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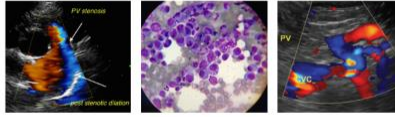


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Yeli Rogers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 years

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WWVRC Dr. Greenwalt

INVOICE

11107

DATE

6/17/22

PRESENTING CLINICAL SIGNS

Yeli presented to WVRC's Emergency Service on 6/17/2022 as a transfer for possible FBO.

-Over the past 24 hours Yeli has been vomiting.
-Went to pDVM 6/16 where a barium study was completed along with baseline lab work
CBC:WBC 8.79 (N) Hct 40.48 (N) Plt 395 (N)

Chem: Amy 1522 (H) otherwise unremarkable
-Recheck radiographs pDVM 6/17 concerning for FBO and sent here

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 (4.48 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. There is mild pericapsular inflammation.

The right kidney is normal size (4.95 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. There is mild pericapsular inflammation.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.67 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

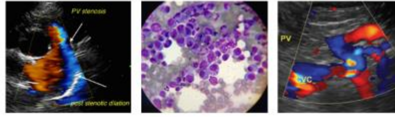
Liver

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 lumen is distended with echogenic fluid and is hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenum is moderately distended with chyme and is hypomotile. Within the jejunal lumen, there is a non-shadowing hypoechoic structure with hyperechoic foci spanning at least 3-4 cm. The mesentery



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effacing the serosal surface of the bowel wall in this region is hyperechoic. Distal to this region, the small intestinal lumen is empty. The remaining small intestinal walls are normal to mildly thickened (up to 0.32 cm) with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also evidence of mucosal fogging. The colonic wall is normal.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 0.53 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also visualized, the largest measuring 1.63 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

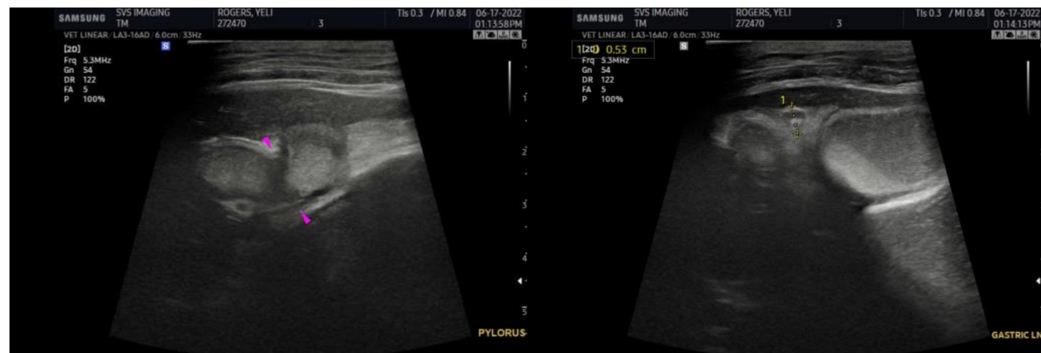
- Suspected jejunal obstruction, possibly due to a translucent foreign body or less likely, a stricture. Regional peritonitis is present.

Secondary Findings

- The mild pyelectasia in the right kidney may be secondary to IV fluid therapy, PU/PD, pyelonephritis or some combination thereof. Bilateral renal pericapsular inflammation.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Due to suspicion of a gastrointestinal obstruction, an exploratory surgery is recommended. Given the abnormal appearance of the bowel, gastrointestinal biopsies should be obtained at the time of surgery. Thoracic radiographs are recommended prior to prior to any anesthesia to assess for occult aspiration pneumonia.
- Given the bilateral renal changes, a urine culture and sensitivity should also be considered.



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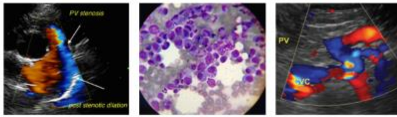

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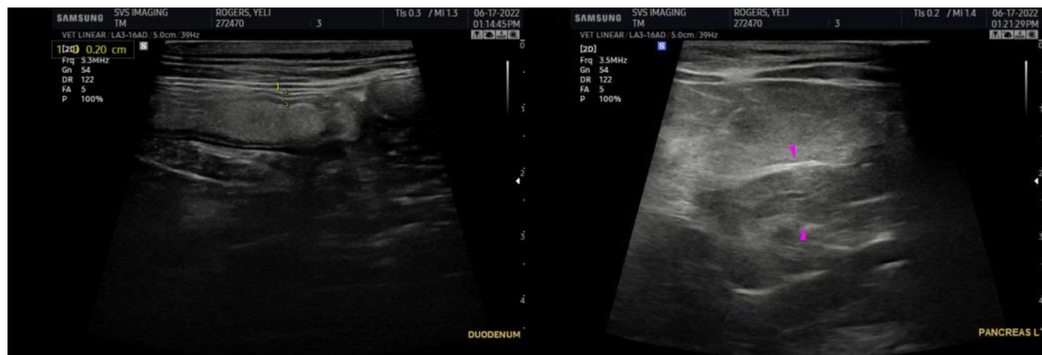

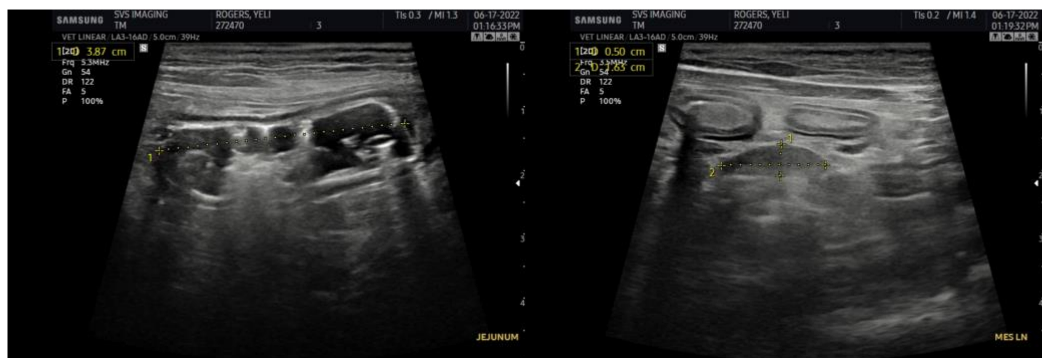

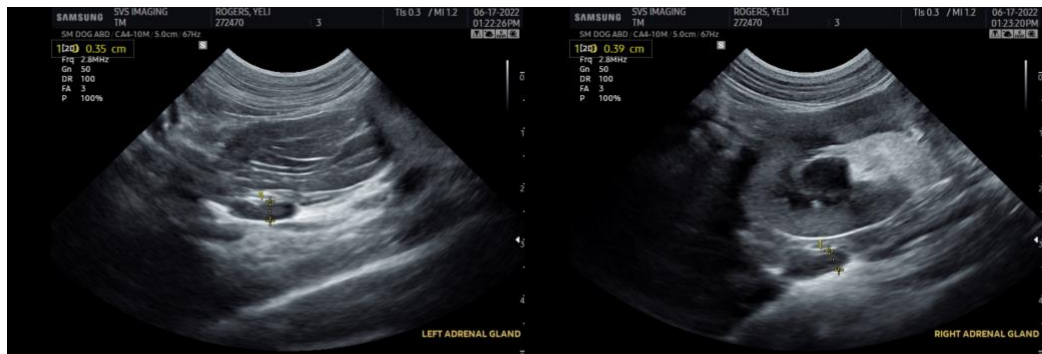

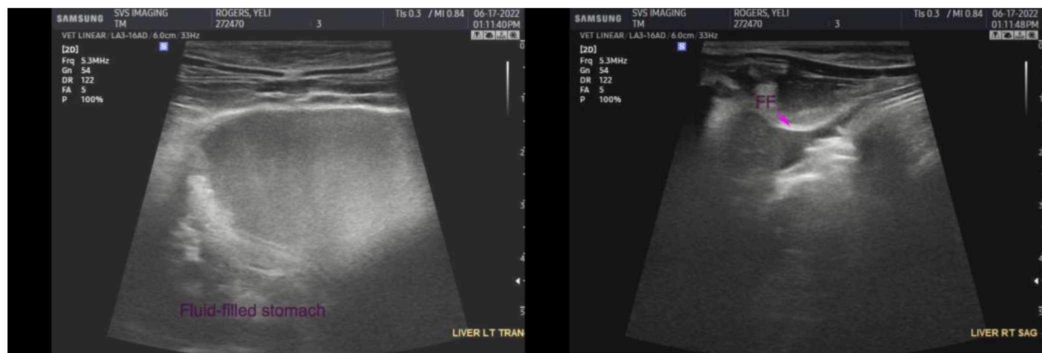

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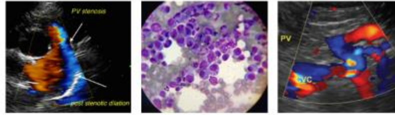

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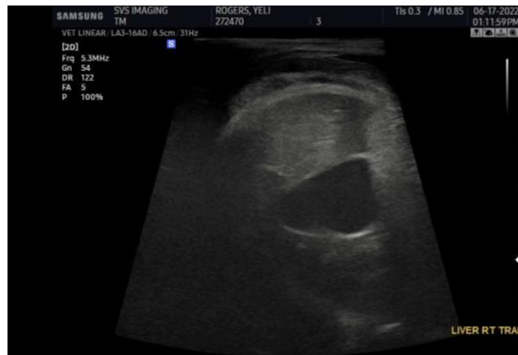

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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