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Clinical Sonography & Telecytology
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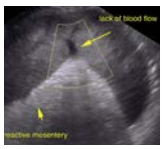
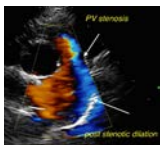
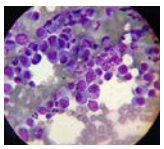
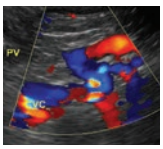





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Zelenskyi Zozulia

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Months

WEIGHT

10.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on the Hudson

REFERRING VET

Dr. Stefanie Lang

INVOICE

43064

DATE

11/30/22

PRESENTING CLINICAL SIGNS

Rule out gastric foreign body vs. other, no history of dietary indiscretion, but patient is vomiting (6 episodes) and had no bowel movement in 3 days. Concern for gastric FB on radiographs. Last ate at 10pm Monday night, has not defecated since Saturday night.

Abnormal PE/Chem/CBC/UA Results: MCV 34.7, RDW 31.4%, fPL normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The area of the adrenal glands is examined without evident pathology.

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.

Liver

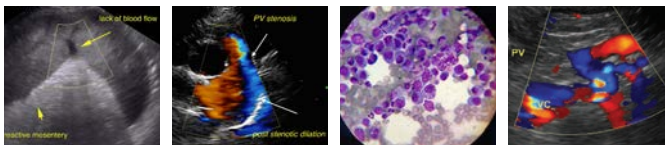
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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. It is mildly fluid distended with no other obvious visible contents. There is a bright echogenic linear focus in one of the images that could potentially represent foreign material. However, gas is also possible, so foreign gastric material cannot be definitively identified.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). Most of the small bowel is empty. However, there is one focal loop of small bowel that is distended with fluid as well as echogenic contents and a faint curvilinear interface with acoustic shadow that could represent foreign material and an obstructive pattern. This finding is subtle, and normal



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ingesta and gas cannot be definitively ruled out, but given the dilated bowel followed by normal bowel, at least a partial obstruction is suspected.

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

Pancreas

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

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. This is likely normal for a patient of this age.

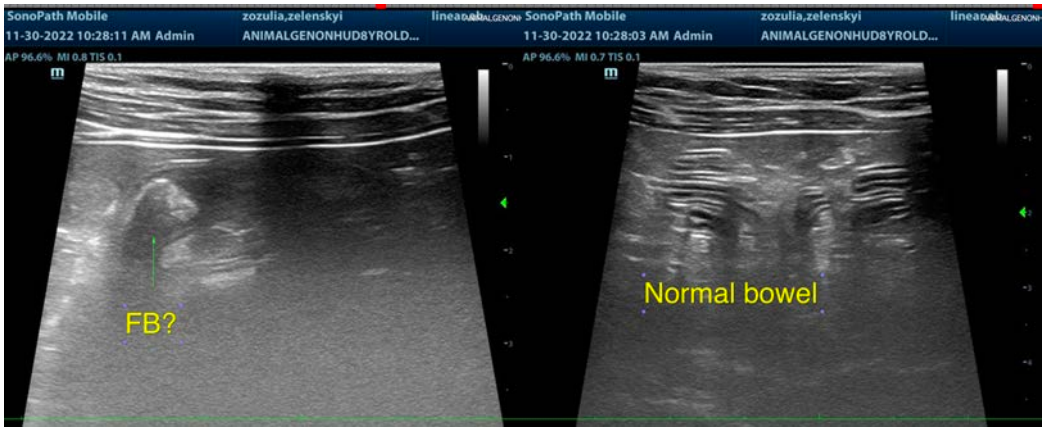
ULTRASONOGRAPHIC FINDINGS

- The focal loop of dilated small bowel combined with the remaining normal appearing empty bowel is an obstructive pattern and is concerning for at least a partial obstruction, especially given the appearance of the contents within the dilated bowel. A concurrent gastric foreign body cannot be definitively ruled out but is not obviously visualized in these images. An at least partial small bowel obstruction with potential involvement of the stomach is suspected. This finding, again, is subtle, and normal ingesta/gas cannot be definitively ruled out but is considered less likely.

- Reactive mesenteric lymphadenopathy – Most likely normal for a patient of this age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include an exploratory laparotomy for planned examination of the stomach and small bowel, and suspected foreign body removal following a conversation with the owner about the possibility of a negative explore. Alternatively, if a more conservative approach is elected, continued fasting and supportive/symptomatic medical management with antiemetics, fluid therapy, etc. could be considered with recheck imaging (both x-rays and ultrasound) in 12-24 hours pending patient status.



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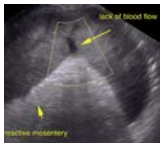
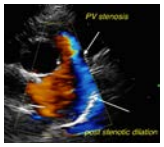
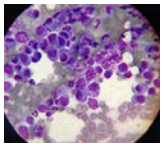
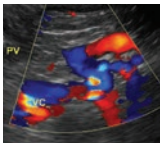

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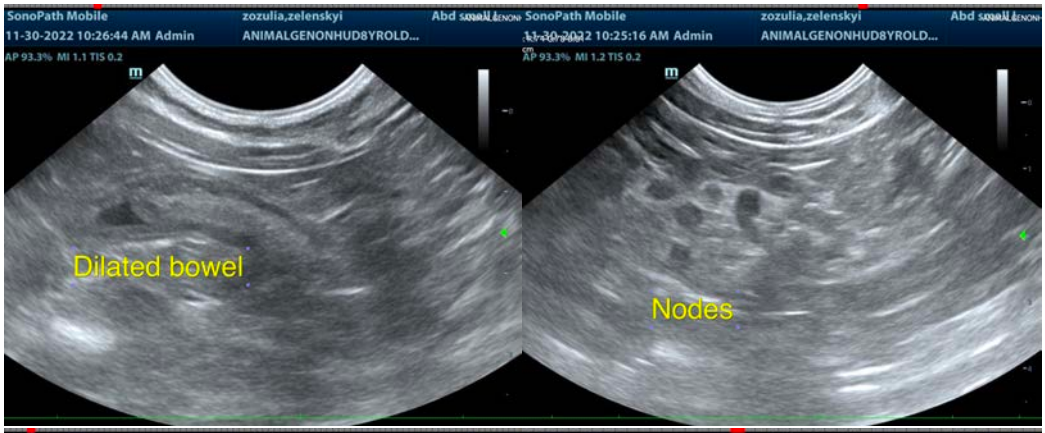

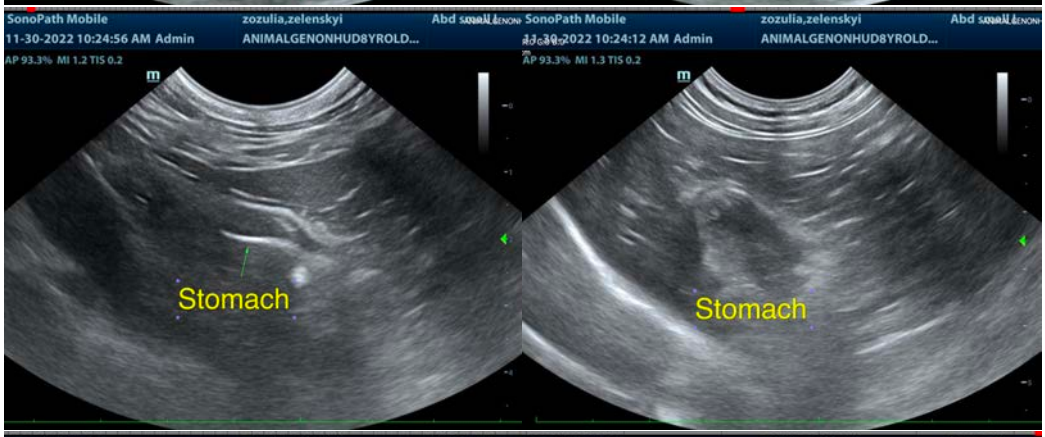

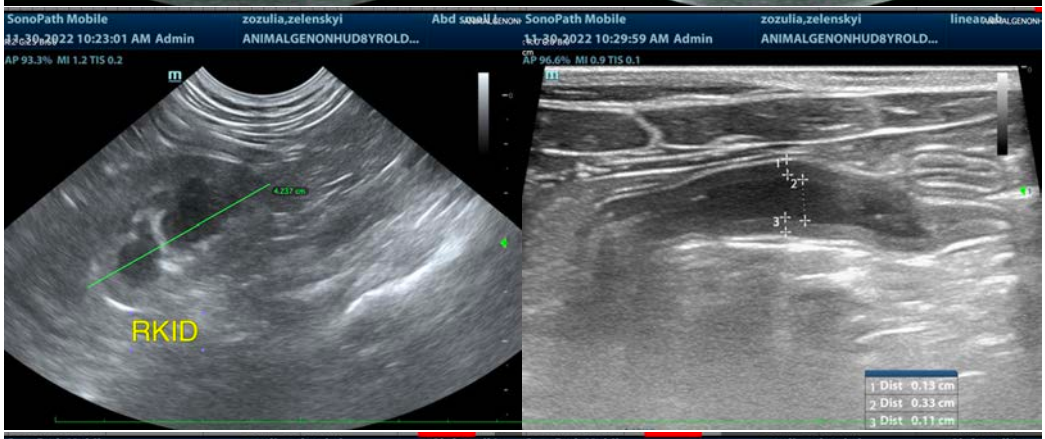

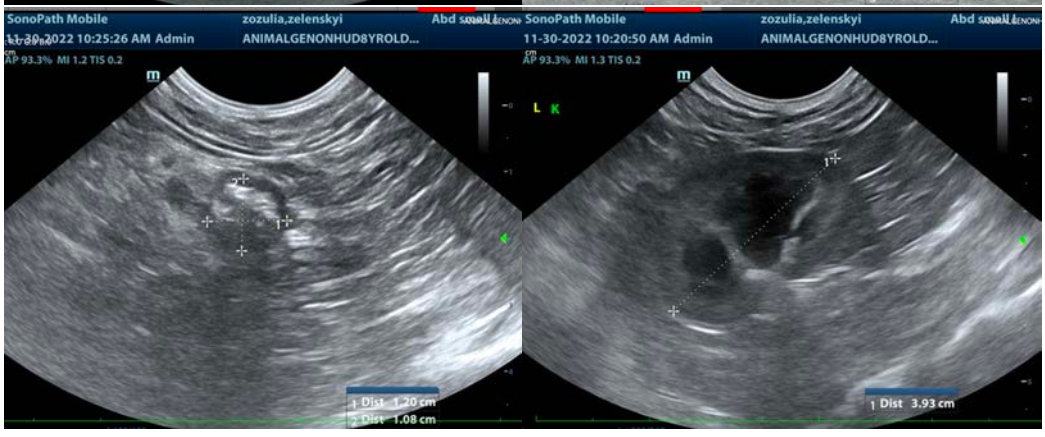

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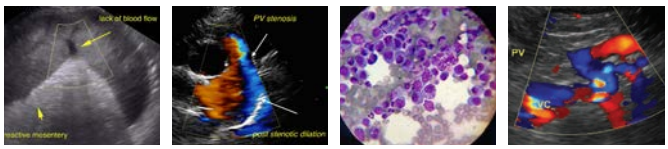

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com