

**PATIENT**

Dean Gibson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

14.3 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

37039

DATE

4/20/22

PRESENTING CLINICAL SIGNS

Current Medications: none Patient History: T 101.2 P 180-200 R 50 mm p<2 weight 14.37 vomiting since Tues. Tues AM dark brown liq, then foamy light brown then kibble. Wed AM V dark brown liquid then 4x V foam. No V since then. P has been a little less active-no zoomies. Not lethargic. O unsure of BMs other than when cleaned out litter box there was hair in old stool. P has a history of eating thing off of the floor. P seems better this AM-ate some of his kibble, he has only been eating canned food for last couple of days and normally prefers kibble. ate better yesterday as well. Eyes improved, light sneezing has subsided. done with meds dt **Ate small amount of food this AM prior to exam/scan

Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: 1. BAR- decreased activity noted at home 3. mild chemosis lower eyelid improved from prev exam, no ocular discharge, no sneezing/congestion per O. 5. No visible oral fb on exam 9/10. Abdomen soft, no palpable masses/fb. Not tensing on palpation. Per O occasionally ingests things around the house, No known toxin ingestion or ingestion of plant (Confirmed no Easter Lillies in the house with recent holiday) material CBC- WNL Chemistry- Tg >500, Tchol 282 (post prandial) UA- protein 30+, pH 6, Spec Gravity >1.050, 0-1 WBC/hpf, occ RBC/hpf, negative for bacteria, crystals, casts. T4- 2.44 felv/fiv- negative RADIOGRAPHS AND BW ATTACHED FOR REVIEW.

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 (4.06 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 (4.35 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 0.41 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 0.43 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

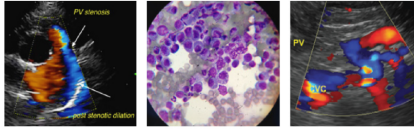
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

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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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Most of 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 measured 0.21 cm. jejunum wall measured 0.19 cm. Visualized peristalsis appears appropriate. No focal lesions are visible consistent with a small intestinal obstruction or mass effect. There is mild fluid dilation of the duodenum in some areas of distal bowel, but no obstructive pattern consistent with a distal small intestinal foreign body.

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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.

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14.3 Pounds

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.

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Kathleen Sennello DVM,
MS, Diplomate ACVIM
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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Large amount of shadowing material within the gastric lumen – findings could be consistent with several meals and delayed gastric emptying, or foreign material and food. An obvious obstructive lesion at the pylorus is not visualized.

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Amy Mayhew, LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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The stomach appears severely dilated with some irregular shadowing material. Some of this is consistent with ingesta, so this could represent several meals with kibble, etc., and delayed gastric emptying, but there is concern for possible partial outflow tract obstruction due to foreign material, etc., although no distinct hard shadowing foreign body is visualized.

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Correlate findings with abdominal radiographs over time to see if the foreign material passes, while keeping this patient NPO. You could even consider administering a small amount of barium to determine if it clings to anything, or if it empties into the small intestine normally. No obvious distal foreign material is observed, but it is difficult to 100% rule out some types of foreign material or partial obstructions with ultrasound alone.

INVOICE

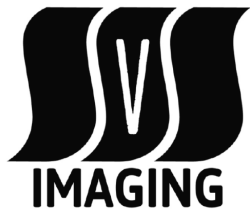
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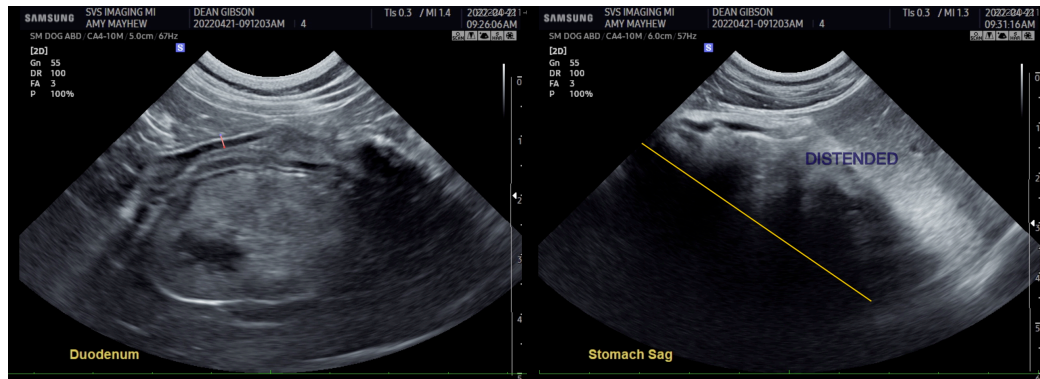
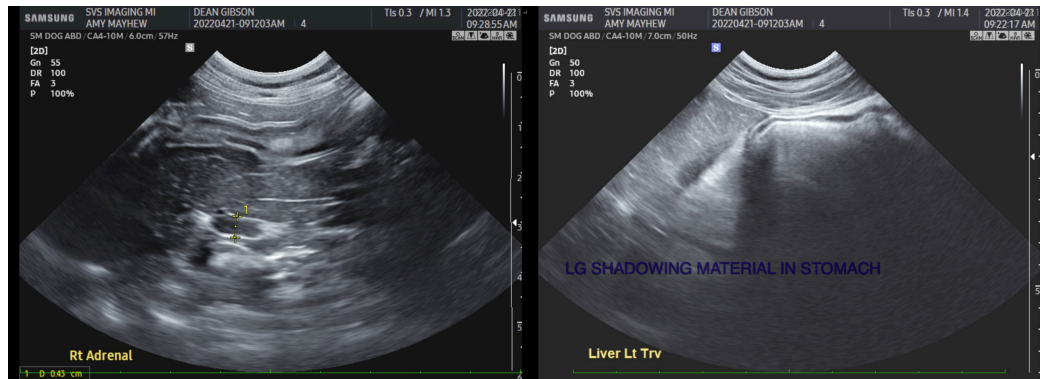
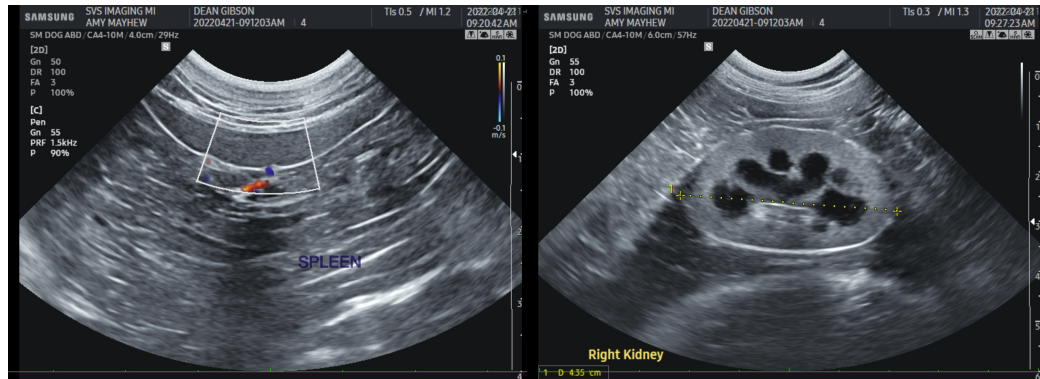
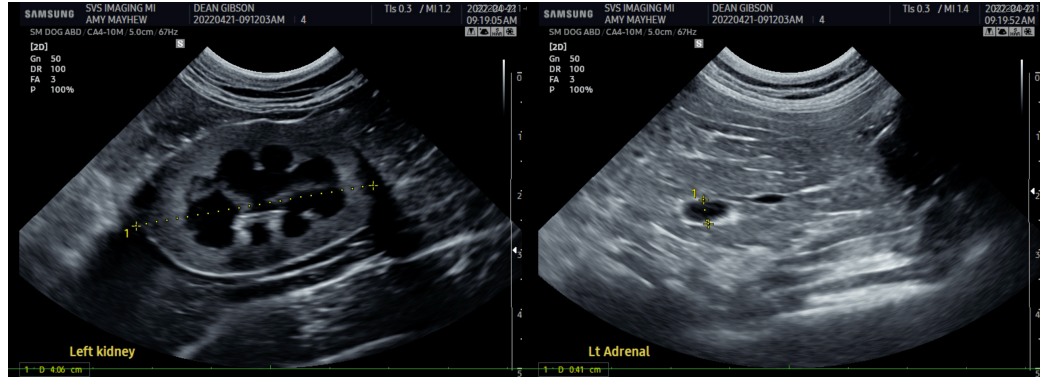
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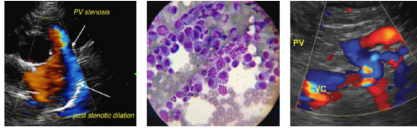
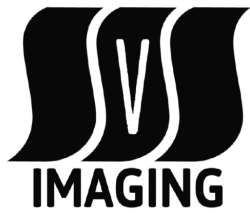
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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