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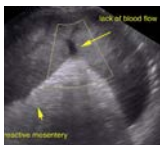
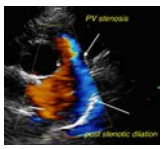
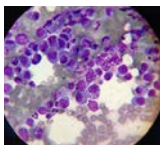
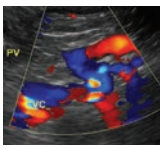

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1-800-838-4268 info@sonopath.com

PATIENT

Faith Santana

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Shirley Rodriguez

INVOICE

43132

DATE

6/14/23

PRESENTING CLINICAL SIGNS

Presented as a referral for an urgent abdominal ultrasound to evaluate possible GI obstruction. The patient went to his regular veterinarian in the US (Florida) for lethargy and inappetence on 6/8/23. A possible foreign body was found on radiographs but wasn't causing any obstruction at the time; laboratories were also taken. Didn't improve and Owner went to 3 other different veterinarians. Declined exploratory surgery. Came to PR and went to a new veterinarian who said the patient was lethargic, dehydrated, with a full urinary bladder, and in pain. CBC showed an increase in WBC, radiographs demonstrated moderate gas distention and UA showed an increase in leukocytes but no bacteria presented. Brought patient for a STAT abdominal sonogram to confirm, foreign body and obstruction.

Abnormal PE/Chem/CBC/UA Results: June 9th RBC 12.5mg/dL (5.92-9.93) Hemoglobin 17.3mg/dL (9.3-15.9) Neutrophils 11316mg/dL (2500-8500) Glucose 189mg/dL (64-170) June 14th CBC showed an increase in WBC - WBC 27.67mg/dL (2.87-17.02) NEU 24.31mg/dL (2.30-10.29) BUN 45mg/dL (16-36) ALKP 10 U/L (14-111) AMYL 469 U/L (500-1500) Radiographs demonstrated moderate gas distention UA showed an increase in leukocytes but no bacteria presented; Specific Gravity - 1.050 Urobilinogen +1 (2.0mg/dL) Bilirubin +1 (0.5mg/dL) Protein +2 (100mg/dL) pH 6.0

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 (4.21 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 (4.61 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 0.35 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 (0.66 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.

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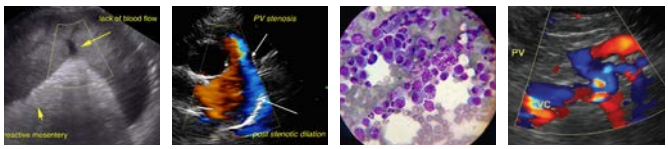

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Liver

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 mild to severe 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 0.22 cm. Jejunum wall measures 0.13 cm. Visualized peristalsis appears appropriate. There are loops of bowel that appear significantly fluid dilated. This fluid dilation progresses to a point of shadowing intraluminal material most concerning for an obstructive foreign body. Other shadowing areas are visualized, possibly consistent with additional areas of 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 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 are prominent mesenteric lymph nodes, one of which measures at 0.82 cm. The iliac lymph node is measured at 0.48 cm in diameter. The omentum is slightly hyperechoic around the fluid dilated sections of small intestine.

PRIMARY FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Shadowing material visualized within the small intestine – Findings are concerning for a possible obstructive foreign body.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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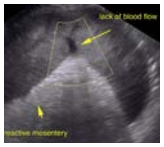
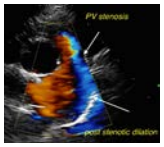
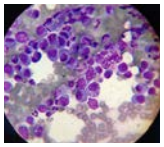
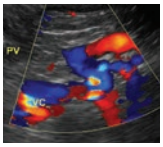

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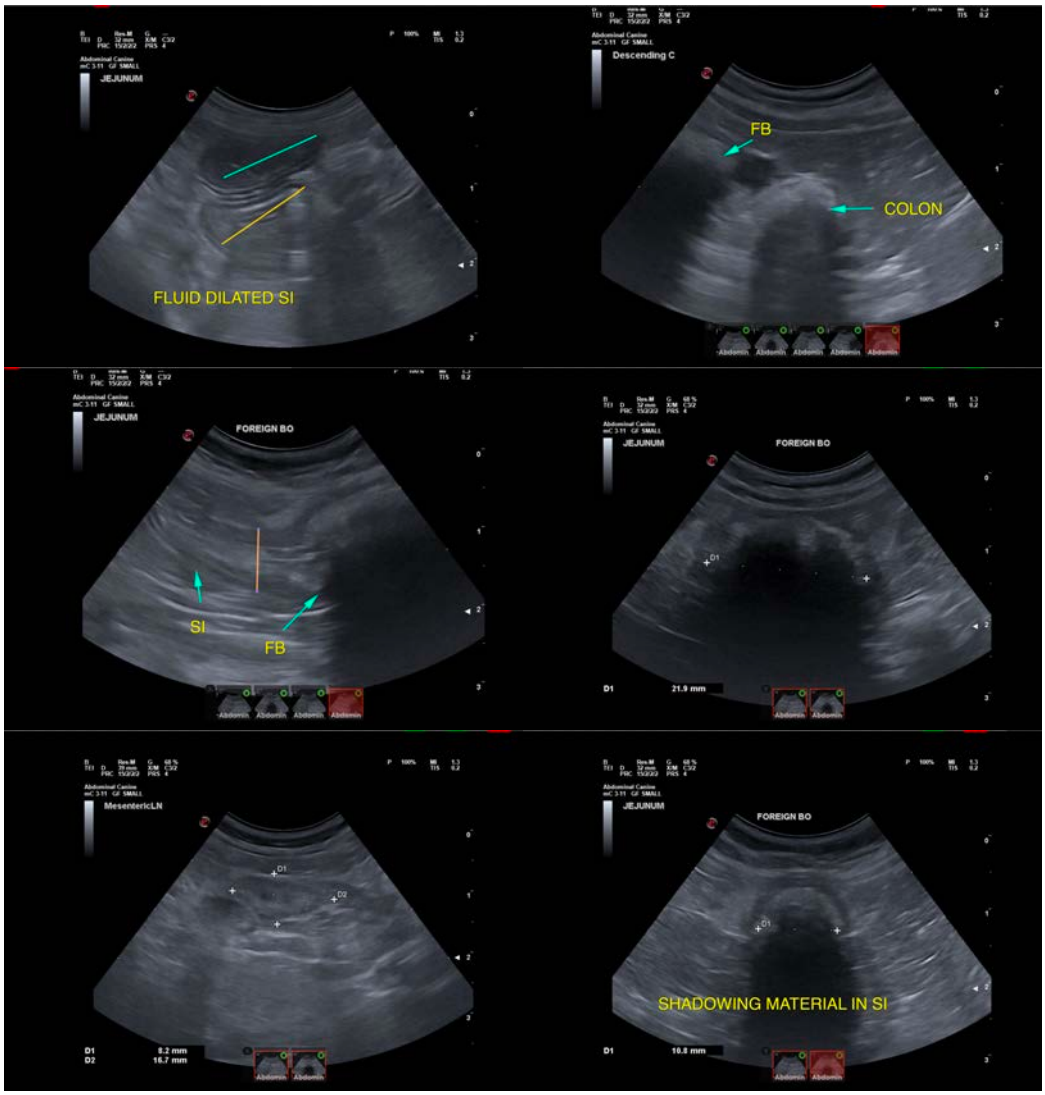
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are sections of small intestine visualized with significant fluid dilation. One of these areas abuts a focal area of intraluminal shadowing material most consistent with an obstructive foreign body. There are other areas of shadowing material visualized within the bowel that do not appear to be causing an obstruction. Based on the extended history and ultrasound findings, I would consider exploratory to further evaluate for an intestinal foreign body. If foreign material is not identified or there is a chronic history of underlying gastrointestinal disease, consider obtaining GI biopsies.



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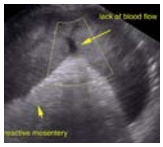
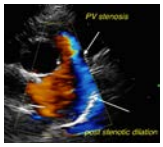
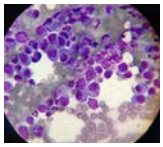
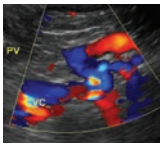

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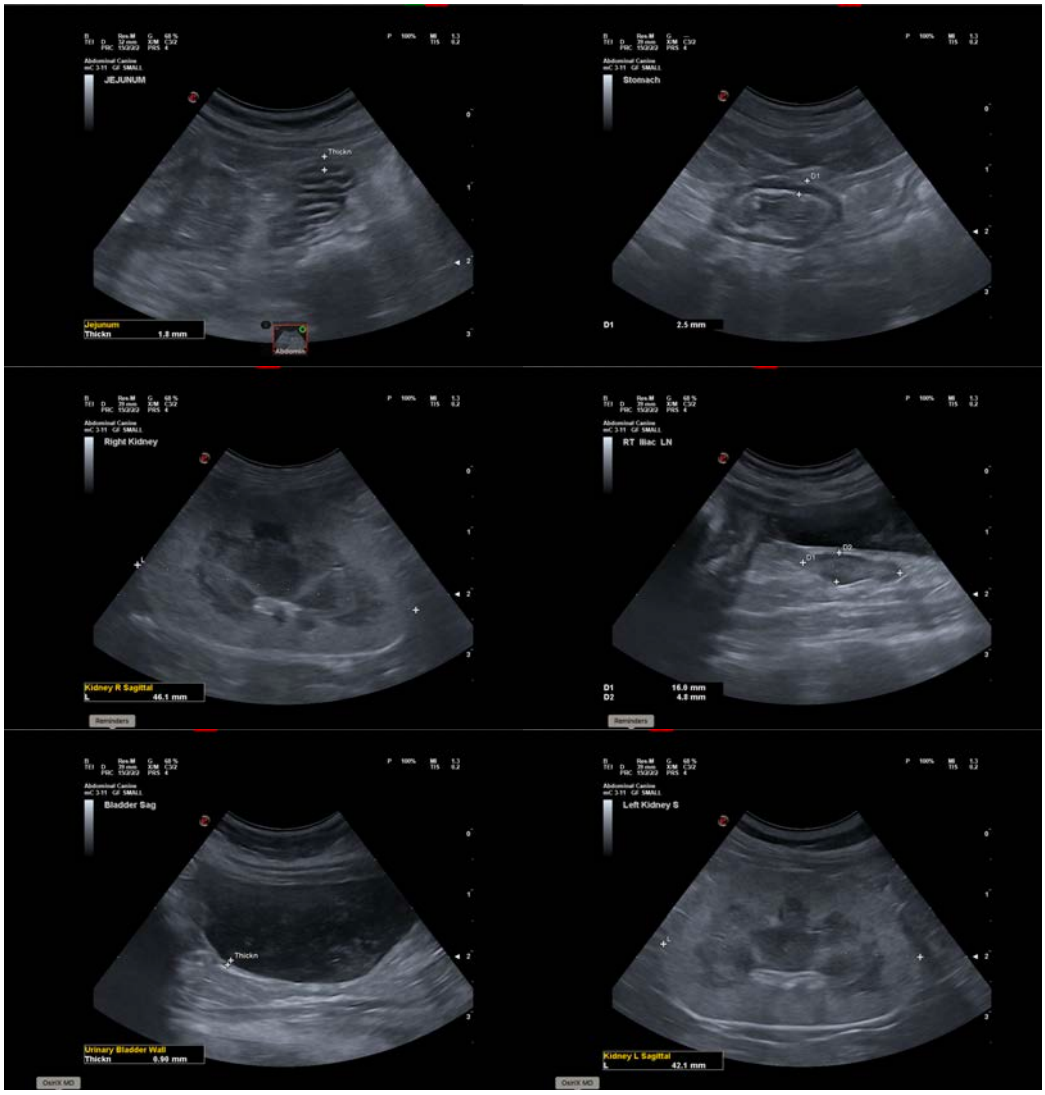

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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