



PATIENT

Nigma Guerra

PRESENTING CLINICAL SIGNS

Vomiting began 10/4, rads showed suspected FB. Owner elected to monitor, vomiting subsided. did vomit once yesterday. Enema given this morning with lots of stool production.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: lymphocytes slightly decreased at 0.86, otherwise CBC/chem wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

AGE

3 Years

Kidneys are normal in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The left kidney measures 3.91 cm. The right kidney measures 4.37 cm.

WEIGHT

9.9 Pounds

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The left adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Diane McFadden

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with gas, creating an echogenic reverberation artifact, as well as fluid and some echogenic non-shadowing luminal contents. There is no evidence of obstruction or foreign material or infiltrative disease. However, at least partial gastric outflow tract obstruction can't be definitively ruled out.

INVOICE

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DATE

10/12/22



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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

SPECIES

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

DSH

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

SEX

Neutered Male

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

3 Years

Enhanced hyperechoic fat is noted at the root of the mesentery, around the ileocecolic junction.

PRIMARY FINDINGS

- The stomach is moderately fluid distended and contains gas, which produces reverberation artifact. There is no evidence of foreign material, but at least partial outflow obstruction due to foreign material cannot be definitively ruled out.
- **Gastroenteritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- **Enhanced fat at the root of the mesentery** – suggestive of inflammation likely secondary to the gastroenteritis.

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SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal exam is recommended.

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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In the meantime, supportive/symptomatic medical management of gastroenteritis with antiemetics, gastroprotectants, a probiotic if diarrhea is present, as well as empirical deworming with a 5-day course of Panacur, and a diet transition to either a bland, easy to digest diet, or potentially a hydrolyzed protein diet based on trial-and-error response is recommended. If gastrointestinal signs persist, recheck

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imaging with both radiographs +/- barium swallow and/or ultrasound would be recommended to more definitively rule out a foreign body involving the stomach and proximal bowel.

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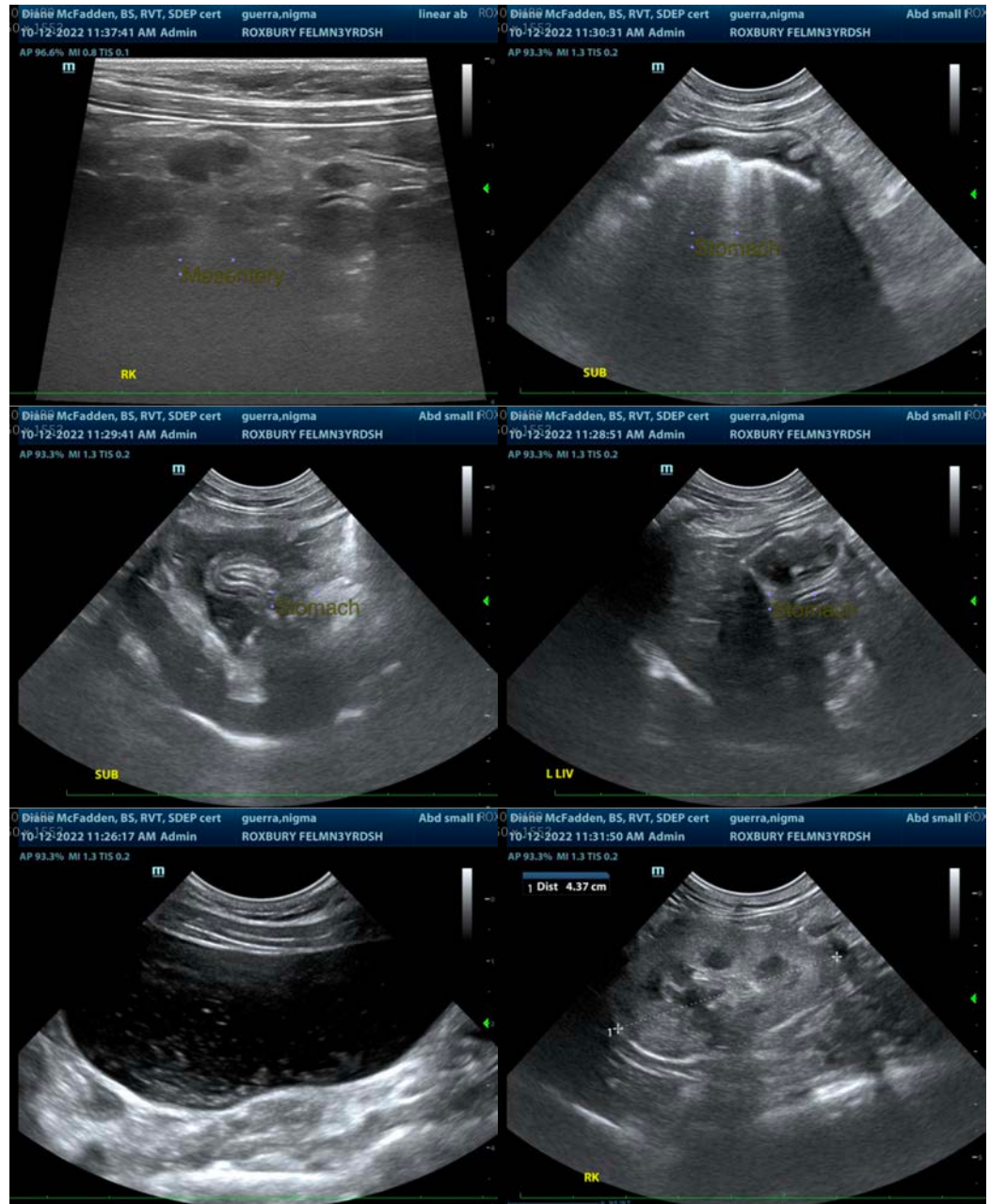
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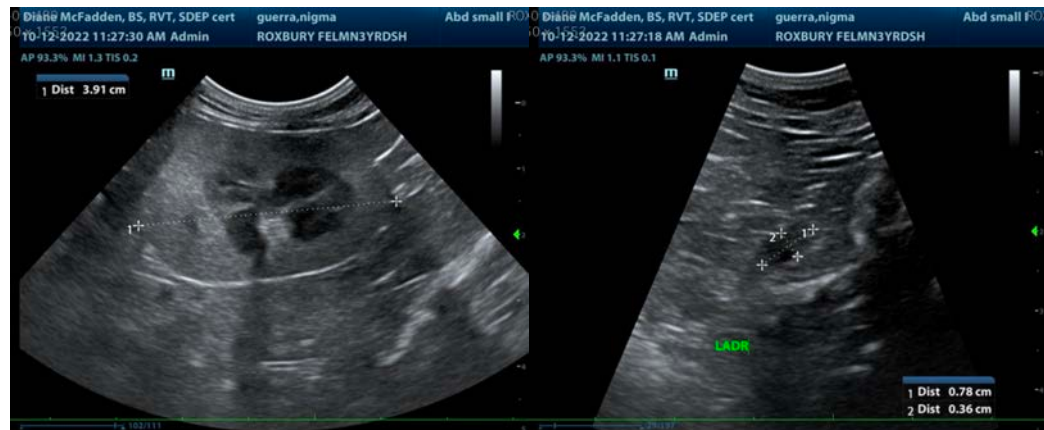
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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