



**PATIENT PRESENTING CLINICAL SIGNS**

Milo Popek

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

History: Presented Yesterday due to emesis and today presented because O observed Bleeding from bum, dragging bum on carpet, hiding, still is vomiting - not eating since visit yesterday - nothing in litterbox in terms of urine or BM since visit yesterday - vomited this morning - was pink - vomited 1/2 hour after sulcrate (brown) - ~10am, but hasn't vomited since then - o keeping separate from other cat - seems quiet, hiding - was scooting a couple of hours ago, could see streaks of blood - vocalizes when picked up - not normal for him too PE; abdominal palpation left kidney felt bigger than right one. A tubular structure on left lateral ventral side of abdomen. Tp 38.6 C. Nothing under the tongue. Famotidine and Sulcrate and IVF.

Abnormal PE/Chem/CBC/UA Results: X rays there is a pattern gas on two sections appreciated in the 3 views. Small GI all near ventral and with liquid opacity. small bladder visualized in ventral area. No bloodwork.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

3.5 years

**Urinary System**

The bladder is moderately distended. A small amount of 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 2 cm, are normal.

**WEIGHT**

6.18 kg

The left kidney is normal size (4.51 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (4.94 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

The spleen is normal in size (1.05 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.

**HOSPITAL NAME**

Simcoe AH

**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.

**REFERRING VET**

Dr Aliaga-Leyton.

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.

**INVOICE**

10540

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. In at least one segment of jejunum, soft shadowing material is observed within the lumen. The bowel loops proximal to this region are mildly fluid-distended and hypomotile. The mesentery

**DATE**

3/16/22



**PATIENT**

Milo Popek

effacing the serosal surface in this region is hyperechoic. A trace amount of ascites is also seen in this area. The small intestinal wall is normal in thickness with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There appears to be fluid within the proximal colonic lumen.

**SPECIES**

Feline

**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.

**BREED**

DSH

**Free Abdomen**

Trace free fluid is observed.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Suspected jejunal foreign material (i.e., hair), with regional peritonitis. The foreign material is thought to be obstructive but there is the possibility that it may be transient.
- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.

**AGE**

3.5 years

**WEIGHT**

6.18 kg

**Secondary Findings**

- The prominent gastric lymph node is likely reactive.
- The medullary bands seen in both kidneys may be a benign incidental finding. However, subclinical renal disease is also possible. Correlation with the clinical findings is recommended.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.
- Consider an abdominal exploratory to evaluate for and remove any foreign material. Gastrointestinal biopsies should also be obtained at the time of surgery, given the sonographic appearance of the small intestinal wall. If surgery is pursued, a repeat limited ultrasound of the GI tract should be performed just before surgery to determine if there has been movement in the foreign material.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

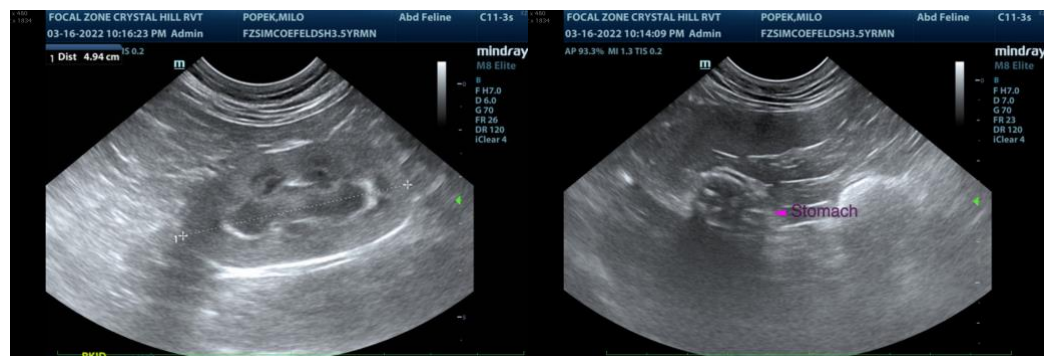
Dr Aliaga-Leyton.

**INVOICE**

10540

**DATE**

3/16/22





**PATIENT**

Milo Popek

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3.5 years

**WEIGHT**

6.18 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

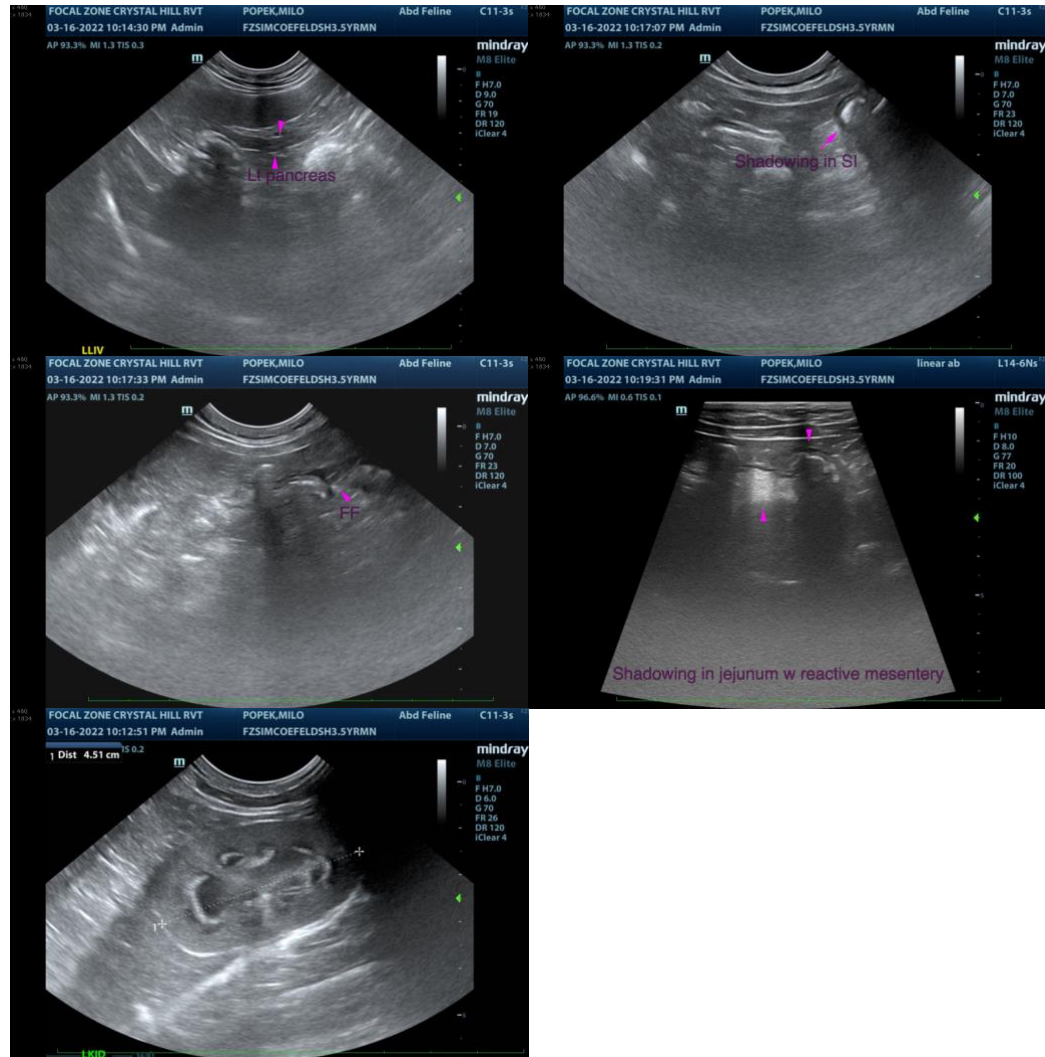
Dr Aliaga-Leyton.

**INVOICE**

10540

**DATE**

3/16/22



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