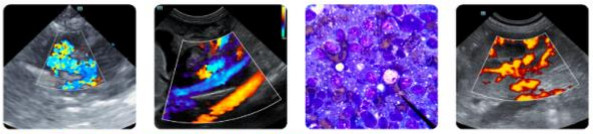

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PATIENT

Kratos Bradford

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

3 mos

WEIGHT

1.55 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Beatties
Stoney Creek

REFERRING VET

Codrington

INVOICE

22751

DATE

3-27-26

PRESENTING CLINICAL SIGNS

- Presented to rDVM for history of vomiting 2-3 times per day for 7 days. Had an appetite until 03/26, would vomit 20 mins-2 hours after eating. 03/26 completely stopped eating. Diarrhea ongoing for 7 days. No vaccines or deworming so far. Lives in home with mother and 2 littermates - all are non-symptomatic.

- Pain elicited on abdominal palpation. Palpable firm mass-like structure present.

Current Medications: Methadone injection. Maropitant injection

Abnormal PE/Chem/CBC/UA Results: M1-2 gas in stomach, minimal contents. M1 gas in colon. Spleen, renal, bladder, liver appear WNL. Small intestine some areas of gas noted. Within one area of gas there is an unusual object, not classic of intestinal contents, possibly FB - notes from rDVM. Mild neutrophilia. Thrombocytosis. SDMA 25. Elevated BUN, amylase and lipase. T4 normal.

Primary Question to Be Answered in This Exam Is a foreign body present? Or other pathology to be causing clinical signs? BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at 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 in this region.

Spleen

The spleen is contracted (0.35 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen. The cystic and common bile ducts are normal.

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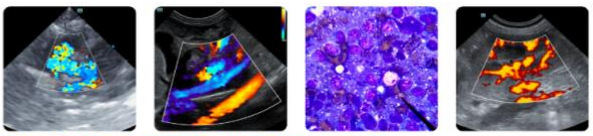

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Gastrointestinal
The gastric lumen is severely fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments, thought to represent small intestine, are moderately to severely fluid-distended, and hypomotile. In one of these segments, there is a questionable soft, shadowing structure. The mesentery effacing the serosal surface in this region is mildly hyperechoic. In the remaining small intestinal segments, the lumen is empty. The walls are normal in thickness. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal.

Pancreas
The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated.

Lymph Nodes
A 0.83 x 0.37 cm medial iliac lymph node is visualized. A few prominent mesenteric lymph nodes are also seen (one measuring 1.10 x 0.45 cm).

Free Abdomen
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastrointestinal obstructive pattern with questionable small intestinal foreign body. Mild peritonitis is present adjacent to the dilated bowel segment.
- Trace ascites
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

Secondary Findings

- The bilateral renal changes may be a normal variant for this patient or could suggest underlying renal disease.
- Splenic contraction likely secondary to dehydration

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, an abdominal exploratory should be considered to assess for and remove any foreign material. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.
- Regarding the elevated BUN and bilateral renal changes, a urinalysis +/- culture and sensitivity should be considered along with serial monitoring of the patient's renal values to assess for progression.

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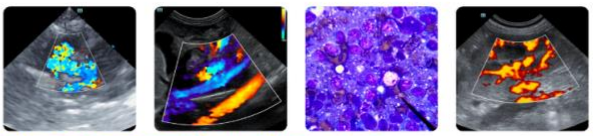

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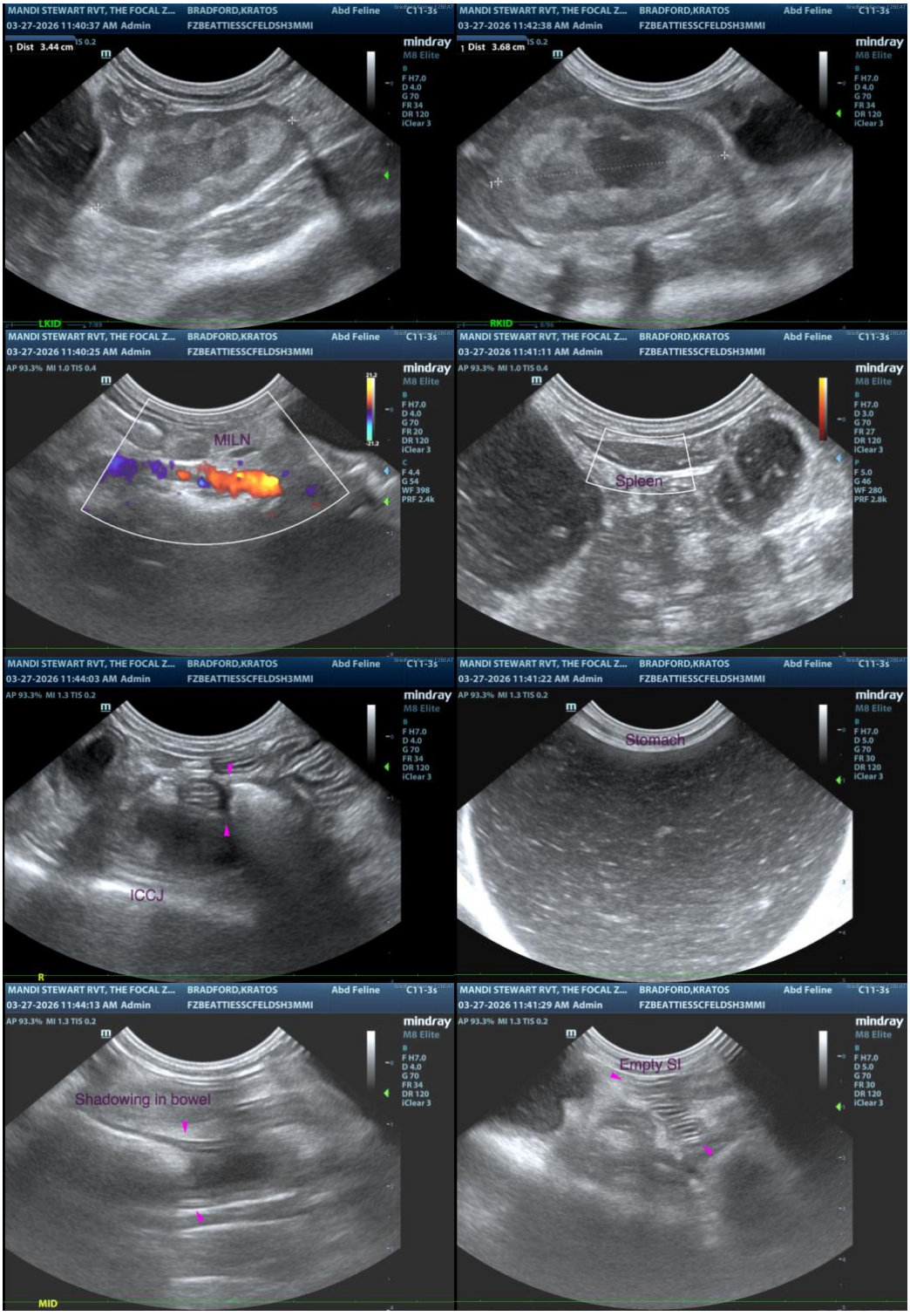

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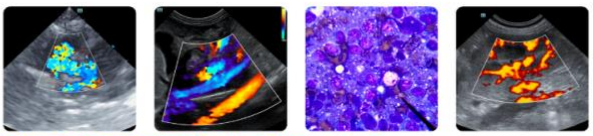

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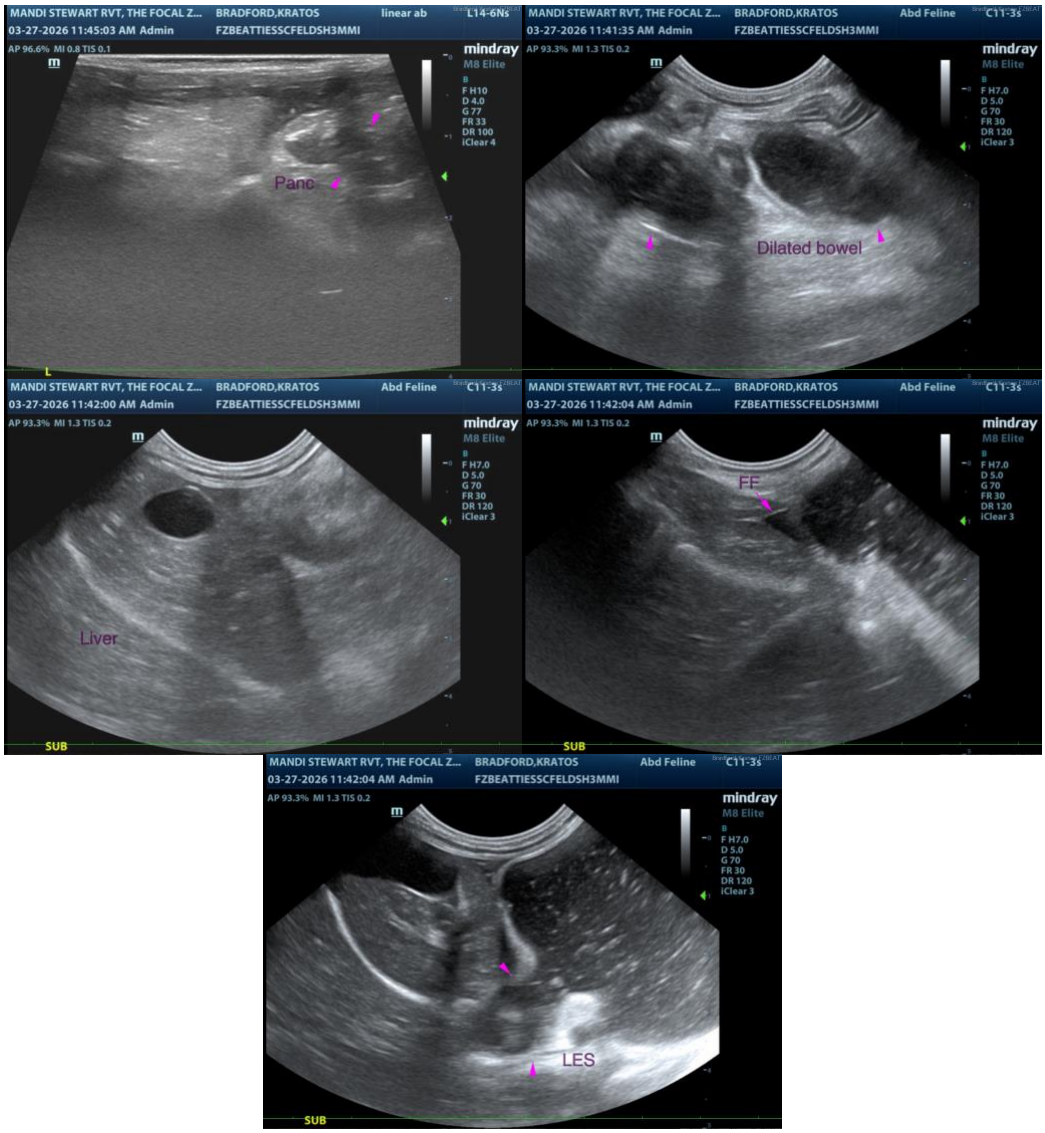

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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