



**PATIENT**

Jammie Wood

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

8.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Blachek

**INVOICE**

46111

**DATE**

3/23/23

**PRESENTING CLINICAL SIGNS**

Vomited 3 elastic hair ties on Tues 3/21/23. Persistent vomiting of food and liquid since. R/O FB obstruction.

Abnormal PE/Chem/CBC/UA Results: ALT 142

**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 (4.83 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 is surgically absent (right nephrectomy 11/2022).

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**Spleen**

The spleen is subjectively normal in size (0.67 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.

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**

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. 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 distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal



**PATIENT**

Jammie Wood

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

8.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Blachek

**INVOICE**

46111

**DATE**

3/23/23

(between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There are several regions of small bowel that appear more significantly thickened with echogenic fluid material. One of these loops of bowel contains some focal shadowing material measuring approximately 1.2 cm. The small intestine distal to this shadowing area appears non-fluid dilated. Additionally, there is inflammation in this region of bowel. Findings are concerning for obstructive 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 prominent and hypoechoic as compared to the surrounding isoechoic 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. There is significant inflammation around some of the fluid dilated loops of bowel.

**PRIMARY FINDINGS**

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Fluid dilated, inflamed small intestine with intraluminal shadowing material – Finding is suggestive of obstructive foreign material.

**SECONDARY FINDINGS**

- Surgically absent right kidney – nephrectomy performed 11/2022.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are several loops of small bowel that are surrounded by hyperechoic mesentery and have a moderate amount of echogenic fluid visualized within. In one of these loops of bowel there is a focus of hypoechoic shadowing material with dilated bowel on one side and non-fluid dilated bowel on the other side, suggestive of an obstruction. Additionally, there is a somewhat prominent pancreas, but inflammation appears mostly concentrated around the fluid dilated bowel rather than the pancreas.

Options moving forward would include medical therapy in the hopes that this patient can pass the obstructive material, or more likely consider explore, as there is already significant abdominal inflammation present and the suspicion for foreign material is high.



**PATIENT**

Jammie Wood

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

8.8 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

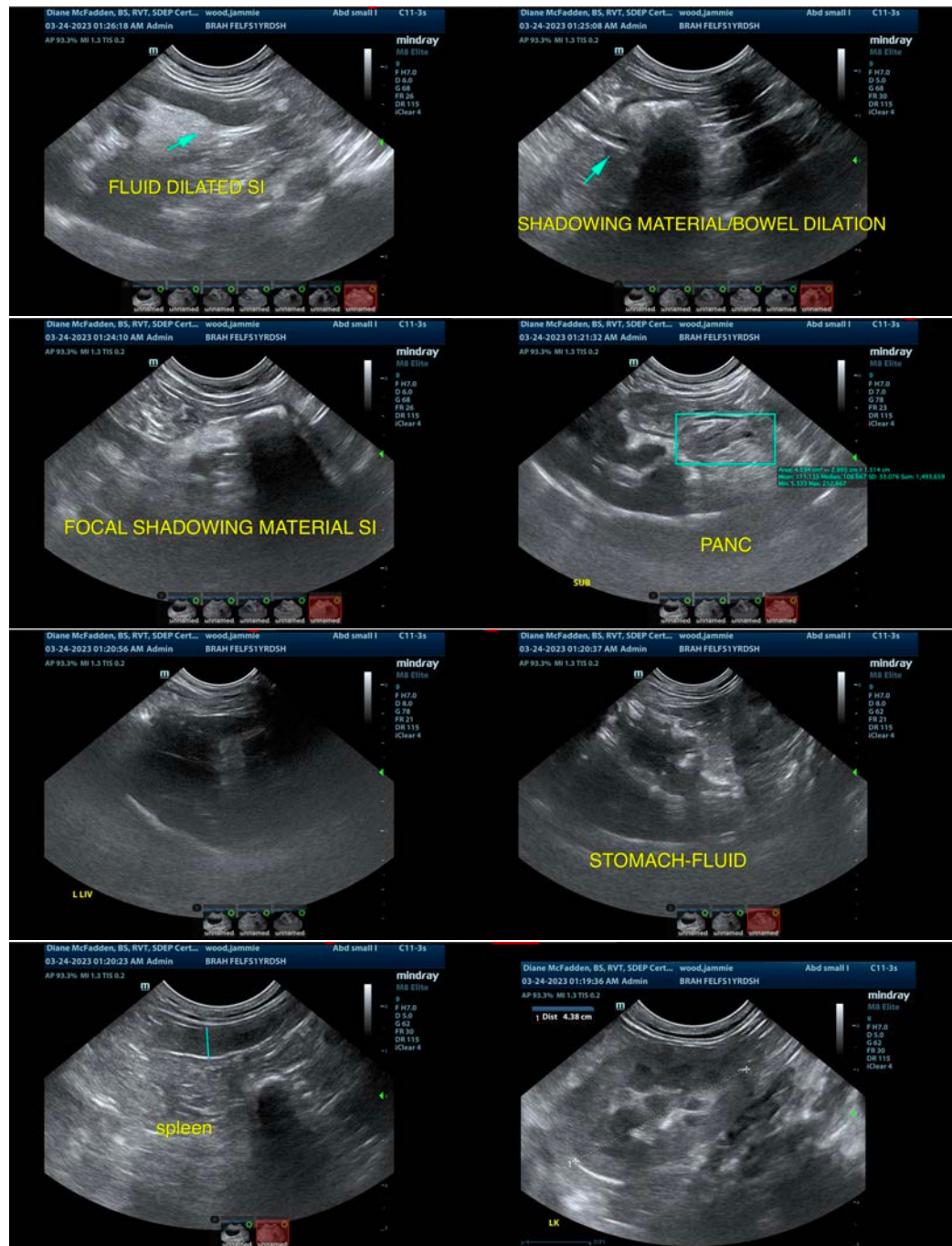
Dr. Blachek

**INVOICE**

46111

**DATE**

3/23/23



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