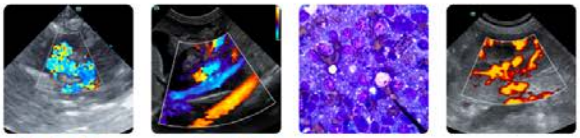

PATIENT

Claire Joslin

SPECIES

Feline

BREED

DLH

SEX

Intact Female

AGE

8 Months

WEIGHT

3.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Watson

INVOICE

72865

DATE

2/11/26

PRESENTING CLINICAL SIGNS

P presented to ER for not eating for 4 days. P halfway through pregnancy- was scheduled for spay but realized she was pregnant while under anesthesia so woke her up. Ate normally on Friday, vomiting once per day. has been on antibiotics due to abscess, has not had a bowel movement in 2 days. Presented quiet, dull, lethargic.

Abnormal PE/Chem/CBC/UA Results: Stress hyperglycemia and very mild elevation in neutrophils otherwise wnl

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 (3.73 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 (3.89 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 0.41 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 0.30 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 (0.77 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, most consistent with a duplicate gallbladder. The gall bladder lumens are moderately distended. The wall of the gall bladder is not thickened and has a smooth

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mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild 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. There is some hyperechoic shadowing material visualized in the region of the pylorus, measuring approximately 1.5 cm. Findings could be consistent with some persistent ingesta, ingested foreign material, etc. No evidence of an obstruction is visualized at this time.

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. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.17 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

There is scant free fluid noted. There is a mild lymphadenopathy present. Examples of jejunal lymph nodes visualized measure 0.66 cm and 0.54 cm. The omentum is generally normal in echogenicity.

Other

The uterus is very prominent, with at least four well developed fetuses with identifiable heart beats >200 bpm.

ULTRASONOGRAPHIC FINDINGS

- Ingesta/gas artifact in area of pylorus- findings could represent a small amount of persistent ingesta, ingested foreign material etc..
- Gravid uterus with viable fetuses

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause for this cat's illness is not identified. There is some shadowing material visualized in the region of the pylorus, although no evidence of an obstruction is noted at this time. A small amount of foreign material cannot be ruled out.

Correlate with full lab work and radiographs to assess the definitive number of fetuses present and to assess mineralization, etc. Correlate these findings with the recent abscess mentioned (Has this healed? Could the patient be septic?). Recommend supportive care at this time. Additional recommendations would depend on a full clinical assessment.

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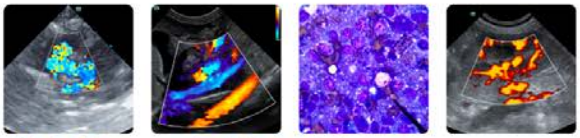

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Educational Teleconsultation Services™

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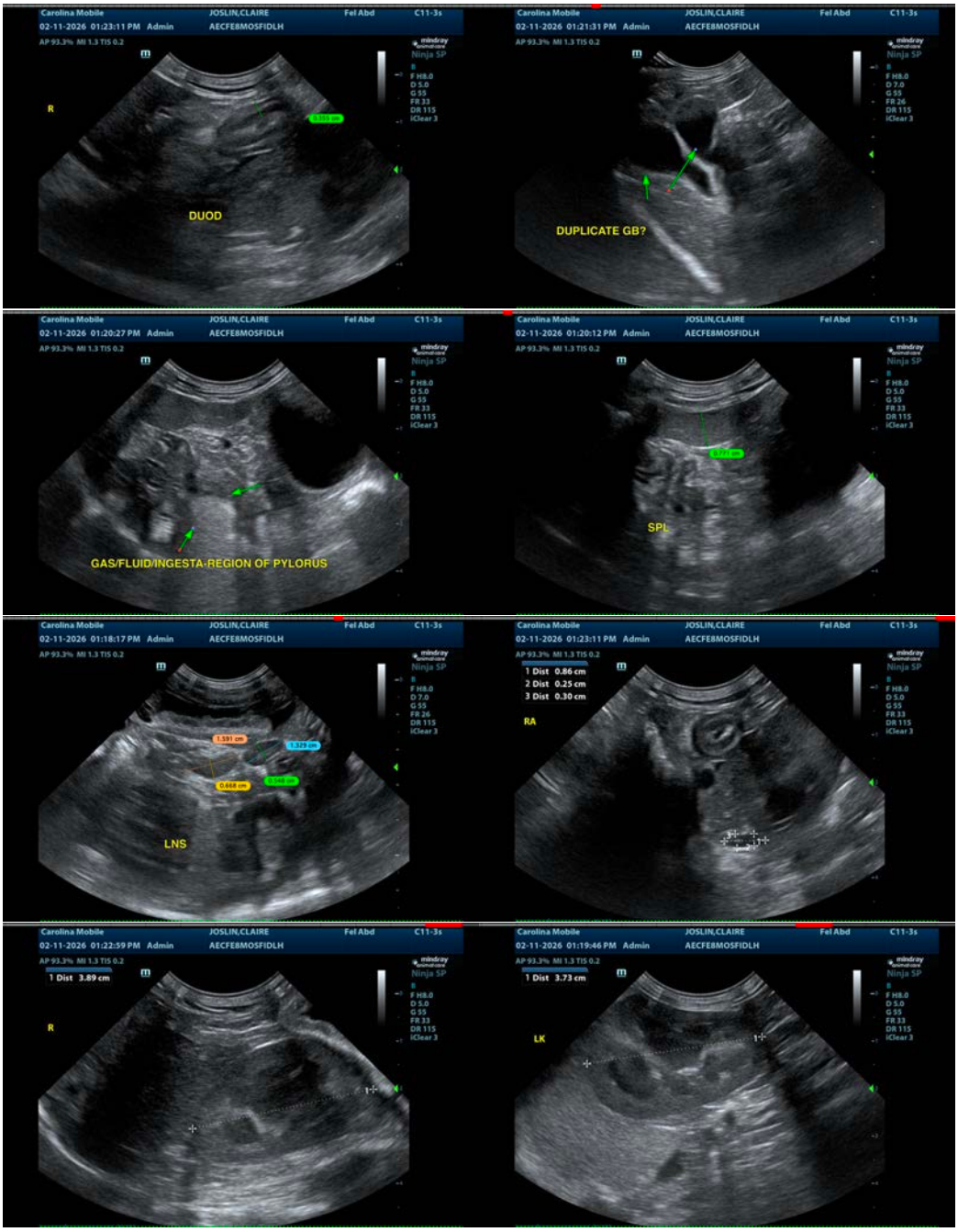

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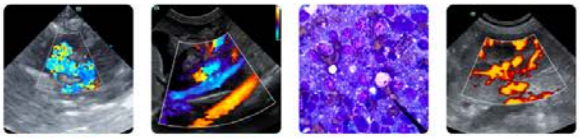

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com