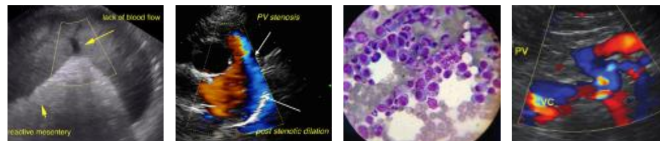
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com™
1-800-838-4268 info@sonopath.com


**PATIENT**

Mango Westfall

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

12977

**DATE**

9/11/21

## PRESENTING CLINICAL SIGNS

History: Acute vomiting that started 9/9 and patient has not eating since and did not respond to initial outpatient care.

Abnormal PE/Chem/CBC/UA Results: Radiographs: Increased soft tissue opacity in the region of the stomach/pancreas FPL abnormal CBC: WNL however band neutrophils suspected CHEM: Glucose 245 mg/dL, BUN 65 mg/dL, Glob 5.6 g/dL, ALT 153 U/L, ALKP < 10 U/L, AMYL 1958 U/L, Na 133mmol/L, K+ 3.4 mmol/L, CL 90 mmol/L

## 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 urinary bladder is moderately distended with a moderate amount of echogenic suspended debris 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 2.0 cm, are normal.

The left kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *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 (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

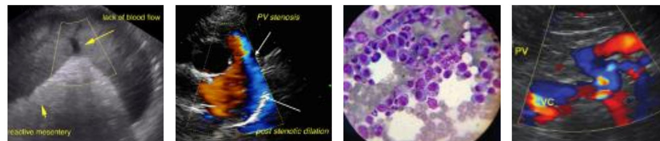
### *Spleen*

The spleen is normal in size (0.91 cm) 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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

### *Gastrointestinal*



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The gastric lumen is moderately to severely fluid distended and hypomotile. A small amount of hyperechoic soft shadowing debris is observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. In the first video clip time stamped 9:40 am, 84 images, a 2.57 cm hard shadowing structure is observed within a portion of the gastrointestinal tract that is thought to be a segment of small intestine. The lumen in this region is fluid distended and hypomotile. The mesentery effacing the serosal surface in this segment is hyperechoic. Several other small intestinal loops are mildly to moderately fluid distended and hypomotile. Other segments are not distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains some shadowing fecal material.

### *Pancreas*

An individualized portion of the pancreas is obscured by the gastric distention. No obvious pathology is seen.

### *Free Abdomen*

The abdominal lymph nodes are normal/not visible. There is no evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Gastric and segmental small intestinal stasis. There is concern for a gastrointestinal foreign body. However, it is difficult to tell if the shadowing structure is definitive within the small intestine versus the stomach. Regional peritonitis is present. However, there is no obvious evidence of perforation. The small intestinal wall changes are suggestive of inflammatory bowel disease.

### Secondary Findings

- Minor age-related renal changes
- Urinary bladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If an aggressive approach is desired, an abdominal exploratory can be considered to further assess for a foreign body/obstruction. If there is no evidence of a foreign body, gastrointestinal biopsies should be obtained. If a more conservative approach is desired, consider aggressive medical therapy with repeat ultrasound in 12-24 hours. If sonographic changes are similar to today's scan, a surgery should be considered.

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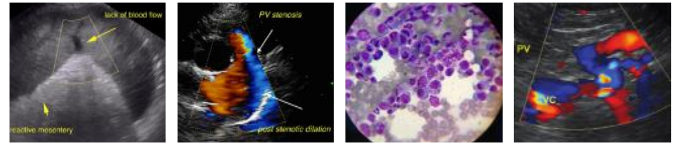


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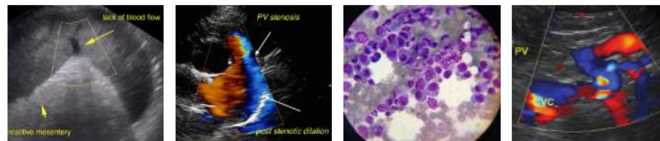

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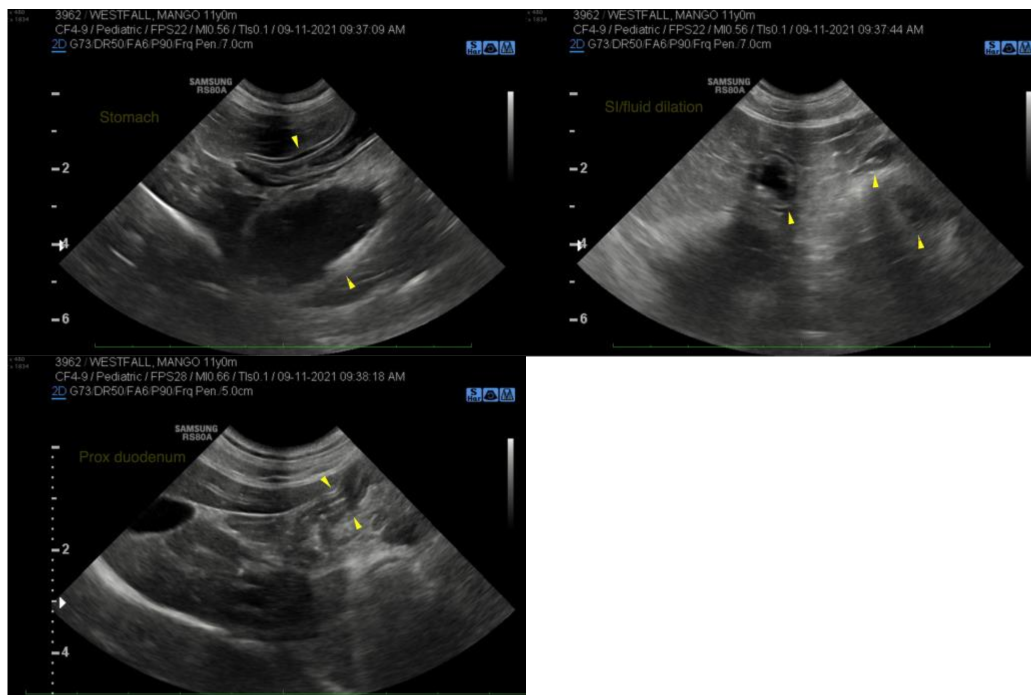


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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