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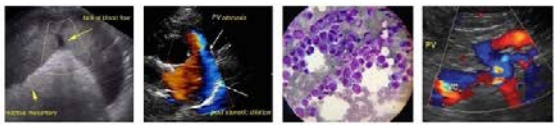

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Oreo Kikas

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

18 Months

WEIGHT

3.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

34178

DATE

1/12/22

PRESENTING CLINICAL SIGNS

P is QAR, abdominal is mild to moderate tense by palpation, otherwise WNL. P is Vomiting, 2x this morning and multiple times yertday, O states P is very lethargic, not eating or drinking since sunday night currently on: Buprenorphine, Metronidazole, Sucralfate, Mirtazapine
Abnormal PE/Chem/CBC/UA Results: GLU 19, CREA 285, UREA 30, PHOS 3, Na 143, Cl 100, WBC 21.1, rads: FINDINGS: The stomach appears empty. There is mild gas distention of the duodenum on the left lateral and ventrodorsal radiographs but there is no evidence of duodenal distention of the right lateral radiograph. The jejunum appears empty. No intestinal plication is seen. The colon contains gas and normal feces. No GI foreign body is seen. Peritoneal serosal detail is within normal limits, there is no evidence of peritoneal fluid or inflammation. There are no masses or signs of organomegaly. The liver, spleen, kidneys, and urinary bladder are unremarkable. The included thorax and skeletal structures are unremarkable. CONCLUSIONS: The transient/dynamic mild gas distention of the duodenum is likely a normal variation from positional recumbency. A definitive cause for the vomiting is not evident from this exam, there are no signs of GI foreign bodies or obstruction. Gastritis/gastroenteritis would be a likely differential. Pancreatitis is not ruled out. A non-visible/radiolucent intestinal foreign body is also not entirely ruled out but considered less likely.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.81 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.28 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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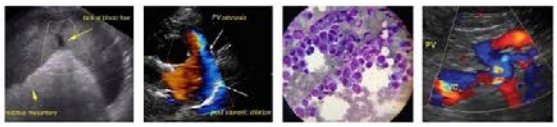

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops typically follow a fairly curvilinear path with distinct wall layering. There is a section of small bowel with a sharp, shadowing, hyperechoic object measuring 1.2 cm in length visualized within the lumen. Proximal to this area is fluid dilation and evidence of a complete or partial obstruction. Findings are most consistent with a small intestinal foreign body.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Shadowing focal object in small intestine with proximal bowel dilation – most consistent with a small intestinal obstruction and foreign body.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is slightly fluid dilated, and a section of small intestine appears to have a focal shadowing object within it and proximal dilation. Findings are concerning for a possible intestinal obstruction. Recommend surgical explore. If no foreign object is found, consider obtaining GI biopsies.

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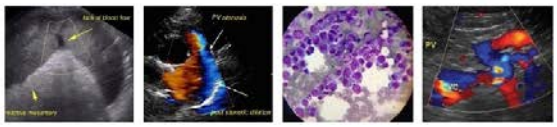

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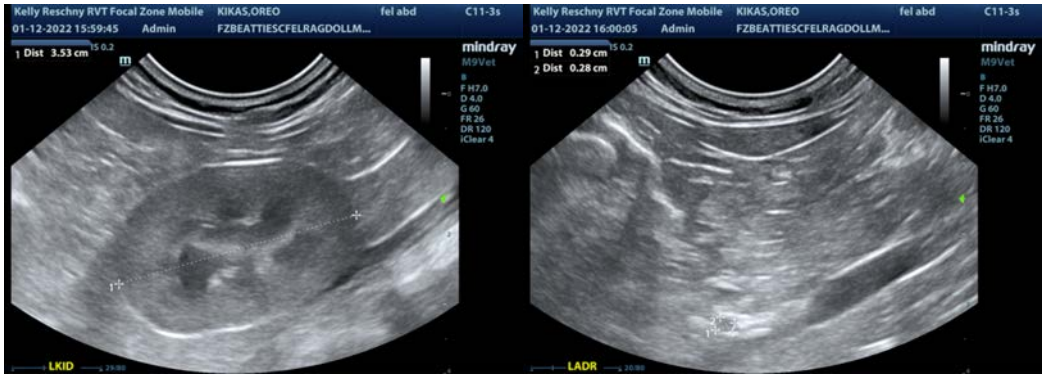

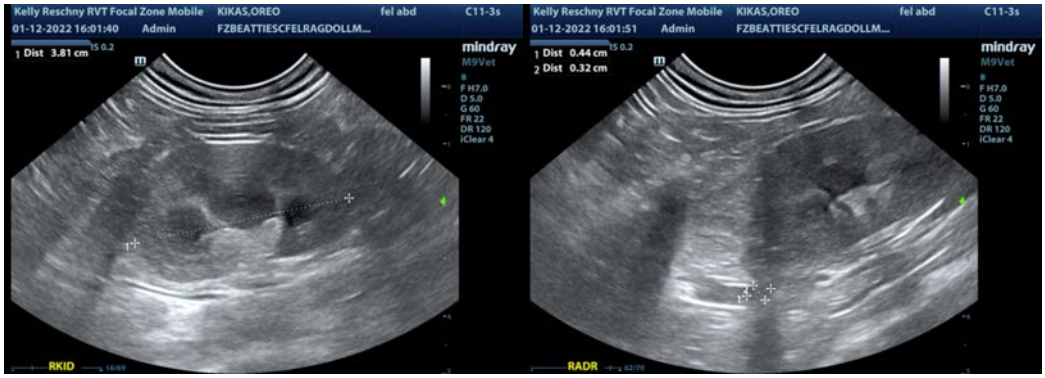

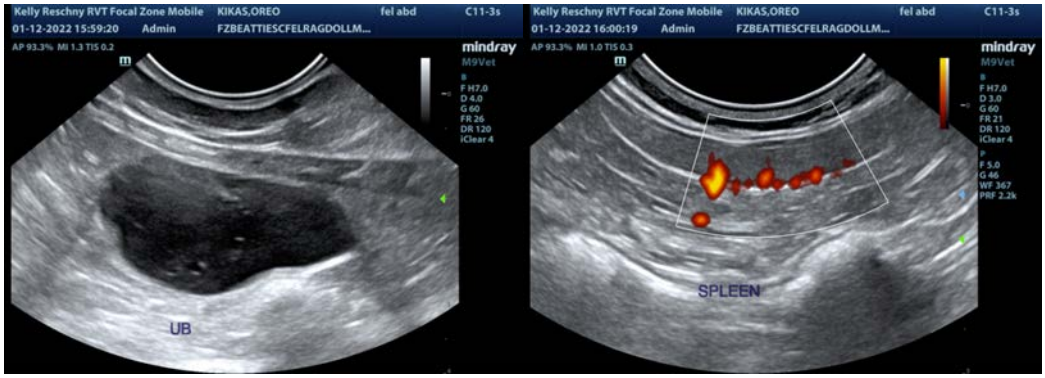

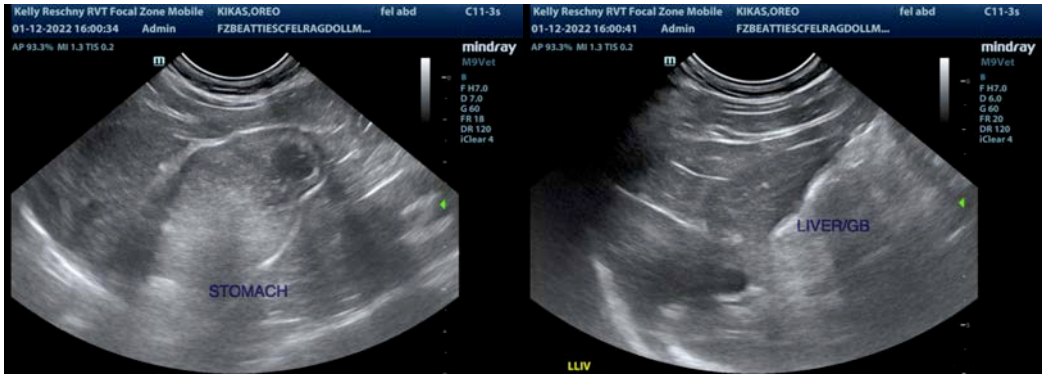

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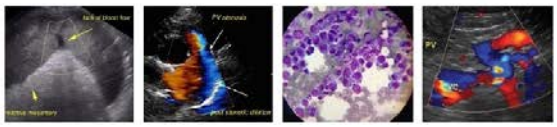

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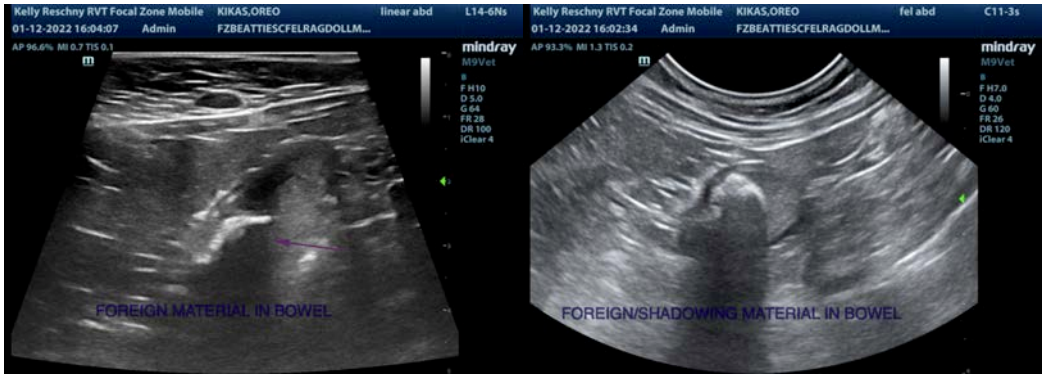

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com