



PATIENT PRESENTING CLINICAL SIGNS

Luna DeMelo

cat ate vomit of dog 10 days ago. vomited dark offensive liquid once 10 days ago. anorexia meds: Metronidazole IV, Ampicillin IV, Famotidine IV, sulcrate oral, Mirtazipine TD

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: amylase high, high HG& PCV rads: thickened stomach wall opacity on right side fecal like material colon

BREED

DSH

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.8 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.

AGE

4 Years

The right kidney has a normal shape and size (3.69 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.

WEIGHT

4.54 kg

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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.21 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.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Erin Folk AH

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.

REFERRING VET

Dr. Soliman

INVOICE

42728

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.

DATE

11/11/22



PATIENT *Gastrointestinal*

Luna DeMelo 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.

SPECIES

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DSH

SEX

Spayed Female

There is a significant amount of hyperechoic mesentery and a scant amount of free fluid in the region cranial to the left kidney. This is most consistent with focal steatitis and peritonitis (sterile or infectious). There is what appears to be colon and cecum in this region, distended with shadowing material, most consistent with fecal material +/- foreign material(?). This area appears somewhat impacted with surrounding inflammation and a small amount of free fluid.

AGE

4 Years

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.

WEIGHT

4.54 kg

Free Abdomen

There is a scant amount of free abdominal fluid cranial to the left kidney. There is no lymphadenopathy. The omentum is hyperechoic and inflamed cranial to the left kidney and around the colon.

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ULTRASONOGRAPHIC FINDINGS

- Focal steatitis and peritonitis cranial to the left kidney around the cecum and colon – Recommend sampling of the free abdominal fluid for cytology +/- aerobic and anaerobic culture.
- Severe dilation and impaction of the cecum and proximal colon – This is most consistent with a large amount of fecal material +/- foreign material, etc.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The area of the cecum, ileocecal junction, and the proximal colon appear distended with a large amount of shadowing material. This material is most consistent with fecal material, but there could also be abnormal tissue or foreign material in this area. There is a tremendous amount of inflammation and steatitis/peritonitis around this area, and a scant amount of free abdominal fluid. In an ideal situation, this would be managed medically, provided there is not septic peritonitis present. Recommend hydration, stool softeners, and some very gentle enemas. If septic peritonitis is present or this is not improving with treatment, surgery may be necessary to relieve the impaction.

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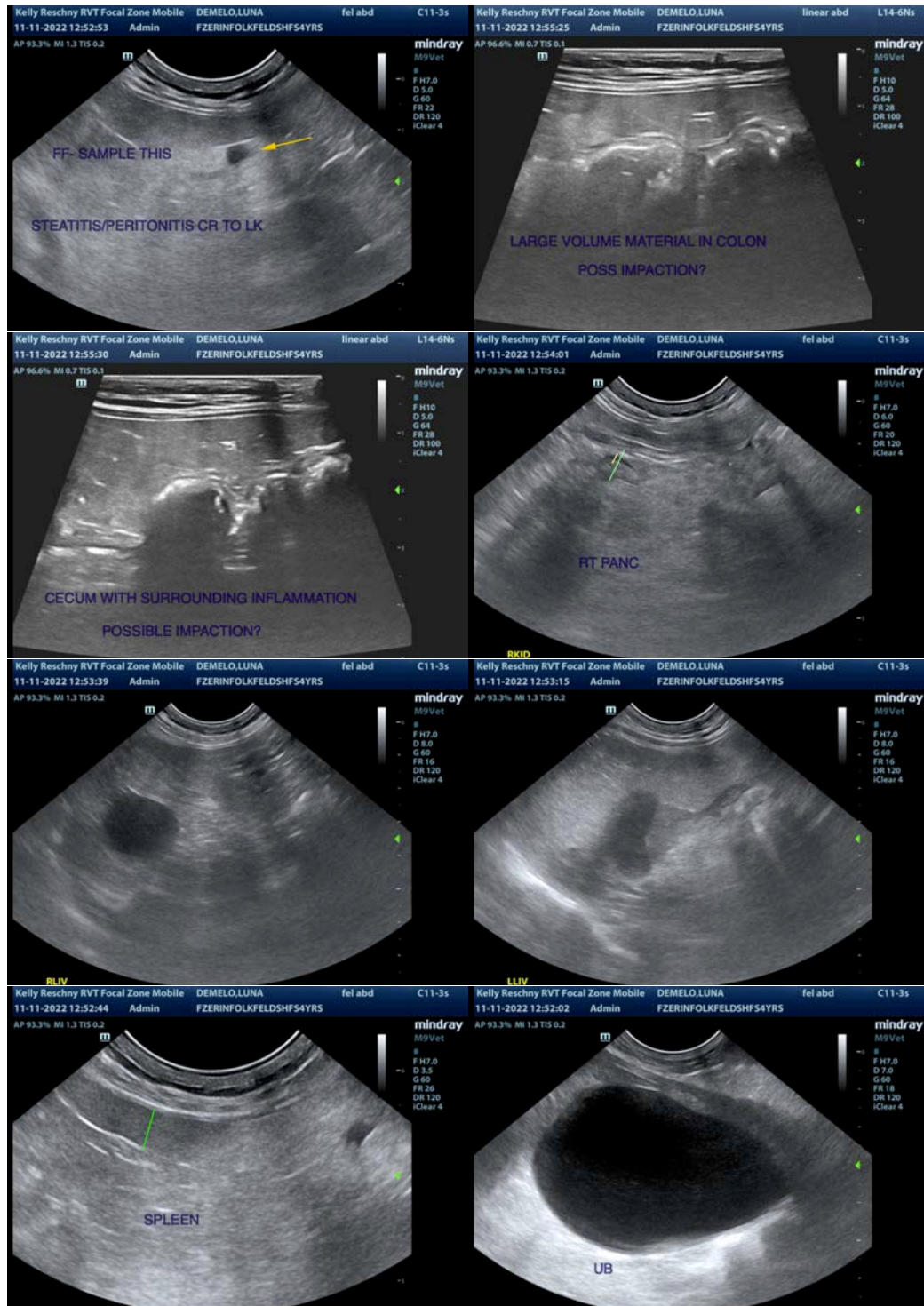
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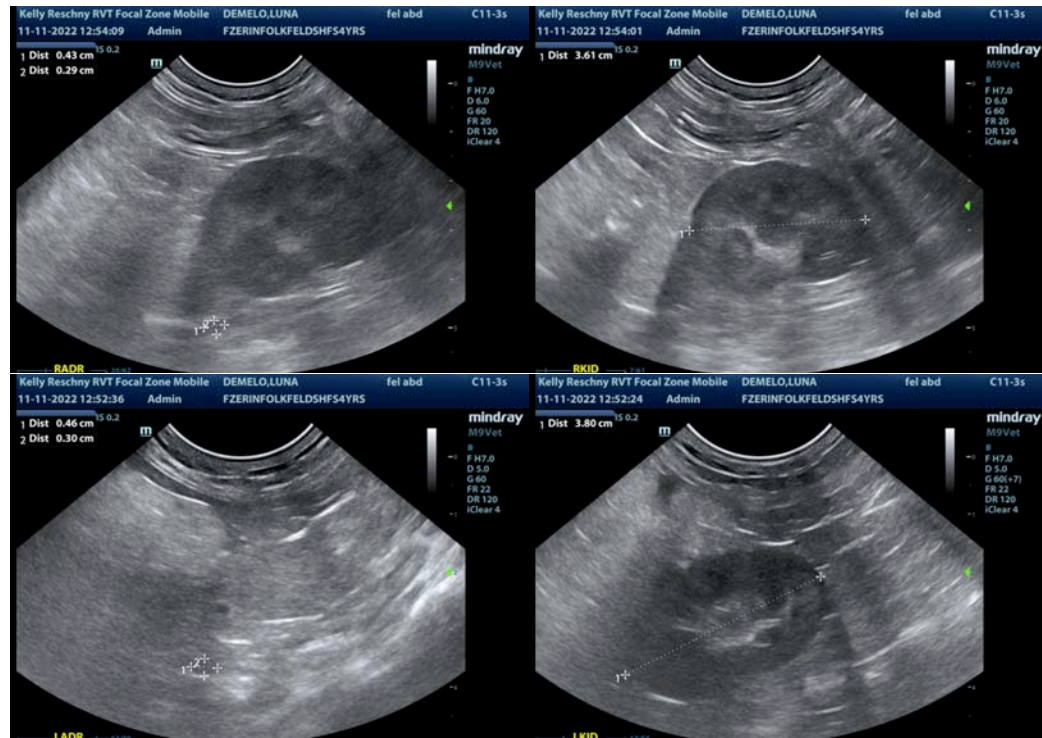
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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