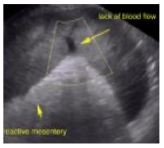
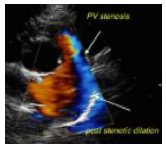
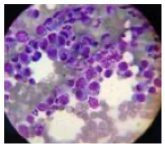
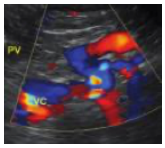
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Bella Hamblin

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
4 years 10 mos

WEIGHT
17.11 lbs

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

IMAGING PERFORMED BY
Jolee Stegemoller, DVM

HOSPITAL NAME
North Idaho AH (VCA)

REFERRING VET
Jolee Stegemoller, DVM

INVOICE
11738

DATE
9.28.22

PRESENTING CLINICAL SIGNS

History: Since September 14th, has been having diarrhea. Appetite, urination, and attitude unchanged. Owner concerned for obstruction after ingesting rubber bands. Taking Proviable and RxClay and has not had a bowel movement in 12 hours.

Abnormal PE/Chem/CBC/UA Results: Fecal test normal. CBC/Chem in June 2022 was WNL. No abdominal pain on palpation, but patient is BCS 8/9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.26 cm cranial; 0.12 cm caudal; 1.57 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.48 cm cranial; 0.51 cm caudal; 1.48 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.99 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 **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 mildly to moderately distended with ingesta and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme and soft, shadowing material. 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.

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

There is no evidence of free fluid. One to two prominent mesenteric **lymph nodes** are visualized, the largest measuring 0.93 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

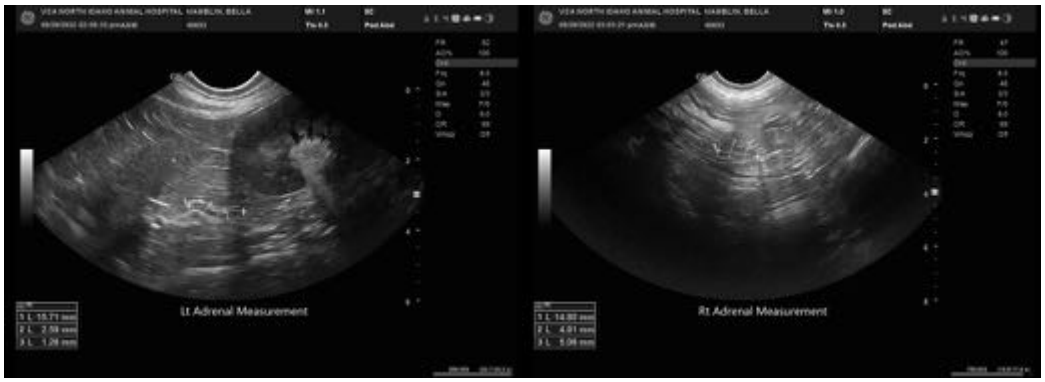
- The shadowing material within the gastric and small intestinal lumens is suggestive of foreign material (i.e., hair, other). There is no obvious evidence of an obstructive pattern.

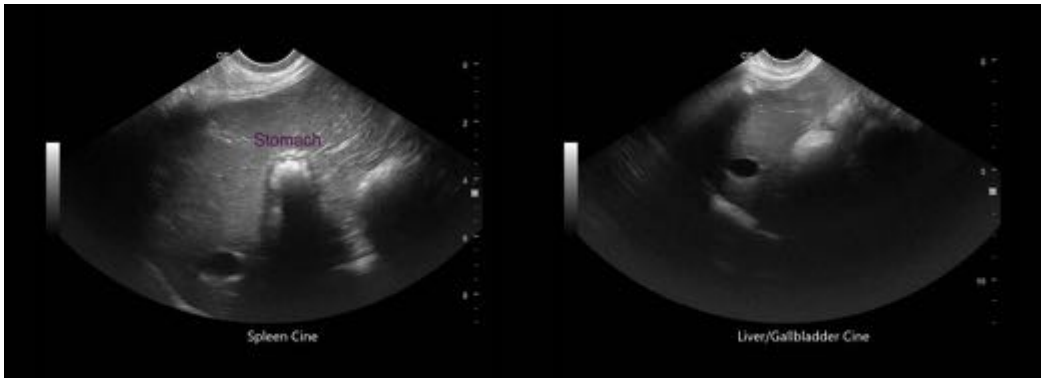
Secondary Findings

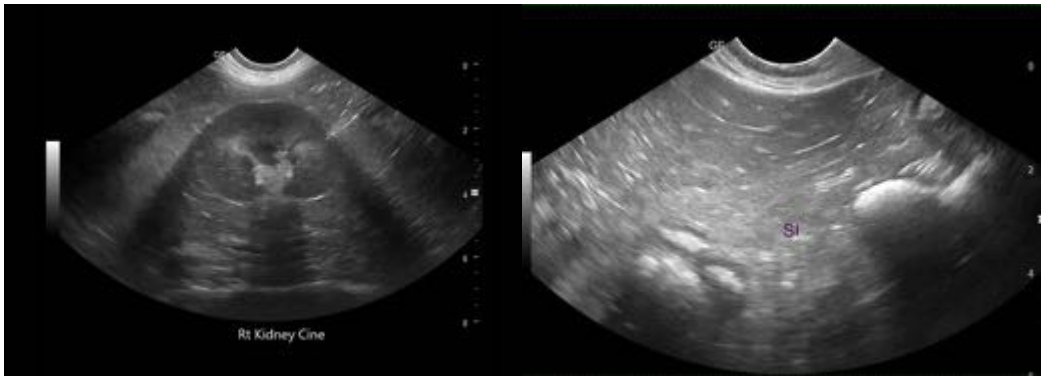
- The prominent mesenteric lymph nodes are likely reactive.
- Bilateral chronic renal changes with subtle cortical dystrophic mineralization

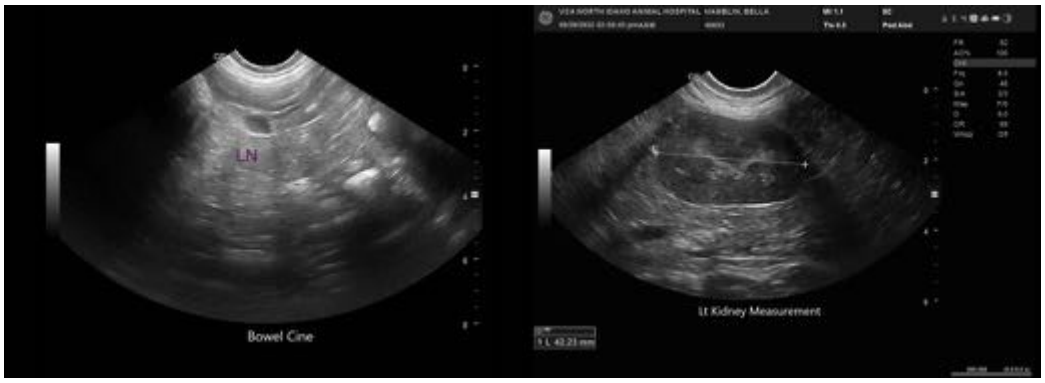
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Consider prophylactic deworming with Fenbendazole.
- A malabsorption panel including serum cobalamin and folate, TLI and PLI, can be considered.
- Given the suspicion for trichobezoars, consider initiation of Laxatone.
- If the patient's clinical status does not improve within 12-24 hours, or if vomiting and/or abdominal pain occur, consider a repeat abdominal ultrasound to reassess for potential obstruction.









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