IMAGING PERFORMED BY

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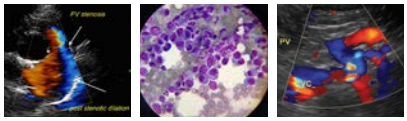

SonoPath
Clinical Sonography & Telecytology
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DATE

10/6/22

PATIENT

BoBo Marciniak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/29/12

WEIGHT

17.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

41874

PRESENTING CLINICAL SIGNS

Acute Vomiting with anorexia. Improved for 24 hours with symptomatic therapy (fluids, cerenia) but began projectile vomiting again late on 10-2-22 and again this morning (10-3-22). Radiographs are suspicious for thickened bowel.

Current Medications: Fluids and Mirtazapine.
Lab Results: See attached.
Radiographs: Suspicious for thickened bowel and possible thickened stomach near fundus.
Date of Previous IntraPet Ultrasound: No previous.
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 (4.57 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 (5.11 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, 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 is dilated with a large amount of 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 layers is adequate and there is no impression of reduced peristaltic activity. The fluid dilation in the stomach extends into the pylorus and the proximal duodenum.

Some of the visualized areas of jejunum and ileum have a relatively uniform diameter with minimal fluid distension. The proximal duodenum and proximal jejunum appear somewhat fluid dilated with non-progressive motility of liquid contents. There is a focal area of small intestine that appears thickened and appears to have reduced detail of wall layering in this region. The bowel wall measures 0.49 cm. Just distal to this area is a focal area of shadowing material, most consistent with shadowing foreign material (hairball, fabric?). Findings are concerning for infiltrative disease to the bowel and intraluminal foreign material.

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 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

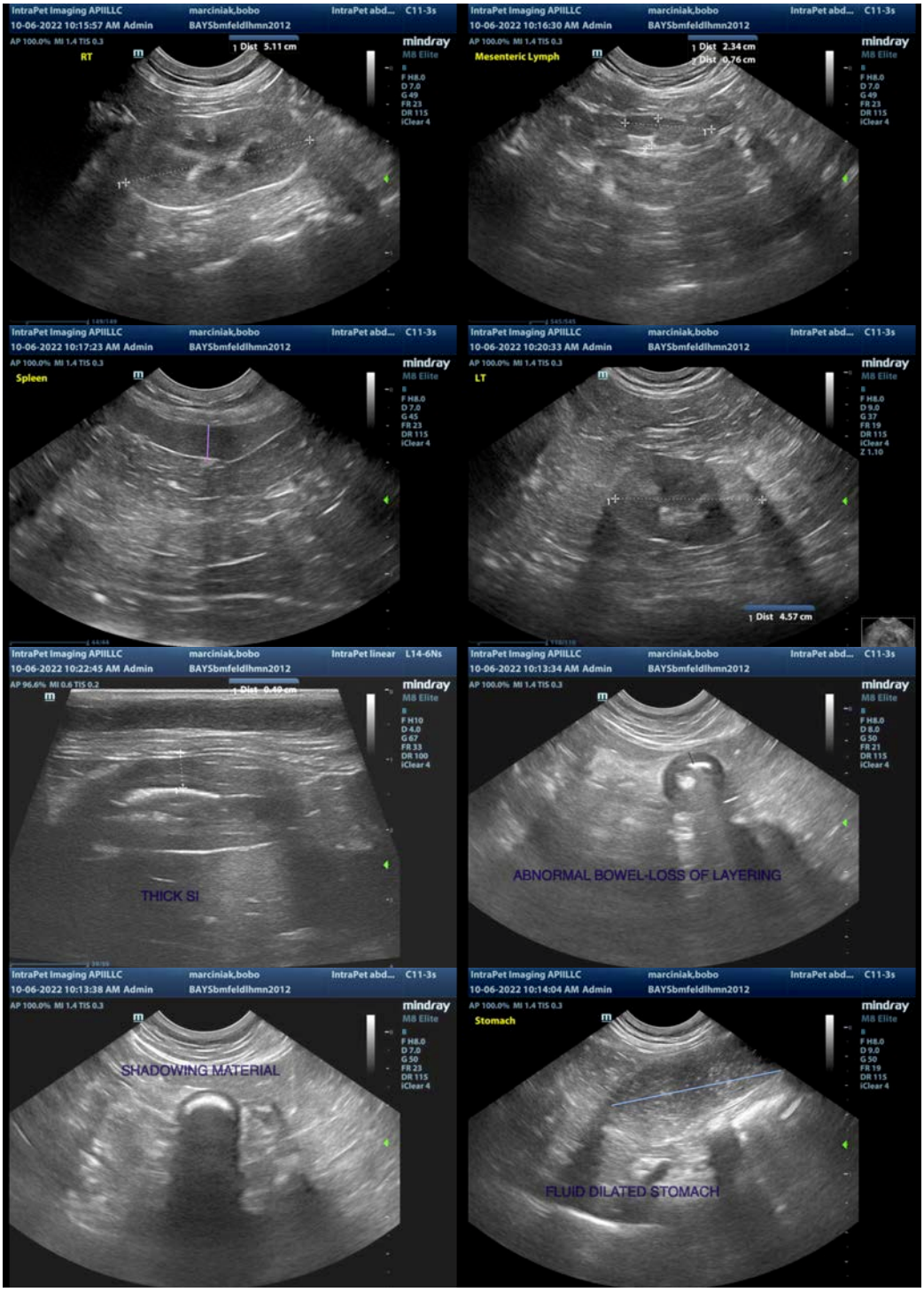
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent mesenteric lymph node visualized measuring 0.76 cm in diameter. The omentum is hyperechoic around the abnormal bowel loop.

ULTRASONOGRAPHIC FINDINGS

- Fluid dilation of the stomach, pylorus, duodenum, and proximal jejunum – Findings are concerning for possible obstruction/partial obstruction.
- Focal area of thickened small intestine – Findings are concerning for infiltrative disease such as neoplasia (round cell neoplasia, carcinoma, leiomyoma, leiomyosarcoma, etc.). Severe enteritis/bowel inflammation and edema are also possible.
- Shadowing material within the lumen of the small intestine. Findings are concerning for foreign material such as a hairball, fabric, etc.
- Mild mesenteric lymphadenopathy – 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

The appearance of the dilated stomach, duodenum, and proximal jejunum is most consistent with an obstructive pattern. There is a focal area of abnormal bowel that appears thickened with reduced detail of wall layering. This area is concerning for infiltrative disease, but this could also reflect severe enteritis, and there appears to be some shadowing material in this region, possibly consistent with foreign material. Recommend surgical exploration with the intent to biopsy small intestine and lymph node, remove any abnormal bowel, and evaluate for possible foreign material.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ABNORMAL BOWEL-LOSS OF LAYERING
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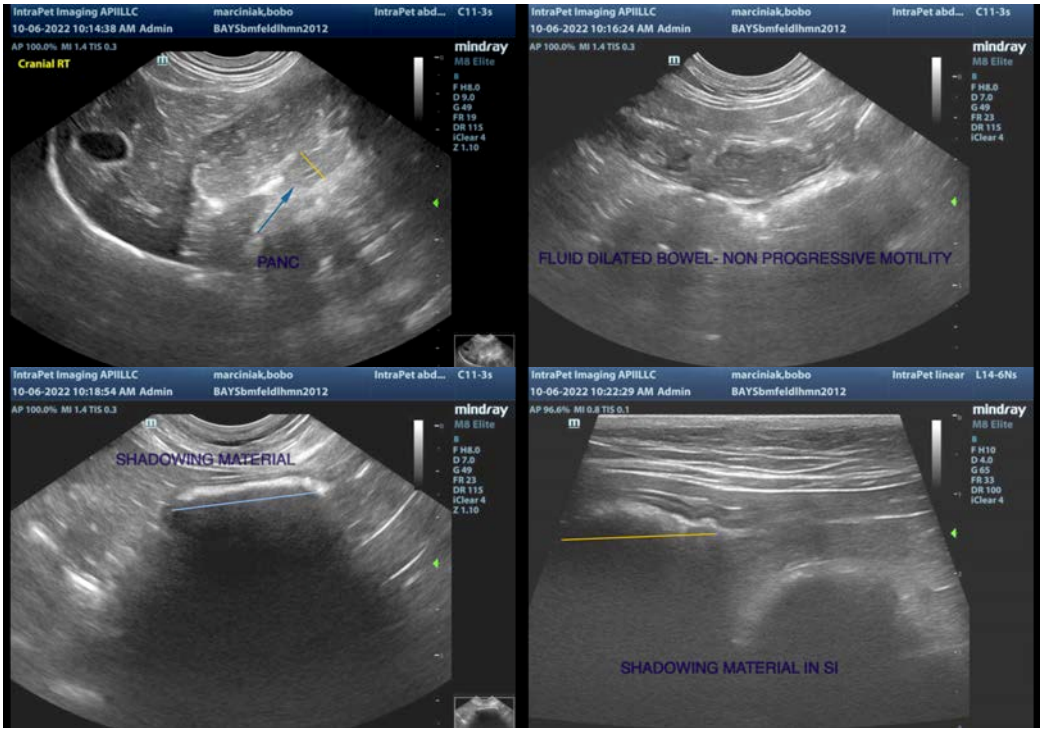

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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