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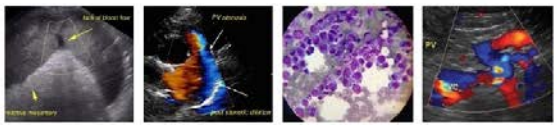

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Frosty Moonstone Gigorova

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

4.28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Regional VEC

REFERRING VET

Dr. Grewal

INVOICE

43747

DATE

12/28/22

PRESENTING CLINICAL SIGNS

Frosty is not eating and has been nauseated at home. Bloodwork done in Dec 7th showed elevated lipase and anemia. Vomiting resumed Wednesday and is known to possibly get into things. Radiology review from Dec 16th does not reveal foreign body. Arrived with own cerenia and sulcralfate. Last dose cerenia Dec 16th 2 pm Current Medications Cerenia, Vit. B12, Pantoprazole **was sedated with Alfaxan Abnormal PE/Chem/CBC/UA Results: Platelets 28 151 - 600 x10^9/L L Glucose 9.15 4.11 - 8.84 mmol/L Plateletcrit 0.05 0.17 - 0.86 % L Urea (BUN) 5.1 5.7 - 12.9 mmol/L L

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 (3.65 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 (3.9 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 left adrenal gland is normal in size measuring 0.25 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 right adrenal gland is normal in size measuring 0.29 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.

Spleen

The spleen is subjectively normal in size (0.75 cm), 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.

There appear to be two gallbladder lumens on today's exam, which are moderately distended. The walls of the gall bladders are not thickened and have smooth mucosal surfaces. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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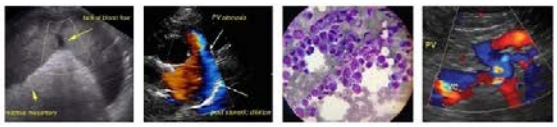

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Gastrointestinal

The stomach is significantly dilated with fluid and some soft shadowing intraluminal material (ingesta, fair, etc.) 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 are observed.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Some other areas appear moderately distended with fluid, chyme, etc. Many of the areas have normal wall thickness with the jejunum measuring at 0.21, although there are some focal areas that appear to have wall thickening and loss of layering with surrounding hyperechoic mesentery approaching 0.43 cm in wall thickening. Additionally, in some of these areas there appears to be hyperechoic intraluminal shadowing material consistent with foreign material. There is concern for possible infiltrative disease of the small intestine, and ingested 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. No significant lymphadenopathy. The omentum is hyperechoic around the areas of thickened small intestine.

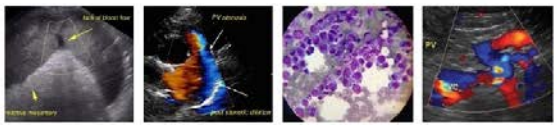
ULTRASONOGRAPHIC FINDINGS

- Duplicate gallbladder – This is likely an incidental finding.
- Large to moderate volume of fluid and soft shadowing material visualized within the gastric lumen – This could be consistent with fluid, ingesta, less likely ingested foreign material, and could be consistent with delayed gastric emptying, a partial outflow tract obstruction, or a recent meal.
- Thickened areas of small intestine with loss of layering and shadowing intraluminal material – Findings are concerning for possible infiltrative disease to the bowel or severe enteritis and shadowing foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach appears distended with fluid and some soft shadowing material. Additionally, there are some areas of small intestine that appear to have focal wall thickening with loss of layering. Some of these areas of thickened bowel appear to have shadowing intraluminal material, concerning for possible ingested foreign material. This thickening could be due to infiltrative disease such as round cell neoplasia and subsequent thickening and loss of motility entrapping foreign material, or this could be severe enteritis secondary to ingested foreign material.

Correlate these findings with abdominal radiographs and clinical findings. Options moving forward would include medical management and reassessment of the suspected obstructed areas to see if they could pass, fine needle aspirate of the thickened area of intestinal wall, or exploratory with the intent to investigate for possible ingested foreign material and biopsy thickened areas of small intestine.



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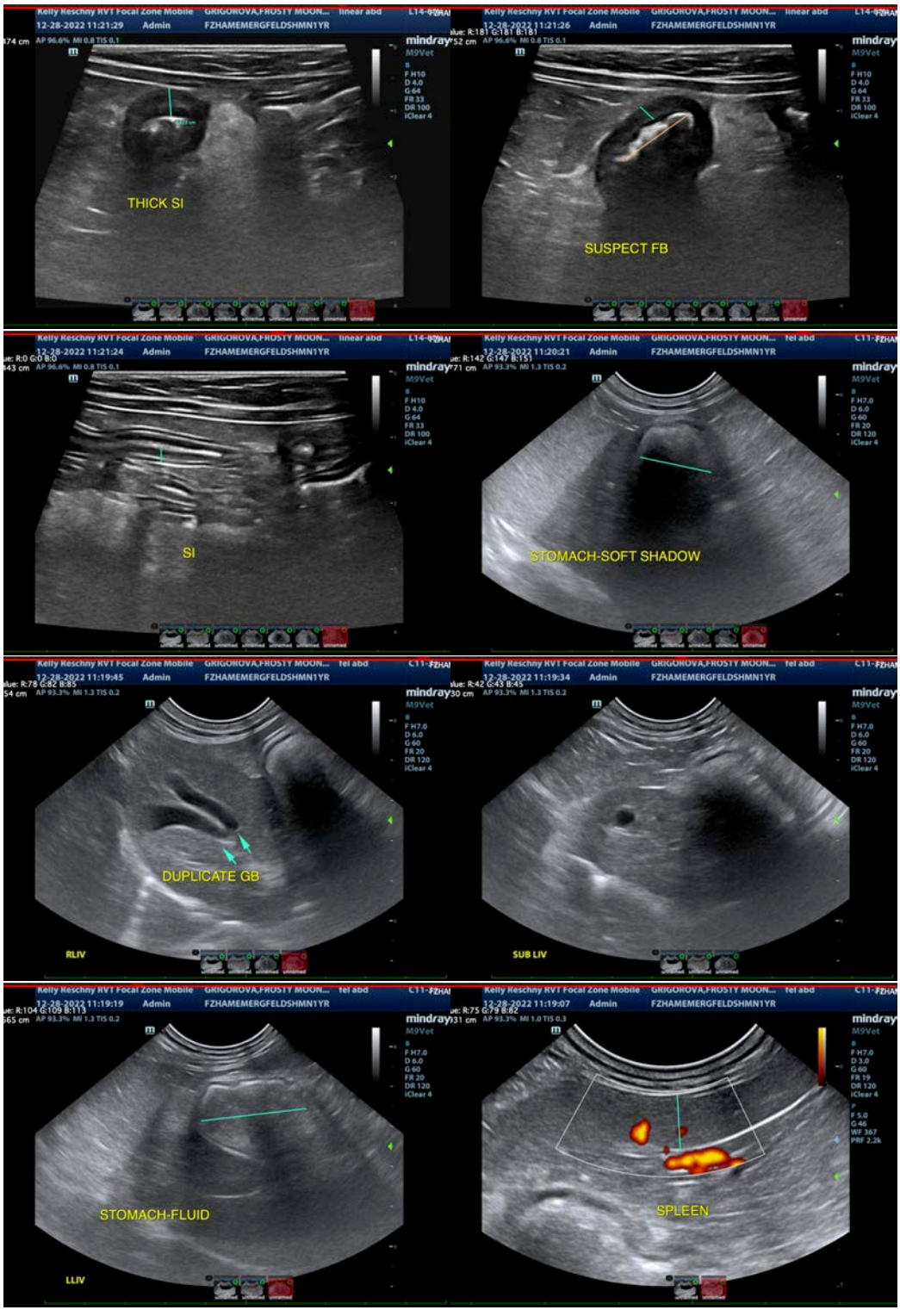
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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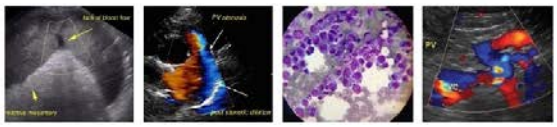

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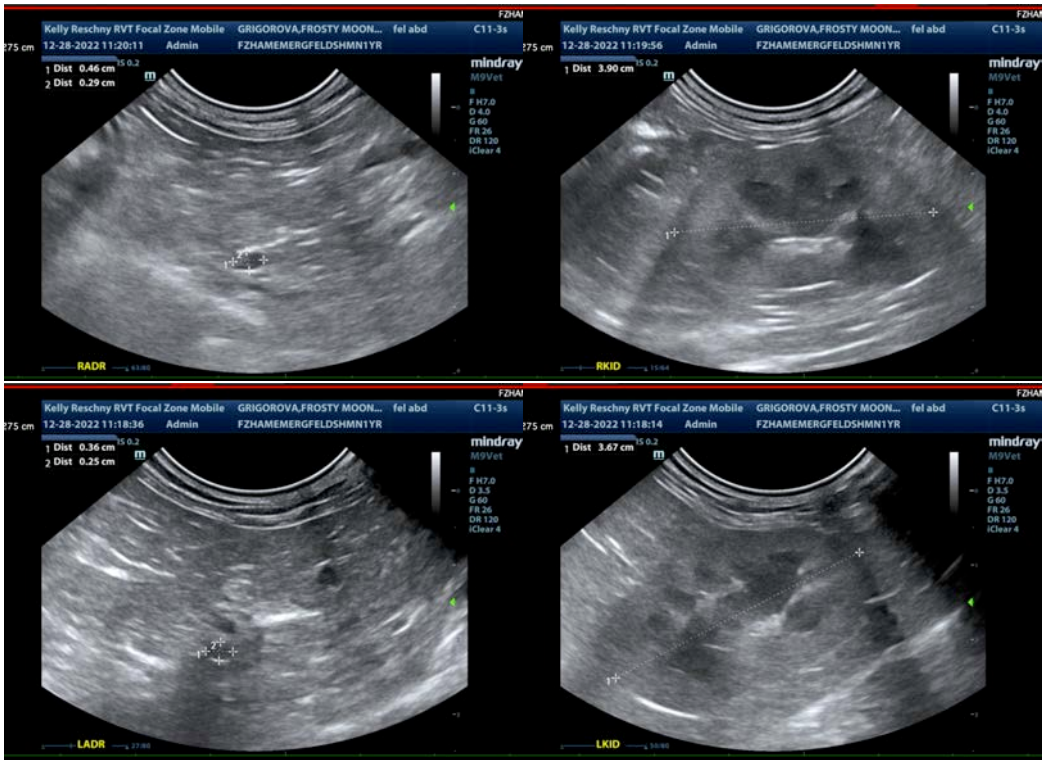

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com