



**PATIENT**

Baby Reeder

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

4.12 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Laura de Cordon, DVM

**HOSPITAL NAME**

Mason Dixon Animal EH

**REFERRING VET**

Laura de Cordon, DVM

**INVOICE**

10712

**DATE**

4/8/22

**PRESENTING CLINICAL SIGNS**

History: Transfer from rDVM on 4/7/22 4/4/22 fb post op (negative for FB, enlarged mesenteric LN, inflamed pancreas according to report 4/7/22 Vomiting at home not eating very lethargic, diagnosed with pancreatitis.

Abnormal PE/Chem/CBC/UA Results: At presentation to MDAEH patient went into CR arrest, able to bring back. Hypotensive, hypoglycemic. Incision site with mild purulent discharge. Doughy abdomen. 4/7/22 CBC: NEU:0.51 (2.30-10.29) BAND: suspected MONO:1.10 CHEM/LYTES: GLUC:357 CL:110 Abnormal fPL EPOC: Lactate: 9.3 PCV/TS: 30/6.0 BG: too low to read PT: 20.6 PTT: error BP: unable to read

**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 1-2 cm, are normal.

The left kidney is normal size (3.53 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (0.89 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is normal in size (0.62 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is moderately to severely fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears



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patent. The proximal duodenal lumen is dilated. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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### **Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, the pancreas appears normal in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to the surrounding omental fat. No discreet focal lesions are observed. The pancreatic duct is not overtly dilated.

## BREED

DSH

### **Free Abdomen**

A small amount of echogenic free fluid is visualized. The mesentery in the cranial abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

## SEX

Neutered Male

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Gastric and proximal duodenal distention/ileus. There is no visible evidence of a GI obstruction but cannot be completely excluded. However, given the recent negative exploratory, an obstruction is considered unlikely. Cranial abdominal peritonitis is present, possibly secondary to pancreatitis and/or recent surgery.

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\*\*Given the clinical history, sepsis is of major concern. This could be secondary to an incisional infection, occult aspiration pneumonia, or bowel dehiscence (if GI biopsies were obtained), other.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fluid analysis, cytology +/- aerobic and anaerobic bile cultures of the abdominal fluid are recommended. An in-house cytologic evaluation of the abdominal fluid should be performed to assess for intracellular bacteria. If present, an abdominal exploratory would be warranted to find the source of infection.
- Three-view thoracic radiographs should also be considered to assess for occult aspiration pneumonia.
- Consider debridement of the surgical incision +/- cultures. Initiation of broad-spectrum antibiotics along with supportive care is also recommended.

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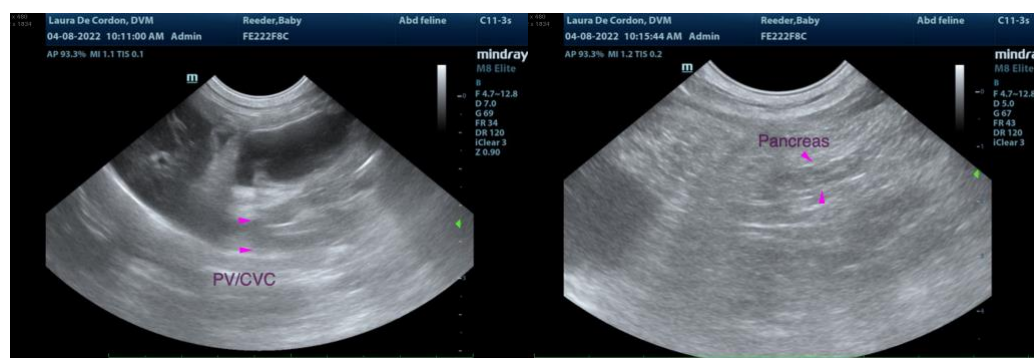
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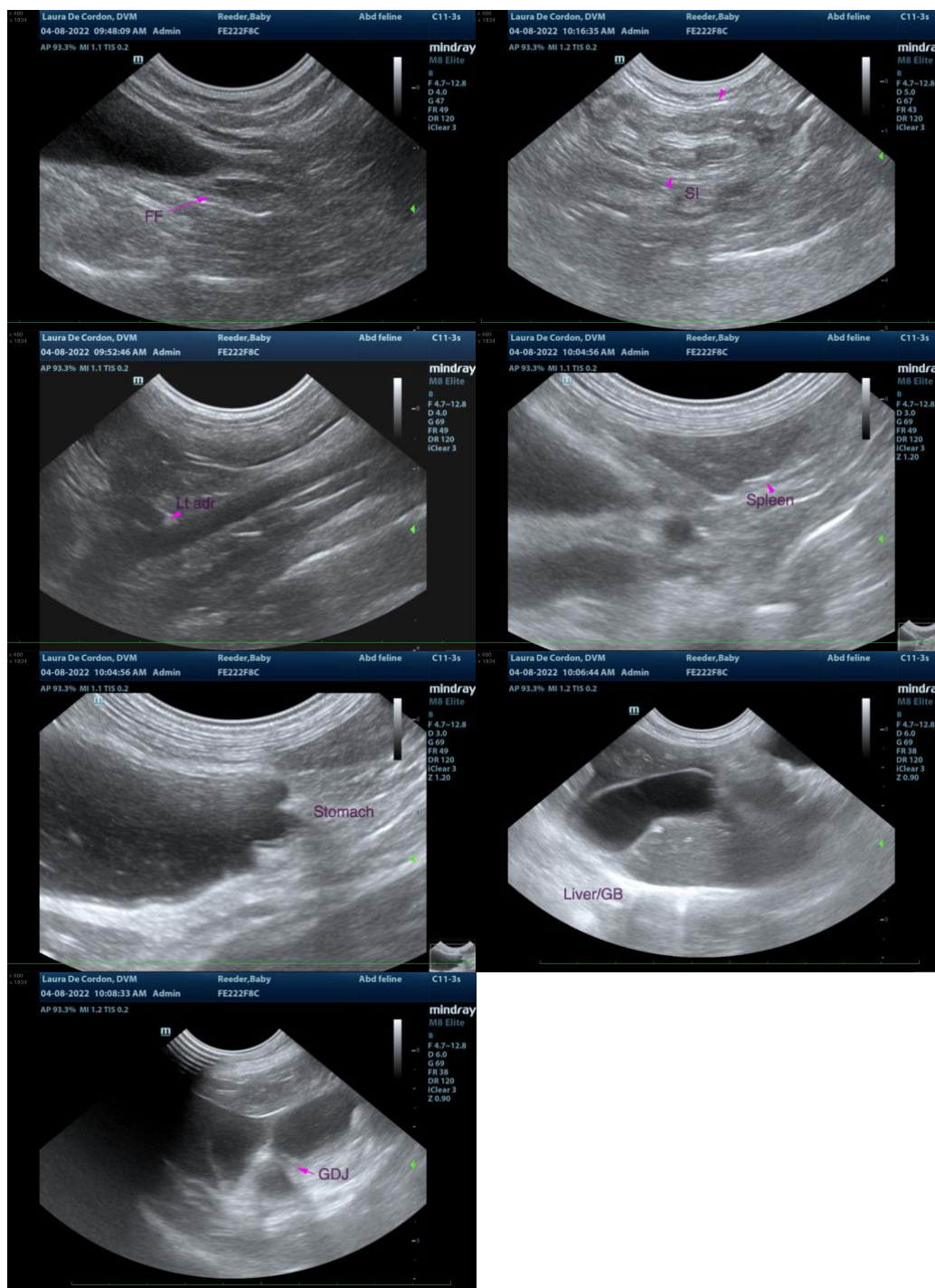
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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