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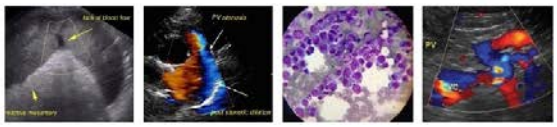


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Homer Deluca

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

4.81 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet Emergency Clinic

REFERRING VET

Dr. Grewal

INVOICE

46970

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Patient presented to HREVC on 4/26/2023 for anorexia + vomiting + constipation + decreased urination. Patient bradycardic on presentation. SPO2=100%. Patient vomiting for 3-4 day per owner. Was eating less 2 days ago but ate yesterday. Plays with hair elastics. Hunted in the past but nothing recent. cardio-Normal, no murmur, normal rhythm, peripheral pulses normal with no pulse deficits Gastrointestinal: Tense abdomen possibly painful bowel loop palpated mid abdomen?, patient growling for majority of exam -> unable to determine if this is specifically painful. No abdominal distension present.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values Bloodwork 4/27/2023 @ 4:23 am: CBC: WNL Chemistry: Mildly reduced BUN 5.6 (rr: 5.7-12.9) DDX: Artifact vs Other Mild hypokalemia 3.4 (rr: 3.5-5.8) DDX: GI loss vs Other Urinalysis 4/27/2023: WNL For ECHO Only: Blood Pressure 138/96(107) HR/RR/BP: 140/50/.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.95 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 (4.63 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 0.31 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.

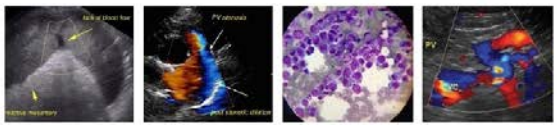
The right adrenal gland is normal in size measuring 0.26 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.87 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.



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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.

Gastrointestinal

The stomach contains moderate fluid, gas, and some shadowing intraluminal material. 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.

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. Duodenum wall measures 0.31 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. Much of the distal small intestine is somewhat "gassy" with shadowing intraluminal air. The proximal duodenum appears slightly fluid dilated, possibly with a lack of progressive motility. No distinct obstructive pattern or obstructive material is visualized.

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 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

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

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Fluid, gas, and some shadowing material visualized within the gastric lumen – Correlate with abdominal radiographs and feeding history. If the patient has been adequately fasted and material remains in the stomach, then consider the possibility of ingested foreign material, delayed gastric emptying, or pyloric outflow tract obstruction (none observed).
- "Gassy" bowel with some areas of fluid dilation – Findings are most consistent with gastroenteritis and ileus, although ingested foreign material cannot be excluded as a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If empirical treatment for gastroenteritis (fluids, nausea medications, etc.) does not improve symptoms or the concerning small bowel pattern on radiographs, or the shadowing intraluminal material in the stomach, then you may need to consider surgical explore. Aside from the shadowing material in the stomach no evidence of a focal lesion is definitively observed.

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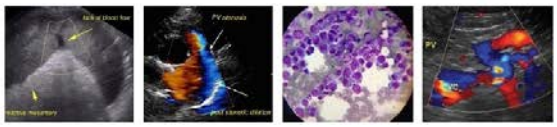

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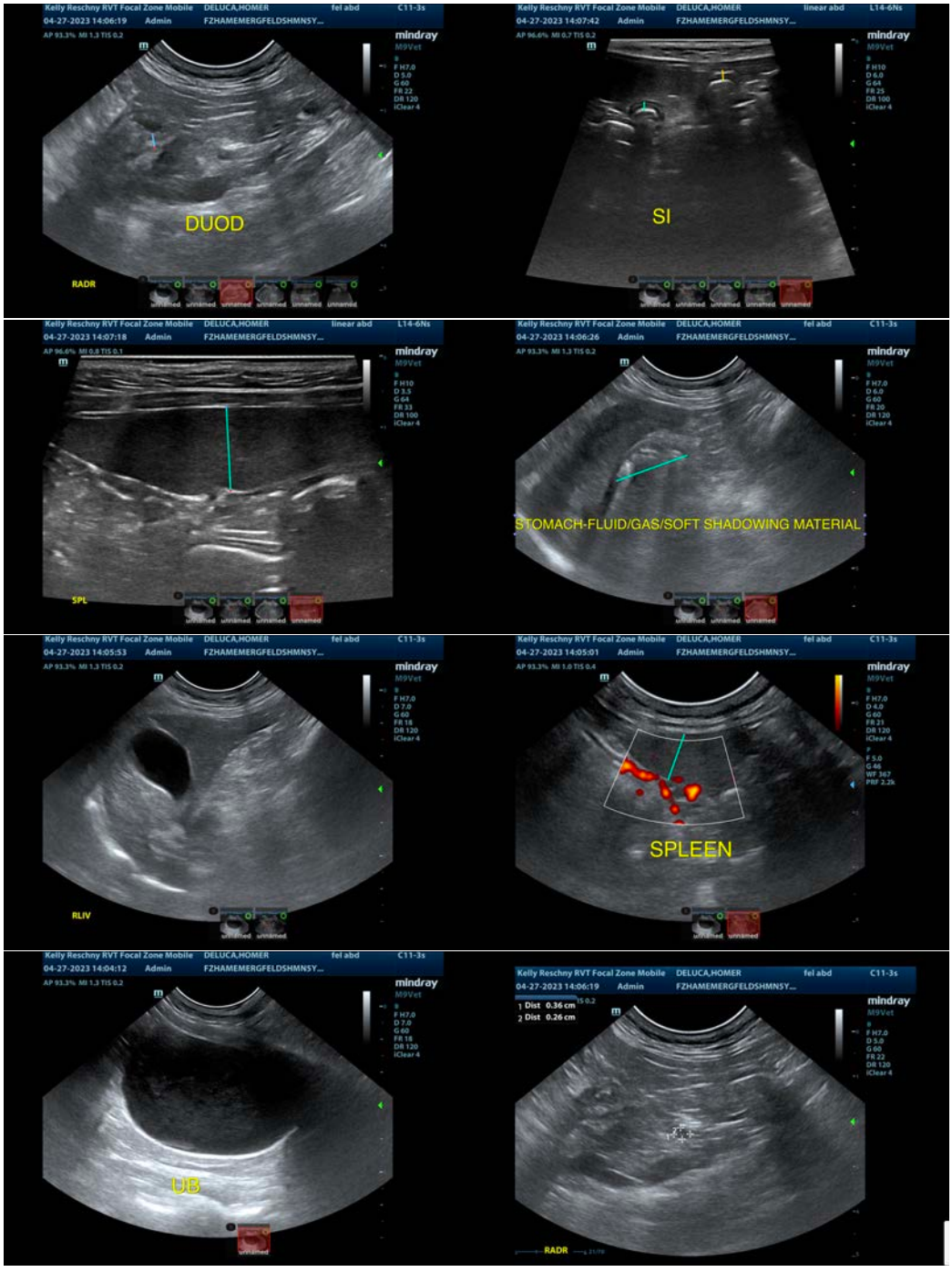

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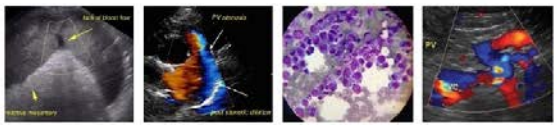

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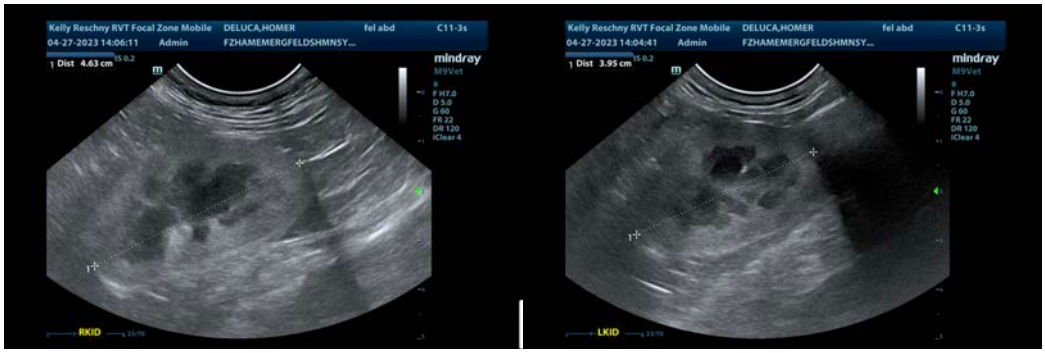

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com