IMAGING PERFORMED BY

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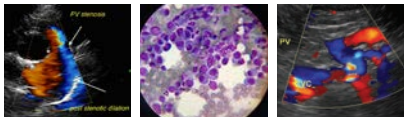

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DATE

1/4/22

PATIENT

Kiera Bolyer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/26/19

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

33943

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting; Diarrhea; Lethargic; Pain. Date: 01-01-2022 Notes: PC: vomiting, diarrhea, not eating, lethargy, painful 12/26- here for possible FB ingestion- acting normal x rays taken- no fb found sent home. ATO- last Saturday friend had ace bandage on leg, found P playing with the bandage a day later- O states he couldn't find the metal clip (2 metal pieces with hooks with elastic in bw) O has one but is missing in the other. P was acting fine on 12/26, brought in and nsf on x rays. Fine until Thursday night/ Friday morning (30th/31st) ~4 days later - O was away in Louisiana. Vomited twice brown/ pink color - twice found pieces of vomit throughout the apartment. Yesterday O got home and P hiding/ sleeping- usually very hyper. Diarrhea last night- liquid and 2-3 spots of watery brown. Yesterday and this am not eating, vomited last night today not eating until this afternoon ate 1/3 of wet chicken tuna and held it down; vomited again today. Indoor only. No new diet, no hx of DI; does play with toys, no meds, no children in household; urinating ok; adopted from shelter like area ~3 yrs ago- thinks FELV/FIV negative; 2 cats in household- when O left had gravity feeder- unsure if she ate too much. Assessment: ~3 yrs FS DSH
Problems: Vomiting, diarrhea, not eating, lethargy, painful. On PE- no string under tongue, abdomen very soft. DDX: Dietary indiscretion leading to gastroenteritis vs pancreatitis vs FB vs IBD vs viral vs bacterial vs other. Plan: Hospitalization, IV catheter, fluid therapy, and further treatment as needed, full bw, x ray +- repeat.

Current Medications: Ondansetron, Metronidazole, Omeprazole, Gabapentin, Mirtazapine, Buprenex, Pantoprazole.
Lab Results: Attached separately.
Radiographs: Xray Abdomen 2 View-plication of intestines, stomach small 1 lateral xray with "R" in front of stomach- xray has the aluminum clips from the ace bandage to compare how well this will show up on x ray- faint but able to outline clips. Xray Abdomen 2 View Repeat radiographs, stomach still small, gas pattern seemed to improve. no obvious* FB or obstructive pattern.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 (3.69 cm) with small cortical cysts. 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 (4.31 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 0.30 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 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, 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 measured 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of the pancreas is normal and isoechoic to surrounding 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. There are occasional prominent mesenteric lymph nodes visualized at 0.48 cm and 0.3 cm. The omentum is generally of normal echogenicity.

PRIMAR FINDINGS

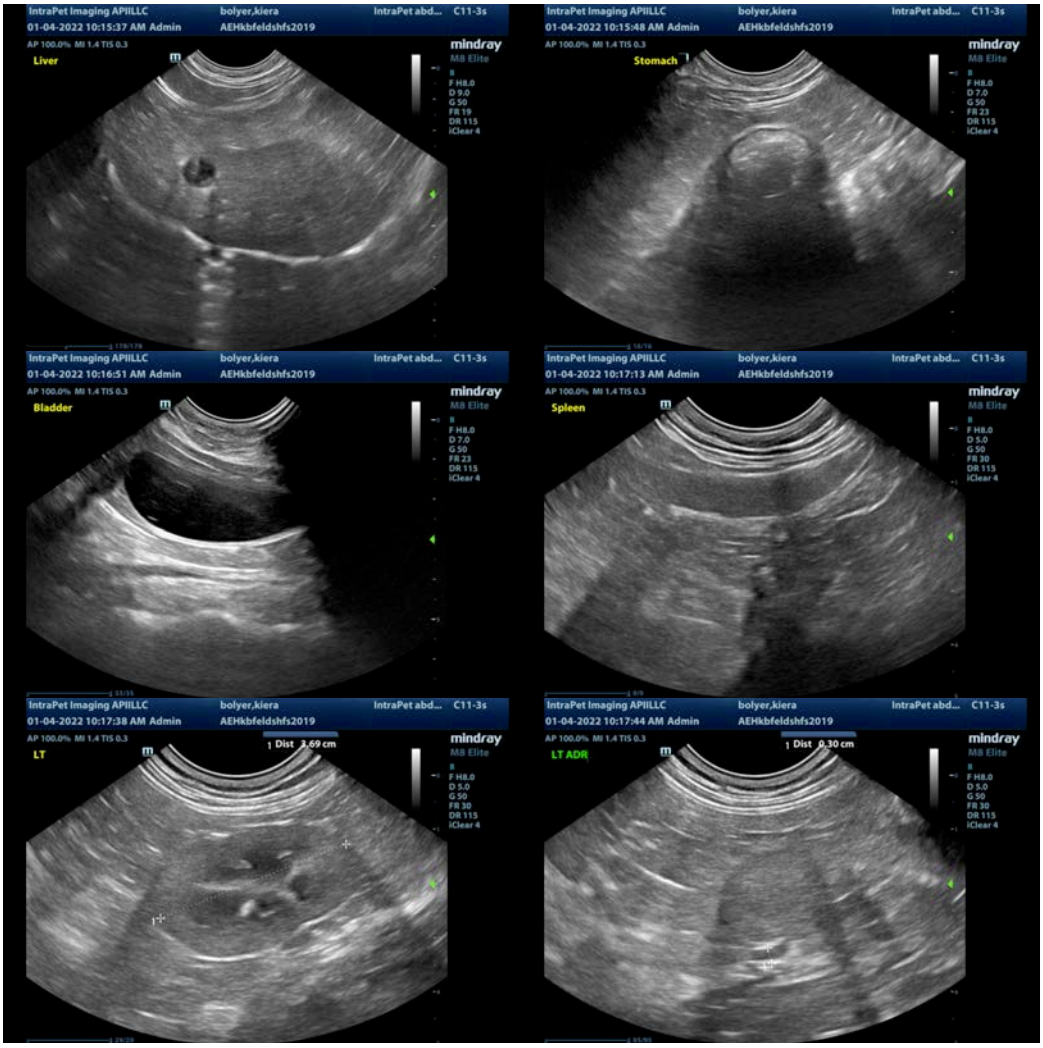
- Moderate distention of the gastric lumen with soft shadowing material most consistent with ingesta – Correlate with feeding history and abdominal radiographs. If the patient was recently fed, this is likely a normal finding. If an adequate fast was strictly implemented, then consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed). Soft foreign material cannot be excluded as a possibility.

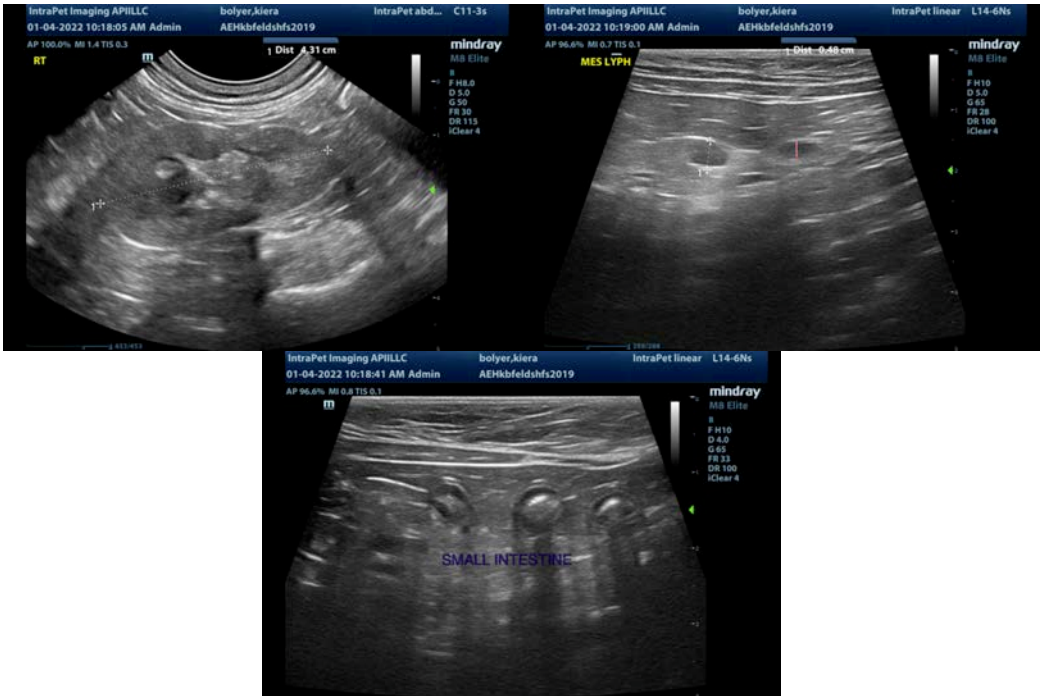
SECONDARY FINDINGS

- Small cortical cysts visualized in the left kidney – likely an incidental finding, but should be monitored.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A prominent focal bowel lesion is not observed to explain the vomiting reported. The stomach does appear moderately distended, which could be normal if the patient was not fasted. Recommend continued symptomatic therapy for vomiting and diarrhea with close monitoring. If symptoms don't improve, then evaluation for a foreign body and obtaining GI biopsies could be considered, but there is no obvious evidence of an obstruction in this scan.





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.

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