



PATIENT

Liquorice Grillo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Months

WEIGHT

6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

44124

DATE

1/12/23

PRESENTING CLINICAL SIGNS

Swallowed a Q Tip.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (3.49 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.78 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.0 cm in width at the level of the hilus), 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.

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.19 cm.



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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

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The pancreas (particularly the left limb) 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.

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Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a slightly prominent mesenteric lymph node in the cranial abdomen measuring 0.52 cm. The omentum is of normal echogenicity.

Other

WEIGHT

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On the last view of the study, there is a hypoechoic structure that I cannot easily identify, and it is not visible on other images. This is likely an imaging artifact of a normal structure, but this could not be confirmed.

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PRIMARY FINDINGS

- Prominent, hypoechoic left pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Occasional mild fluid dilation of the small intestine – This is likely within normal limits or could represent mild ileus/enteritis.
- Prominent cranial abdominal lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Unidentified hypoechoic structure in the caudal abdomen – This is only evident on one image and likely represents artifact.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Today's scan is relatively normal. I do not see any evidence of a Q tip in the stomach, nor any evidence of significant fluid dilation, inflammation, etc. Depending on the type of material in the Q tip (cardboard versus plastic versus wood), many of these would not be easily visible with ultrasound, unless they were contrasted in fluid, so unfortunately lack of visualization does not rule out the possibility of the presence of this object, but I do not see any pathology to associate with it.

DATE

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The pancreas is slightly hypoechoic and prominent. The significance of this is unclear. This could be associated with mild current inflammation or could be within normal limits for this individual.

On the last image of the study, there is a glancing view of a hypoechoic structure that I cannot identify. I suspect it is an abnormal view of a normal structure, but if there is concern, I'm happy to look at additional images if they are obtained.



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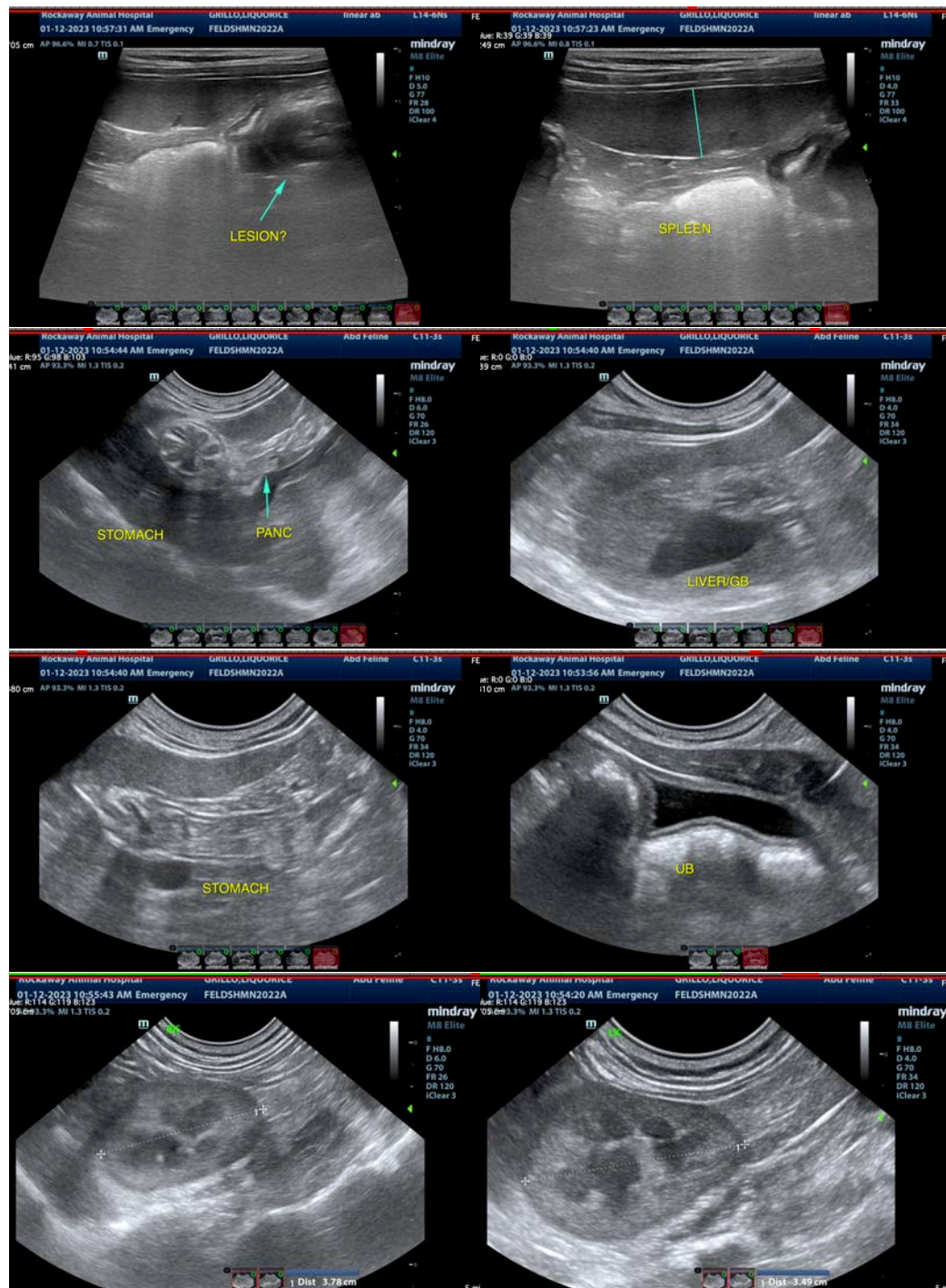
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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