

**DATE PRESENTING CLINICAL SIGNS**

12/22/22

Seen at rDVM yesterday and today for vomiting and anorexia. Rads showed suspicion for FB or other obstruction; delayed gastric emptying. Had one dose of Cerenia yesterday. Referred for continued care; IVF; possible AUS.

PATIENT

Mouse Svehla

Current Medications: Buprenorphine, Protonix, Ondansetron.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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, or masses. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris. In the dependent portion of the urinary bladder, there is a small string of hyperechoic shadowing stones. This area spans 1.16 cm. One of the stones comprising this area measures at 0.31 cm. Recommend urinalysis and culture and correlation with abdominal radiographs.

SEX

Neutered Male

AGE

6/1/19

The left kidney has a normal shape and size (4.06 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

17.3 Pounds

The right kidney has a normal shape and size (4.09 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.49 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.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The spleen is subjectively normal in size (0.99 cm 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.

REFERRING VET

Dr. Martinoli

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.

INVOICE

43697

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

There is a hypoechoic hard shadowing object visualized within the gastric lumen, most consistent with an ingested foreign body, consolidated hair ball, etc., although ingesta cannot be ruled out. This measures approximately 1.5 cm in diameter. The gastric wall measures at a normal thickness of <0.36 cm with some variability due to the presence of rugal folds. The distinction of gastric wall layers is adequate and there is no impression of reduced peristaltic activity.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.28 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 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, 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.

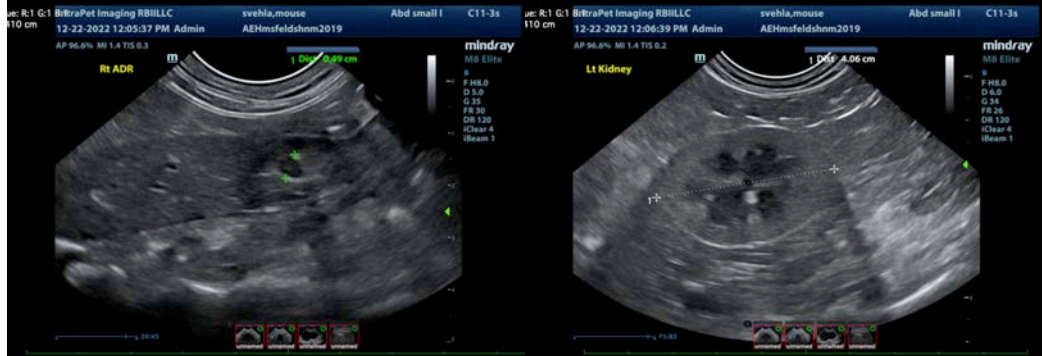
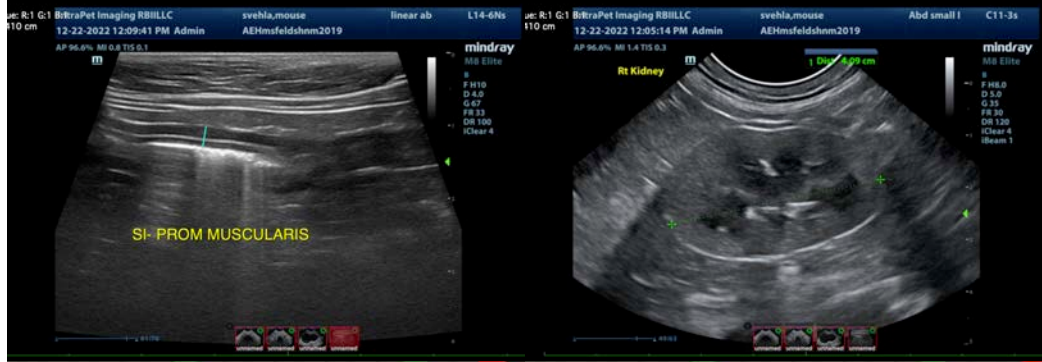
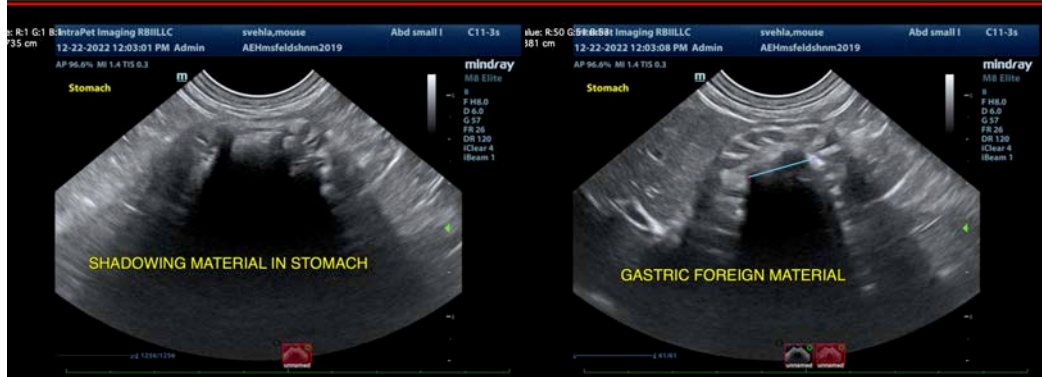
ULTRASONOGRAPHIC FINDINGS

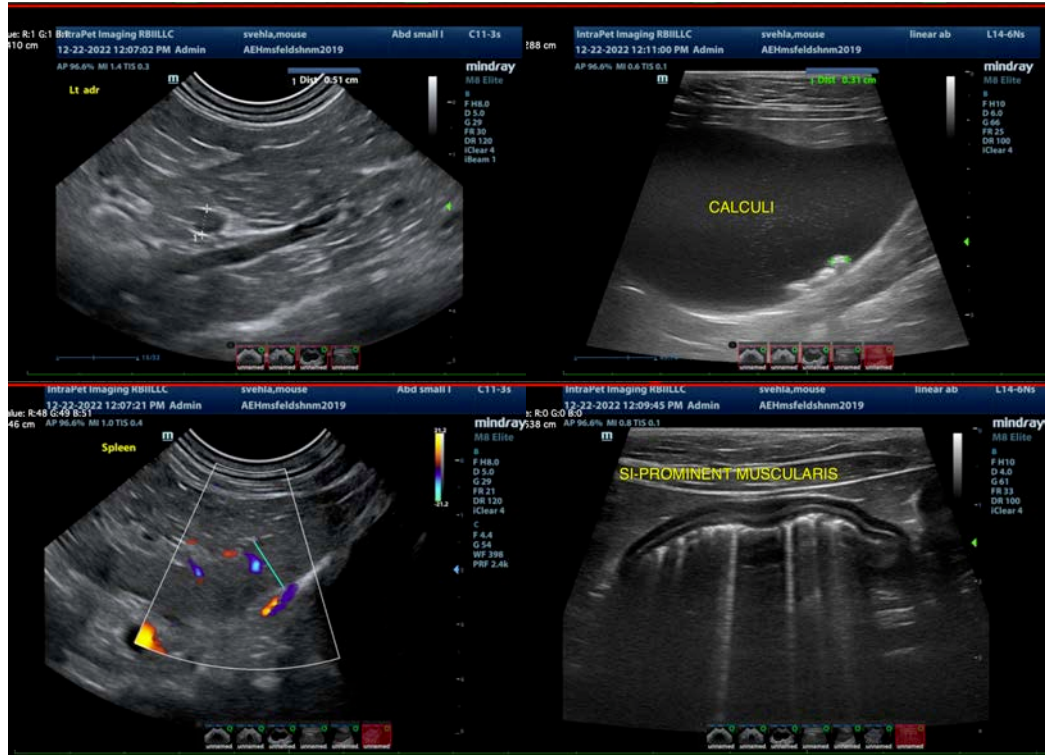
- Hyperechoic shadowing material within the dependent portion of the urinary bladder – Findings are consistent with numerous small stones. Correlate with abdominal radiographs, a urinalysis and culture.
- Hard shadowing object visualized within the gastric lumen – Correlate with the history and radiographs. This is concerning for a gastric foreign body.
- Severely thickened muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hard shadowing object visualized within the gastric lumen. Correlate this with the history, as this would be most consistent with an ingested foreign object. Additionally, the small intestine appears to have a significantly thickened muscularis layer, particularly for such a young cat, and there are stones visualized within the urinary bladder. Recommend abdominal radiographs to count the number of stones and determine the size, as I suspect a cystotomy would be necessary.

If clinically appropriate, consider surgery to evaluate the gastric foreign body, obtain biopsies of the small intestine, and likely cystotomy. Recommend stone analysis of the stones if collected.





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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