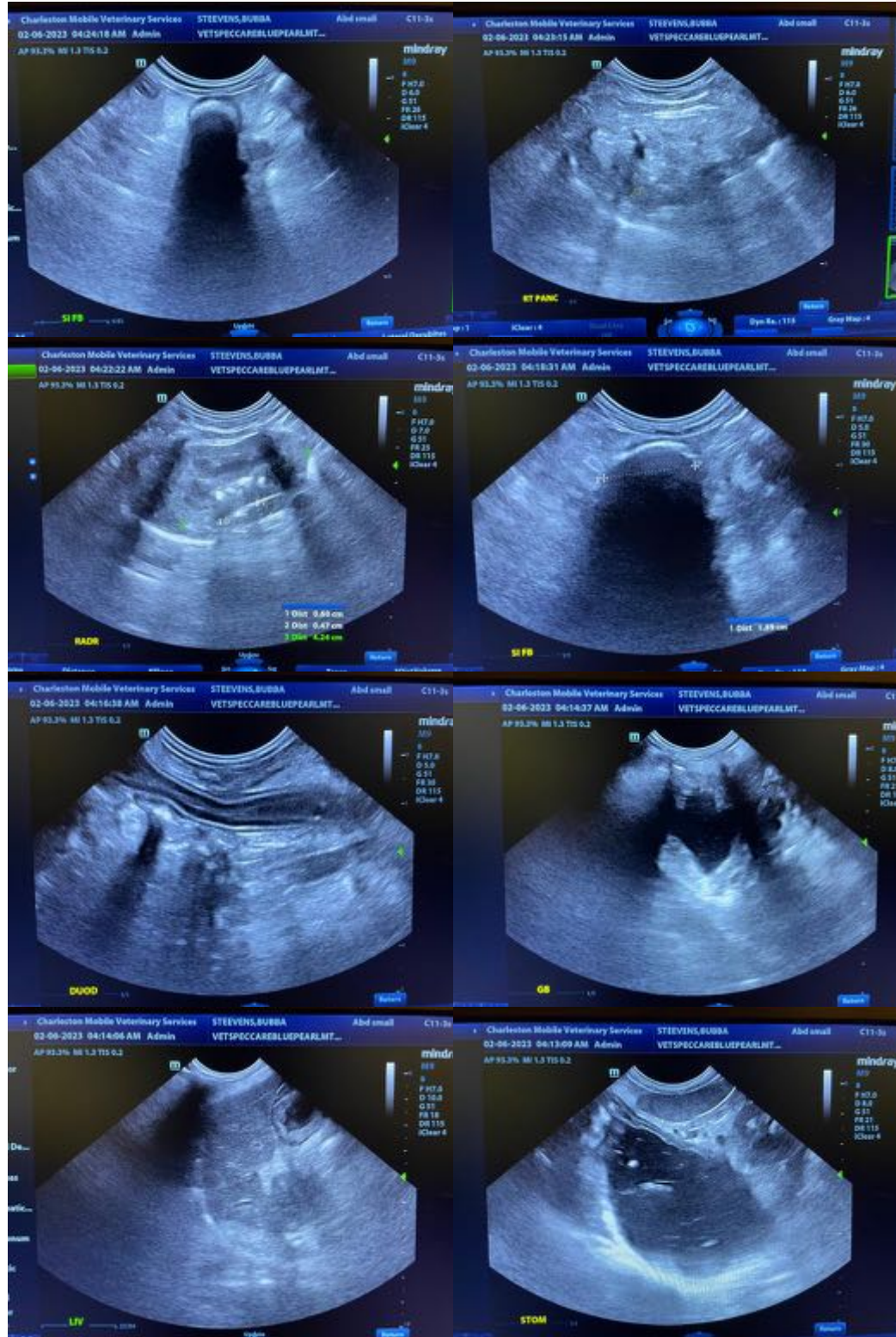
- Suspected jejunal foreign body/obstruction. Adjacent peritonitis is present.

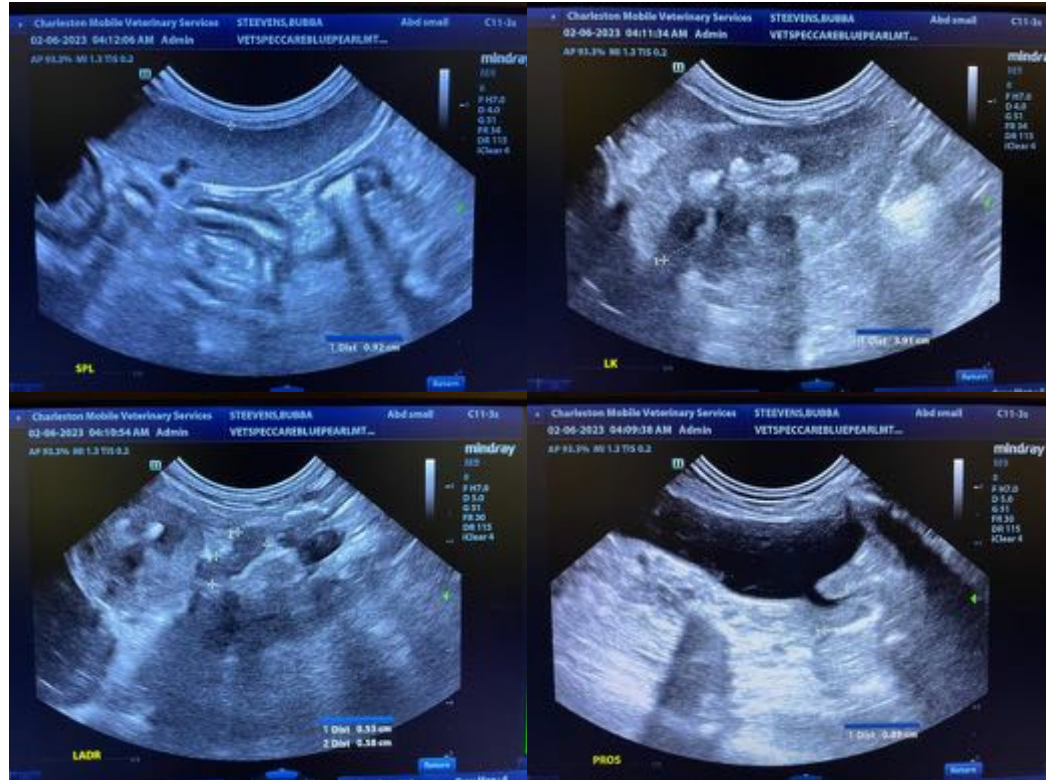
Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis.
- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Adhered gall bladder sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory with foreign body removal is recommended. Thoracic radiographs should be considered prior to anesthesia to assess for occult aspiration pneumonia.





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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