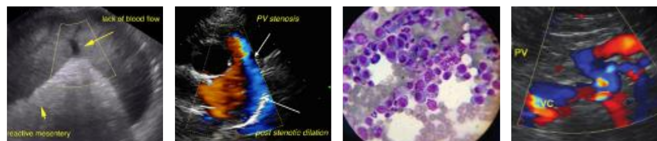
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

PATIENT

Audrey Berdecia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

13902

DATE

2/12/22

PRESENTING CLINICAL SIGNS

History: Presented yesterday with 2 days hx of vomiting. Prev hx of constipation. Fasted since 10pm last night

Abnormal PE/Chem/CBC/UA Results: 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 (3.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.38 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 0.47 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

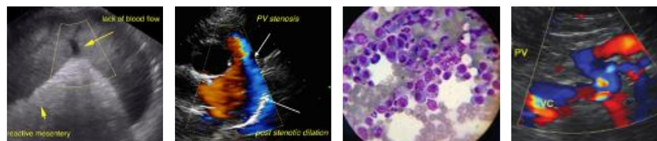
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with shadowing material, which could be consistent with either persistent ingesta or ingested foreign material/hairball, etc. It measures at a normal thickness of <0.36



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cm with some variability due to the presence of rugal folds. The distinction that gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No mass lesions are noted.

Most of the areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering and maintained typical 1:3 muscularis to mucosa ratio. There is no evidence of a significant obstructive pattern visualized distally. Visualized peristalsis appears normal. There is some intraluminal shadowing material within what appears to be the proximal bowel/antrum, which could represent foreign material, but a definitive obstruction is not 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 shadowing fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The (pancreas/region 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 no free fluid present. There are visible mesenteric lymph nodes, measuring 0.28 and 0.22 cm. The omentum is of slightly increased echogenicity around these mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Shadowing material within the gastric lumen- findings are most consistent with foreign material/hariball etc.. but ingesta with delayed gastric emptying is possible
- Shadowing material in pylorus/proximal small intestine- this could be an extension of the foreign material in the body of the stomach or extension into the proximal si
- Prominent mesenteric lymph nodes- these are not overtly enlarged and likely represent reactivity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be persistent shadowing material within the gastric lumen. This could be retained ingesta or foreign material/hair ball, etc.
Correlate with radiographs, looking for solid stool in the cranial abdomen (transverse colon) and clinically with the presence or absence of abdominal pain, feeding history (NPO since 10:00 PM, but is this patient eating well) etc...to try and get a better idea of what is going on.
Based on these images, with a prolonged fast, I'd be concerned about a gastric foreign body with extension into the proximal small intestine.
Options moving forward would include a more conservative approach with continued medical management and serial imaging (rads +/-US) with the intention to go to surgery if there is no progression of material.
Alternately, if suspicion is high, consider exploratory surgery with the intention to obtain GI biopsies, regardless of if an obstruction is noted or not.

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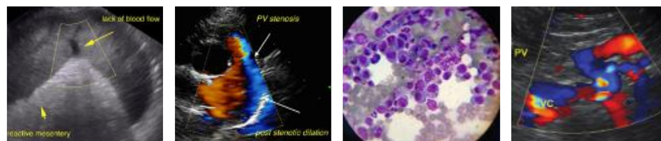

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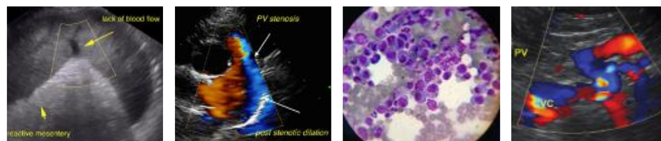

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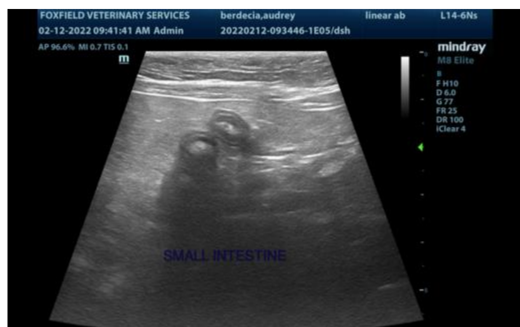

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com