

PATIENT PRESENTING CLINICAL SIGNS

Cody Shutt History: P has had a history of vomiting on and off for two years. O has done bloodwork and x-rays they haven't found anything on both.

SPECIES

Feline

Current Medications/Supplements/OTC: thyroid medication and acid reflex medication. Appetite/When did they eat last: yesterday at 4pm Diet: Purina N/F dry and wet food Vomiting/Diarrhea: vomiting no diarrhea

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Respiratory: Mild crackles bilaterally; Grade 2/6 parasternal murmur Abdominal: Large dilated loops of small intestine palpable Radiographs showed dilated loops of small intestine, mineralization of intrabdominal fat vs FB CBC: RBC 10.72 H Chem: BUN 45.5 H, IP 2.4 L, Ca 8.3 L, Glob 5.0 H, Glu 200 H EPOC: iCa 1.12 L, BUN 39 H, Glu 193 H T4: wnl

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13 years

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

4.3 kg

The left kidney is normal in size (4.30 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (4.37 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

IMAGING PERFORMED BY

Erin Wicks

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME

Shores VEC

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

REFERRING VET

Dr Miller

Spleen

The spleen is normal in size (0.85 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 appears normal.

INVOICE

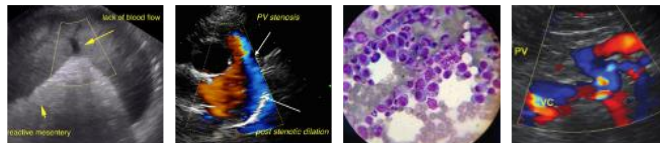
14254

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.

DATE

8.28.23



PATIENT The gall bladder 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.

Cody Shutt

SPECIES *Gastrointestinal*

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

4.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr Miller

INVOICE

14254

DATE

8.28.23

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with ingesta and irregular, hypoechoic non-shadowing bodies. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the caudal abdominal, a segmentally of jejunum contains soft, shadowing material. Orad to this segment, the bowel loops appear moderately dilated with fluid and chyme. Aborad to this segment, the bowel loops appear empty. The mesentery effacing the serosal surface in this region is hyperechoic. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal.

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.

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

ULTRASONOGRAPHIC FINDINGS

- The soft, shadowing material within the segment of jejunum in the caudal abdomen likely represents foreign material (i.e., hair, cloth, other). There is concern for obstruction, given the dilated bowel loops orad to this segment. However, if this is a trichobezoar, this may be a transient obstruction. Adjacent peritonitis is present.
- The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider an exploratory surgery to assess for and remove any small intestinal foreign material. If a more conservative approach is desired, consider supportive care (i.e., IV fluids, gastric protectants) with a repeat fasted ultrasound in 6-12 hours to assess for movement of the foreign material. If there is no change, an abdominal exploratory should be reconsidered.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.



PATIENT

Cody Shutt

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

4.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

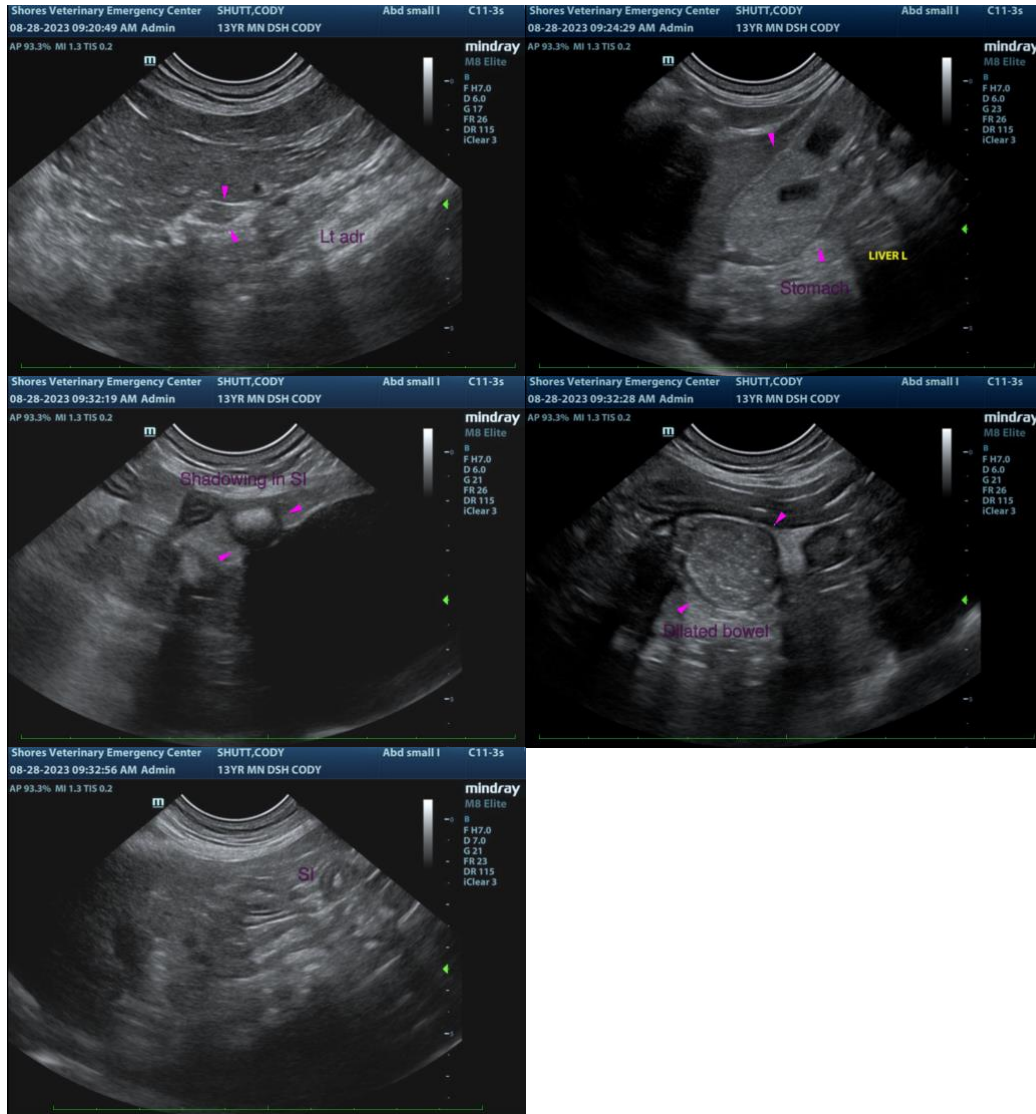
Dr Miller

INVOICE

14254

DATE

8.28.23



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