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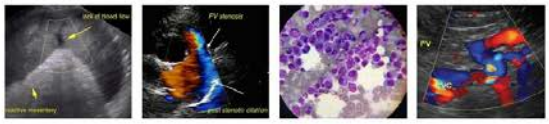


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sam Clay

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10/13/14

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

47104

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Vomits on and off for a long time but yesterday vomited a large amount of liquid and last night and today will not eat. Vomited three times during car ride over to clinic Completely indoors Currently on C/d diet long term Physical Findings Halitosis with mild dental calculus Dehydrated with active skin turgor 3-4 seconds Comfortable abdominal palpation but intestines have liquid gas feel and possible irregular mass palpated in mid-abdomen Brief ultrasound of abdomen shows fluid in stomach and fluid in intestines with normal peristalsis, mass in mid abdomen unsure if spleen or LNs or intestinal mass Working diagnosis Mid abdominal mass.

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 (4.11 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 (3.9 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 0.34 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.

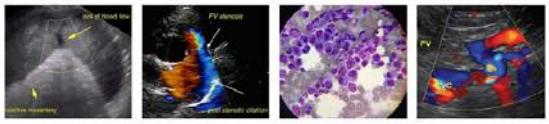
The right adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.73 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 a moderate to large amount of fluid. 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.

Many of the visualized areas of jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Much of the duodenum and some of the areas of proximal jejunum have significant fluid distention with hypermotile non-progressive motility. In the more normal areas of bowel, wall thickness is normal. The duodenum appears slightly thickened measuring at 0.28 cm with significant fluid distention. The jejunum measures as normal at 0.25 cm aside from a region in what appears to be the proximal jejunum, where there is significant fluid dilation approaching some shadowing intraluminal material. In this region, the jejunum measures 0.44 cm. The intraluminal material measures approximately 1.6 cm in diameter with a hard shadow and non-distended bowel distal to the lesion. Around this area of bowel, there is severely hyperechoic mesentery and lymphadenopathy. Findings are concerning for a focal obstruction with intraluminal foreign material +/- a mass effect due to thickened/inflamed tissue.

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. There is a focal area of severely hyperechoic mesentery and large lymph nodes surrounding the abnormal bowel loops. Lymph node in this region measure at 0.37, 0.56, and 0.54 cm.

ULTRASONOGRAPHIC FINDINGS

- Fluid dilation of the stomach and proximal bowel with intraluminal hard shadowing material, most consistent with hard shadowing intraluminal material. Findings are most consistent with an obstruction secondary to ingested foreign material.
- Thickened tissue in the region of the shadowing intraluminal material – I suspect this is secondary to localized inflammation, although a concurrent neoplastic process cannot be ruled out.
- Severely hyperechoic mesentery with enlarged lymph nodes around the abnormal section of small intestine – Findings are most consistent with focal peritonitis.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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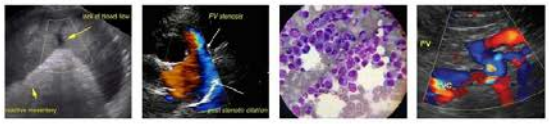

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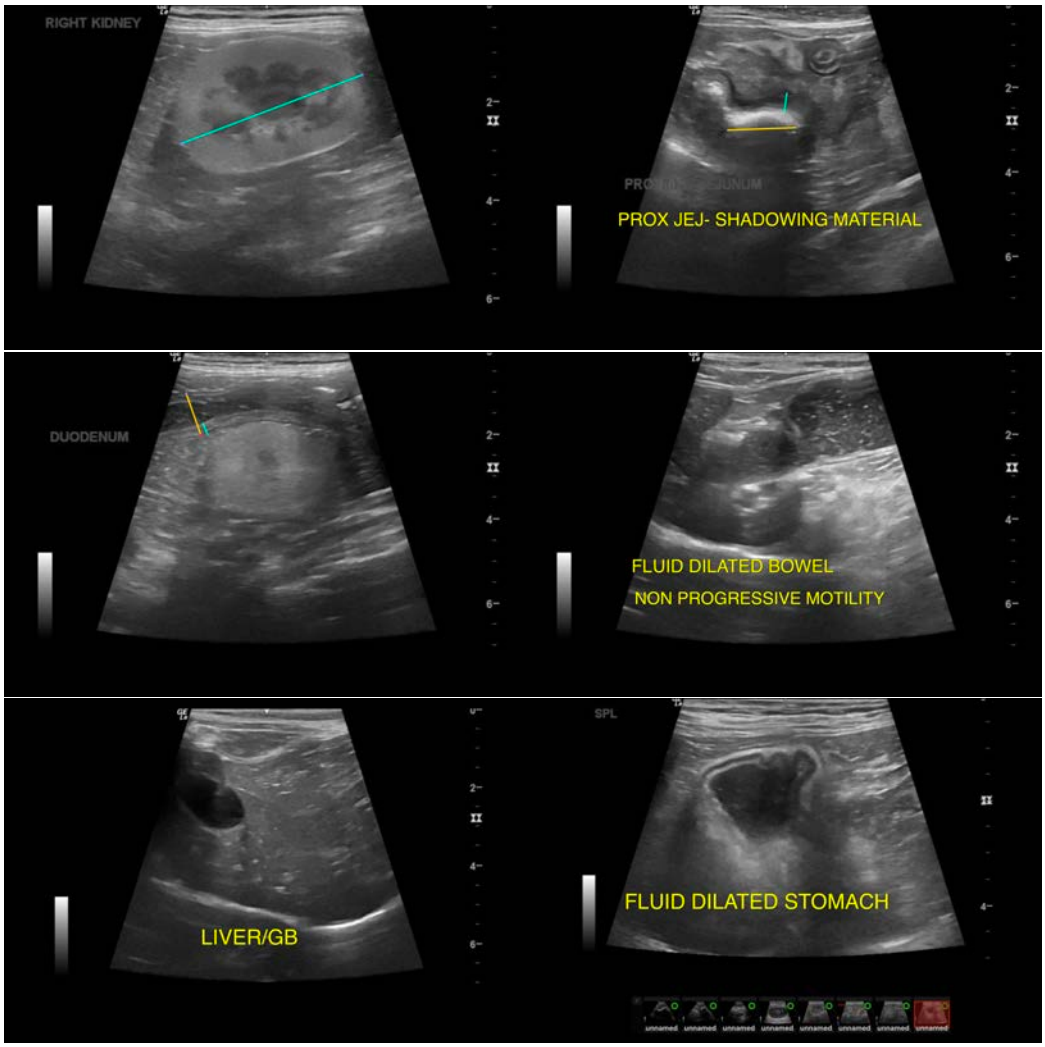
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal GI tract is significantly fluid distended with churning, hypermotile bowel showing non-progressive motility. This approaches a section of small bowel that appears slightly bunched and has shadowing intraluminal material as well as a thickened bowel wall and surrounding hyperechoic mesentery and lymph nodes. These findings are suggestive of intraluminal foreign material causing an obstruction, with localized peritonitis. A mass effect in the region contributing to these findings cannot be ruled out.

Recommend surgical evaluation of this region with the intention to obtain biopsies, evaluate for a foreign body, and possibly the need to resect some areas of bowel. This is most consistent with proximal jejunum, but it is difficult to definitively determine this.



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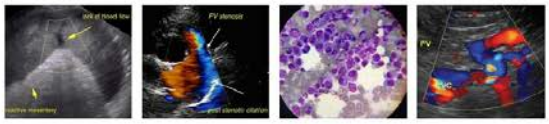

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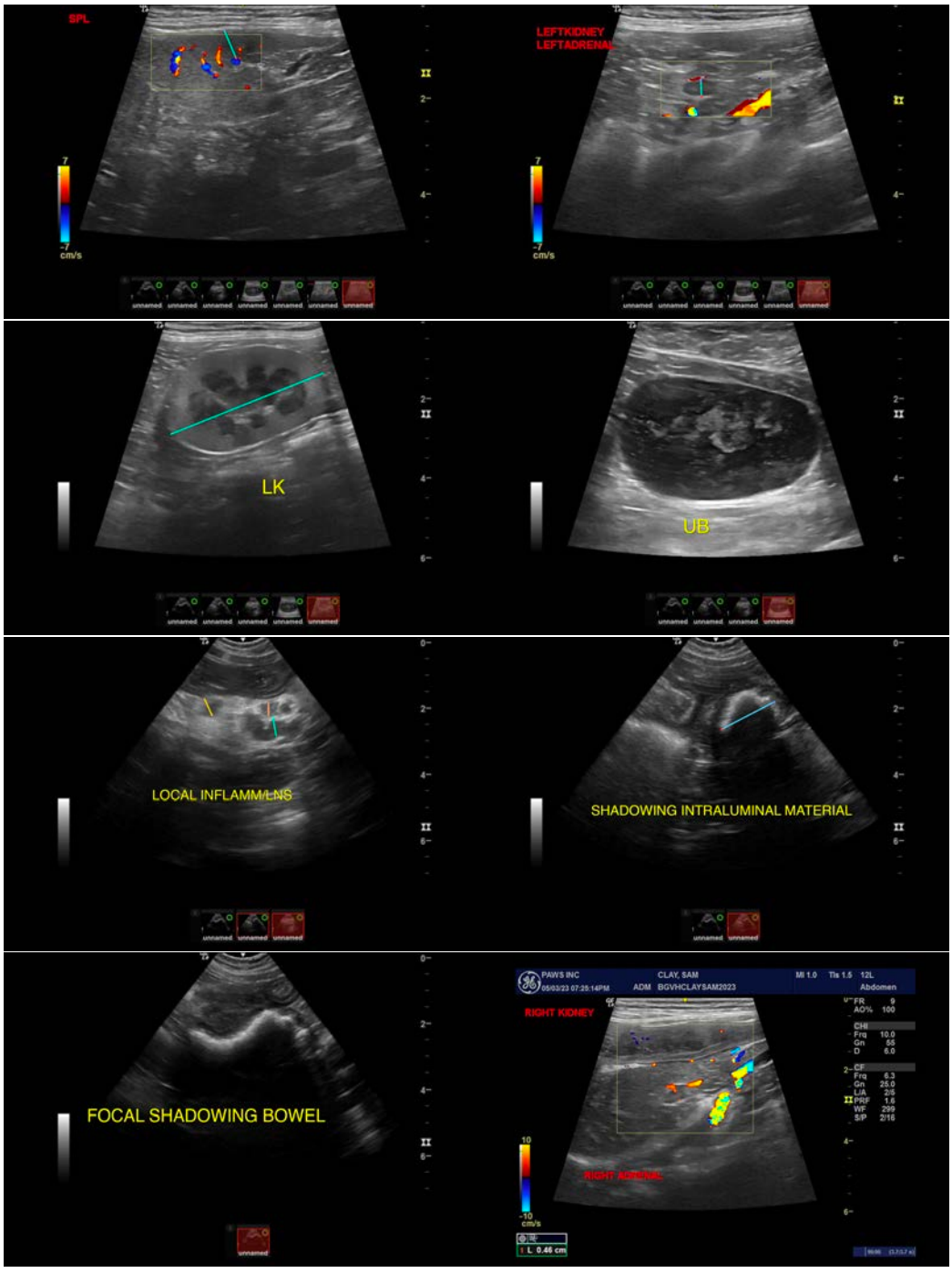

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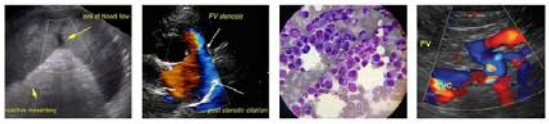

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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