



**PATIENT PRESENTING CLINICAL SIGNS**

Remi Smith  
Concern for possible foreign body.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

DSH

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**

Intact Male

The left kidney has a normal shape and size (3.39 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 Months

The right kidney has a normal shape and size (4.0 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**

3 kg

**Adrenal Glands**

**INTERPRETED BY**

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

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 0.25 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**

**HOSPITAL NAME**

Wellington AH

The spleen is subjectively normal in size (0.79 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.

**REFERRING VET**

Dr. Dennis

**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**

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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.

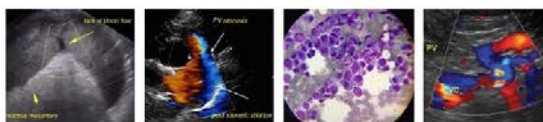
**DATE**

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**Gastrointestinal**

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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with



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distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures between 0.3-0.5 cm. Jejunum wall measures 0.17 cm. Visualized peristalsis appears appropriate in some areas, but in others there appears to be lack of progressive motility. No focal mass effects or obstructive lesions were observed, but there is a moderate amount of fluid and shadowing chyme visualized within the small intestine, which could be consistent with passing foreign material and ingesta. Additionally, in one view there is a larger area of hyperechoic shadowing material that does not appear associated with an obstructive pattern at this time but should be watched closely.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed/liquid 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**

- Diffuse Mild/mod SI fluid dilation – no focal obstruction is visualized but intraluminal chyme/foreign material is present. Continued monitoring for an obstruction is recommended.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The stomach appears relatively normal on today's exam and there is mild diffuse fluid visualized within the small bowel with some areas of shadowing material that appears most consistent with chyme/ingesta or ingested foreign material, but no obvious obstructive process. There is one areas of focal shadowing intraluminal material, which does not appear associated with an obstructive pattern. Recommend supportive care and correlation of these findings with abdominal radiographs, with close continued monitoring and serial radiographs. If symptoms are not improving, then consider reevaluation with ultrasound in 12-24 hours or exploratory if the suspicion for foreign material is high, with castration at that time.

There is the suspicion of fluid distention of the colon – this could be consistent with current or impending diarrhea.



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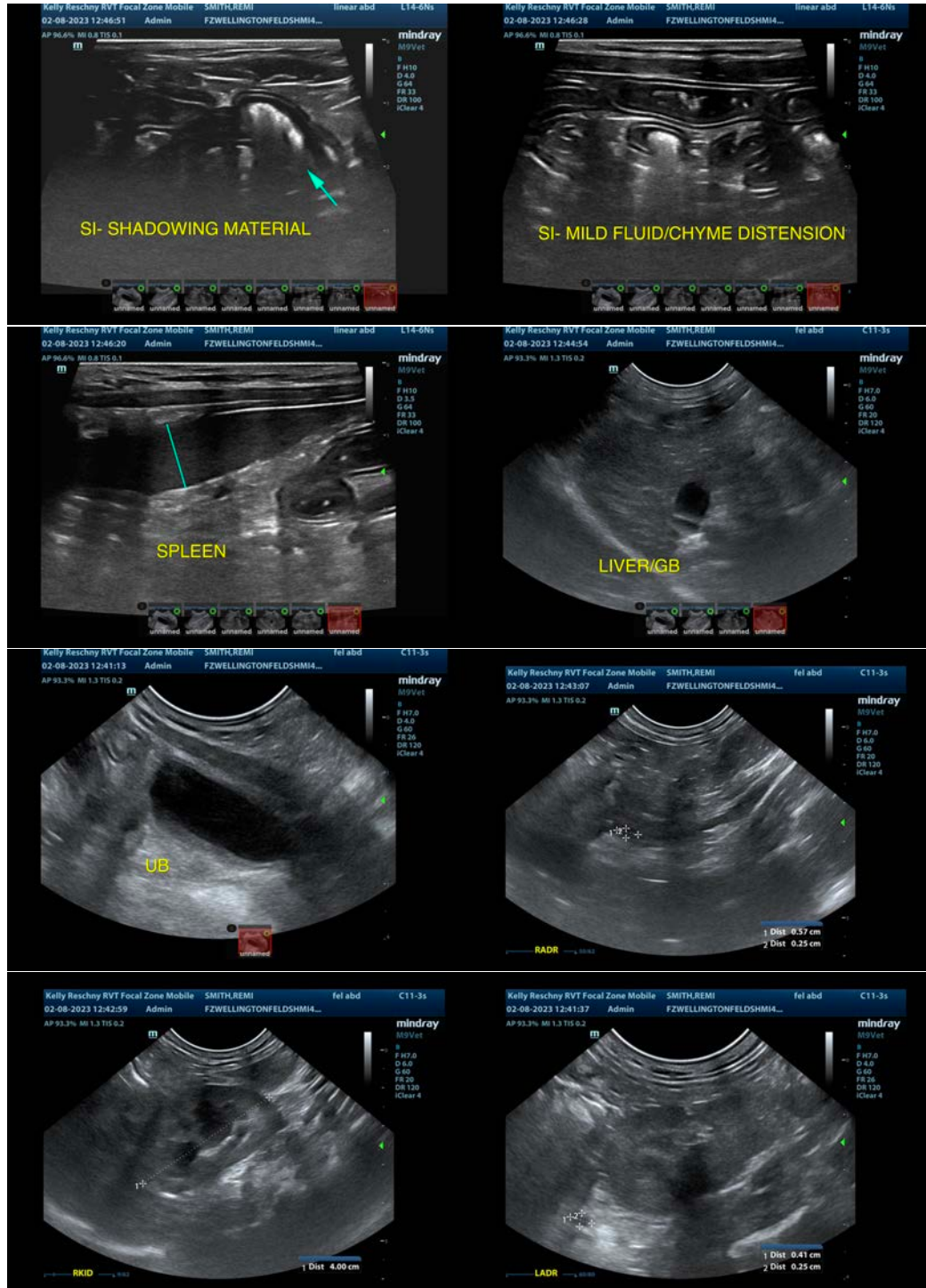
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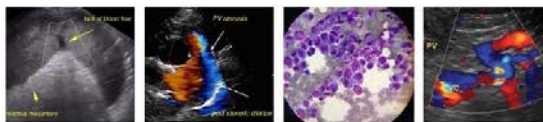
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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