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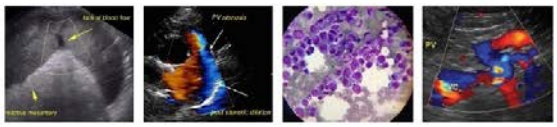


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**

Gretha Ellman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

4.11 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Downtown AH

**REFERRING VET**

Dr. Ahn

**INVOICE**

43518

**DATE**

6/28/23

## PRESENTING CLINICAL SIGNS

Fell from the 5th floor balcony/terrace to the 3rd floor about 48 hours ago. Has been hiding, not moving around much but. no overt limping. More vocal, meowing more at home. No obvious external wounds present. Peed and pooped in litterbox this morning as usual. PE -MM pink and slightly tacky, skin tent normal, QAR, T 39.9, pulses OK, tachycardic but not muffled and rhythm norma. Lung sounds normal throughout, maybe slightly diminished caudodorsally, no dyspnea, moderately tense and uncomfortable on abdominal palpation. No obvious fluid wave, bladder feels intact, kidneys feel ok. Have started Mirtazapine and Buprenorphine.

Abnormal PE/Chem/CBC/UA Results: Rads(RL and VD catogram and VD pelvis) lungs look ok, no obvious air or fluid in pleural space, cardiac silhouette WNL. NO fractures noted. Serosal detail appears normal but spleen not obviously visible and some haziness around kidneys.

## 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 (4.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no effusion present, but there is mildly inflamed tissue in the region around the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no effusion present, but there is mildly inflamed tissue in the region around the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *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.

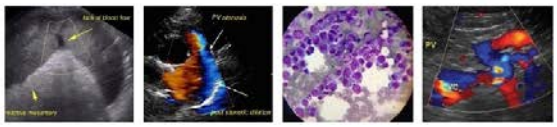
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### *Spleen*

The spleen is somewhat large and hypoechoic, measuring 1.22 cm in width at the level of the hilus. The splenic artery and vein are challenging to visualize and there is diminished blood flow based on doppler examination.

### *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 shadowing ingesta. 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 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. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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*

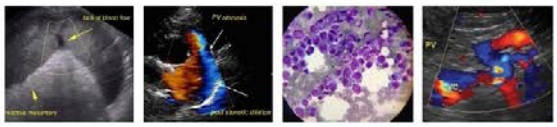
There is a small volume of free abdominal fluid. No lymphadenopathy noted. The omentum is mottled and hyperechoic around the spleen and kidneys.

## ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Prominent, hypoechoic spleen with reduced blood flow on doppler – This could represent imaging artifact or severe bruising or infarction of the spleen.
- Shadowing ingesta within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.
- Hyperechoic mottled mesentery with a small amount of free abdominal fluid – Findings are consistent with generalized inflammation, likely bruising, and possibly a small amount of hemorrhage.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general appearance of inflammation and some free abdominal fluid, which could be residual hemorrhage. The spleen appears somewhat enlarged and hypoechoic. Color flow is not readily apparent. This could be imaging artifact or could be due to a hypovascular spleen secondary to trauma, infarction, hematoma formation etc.





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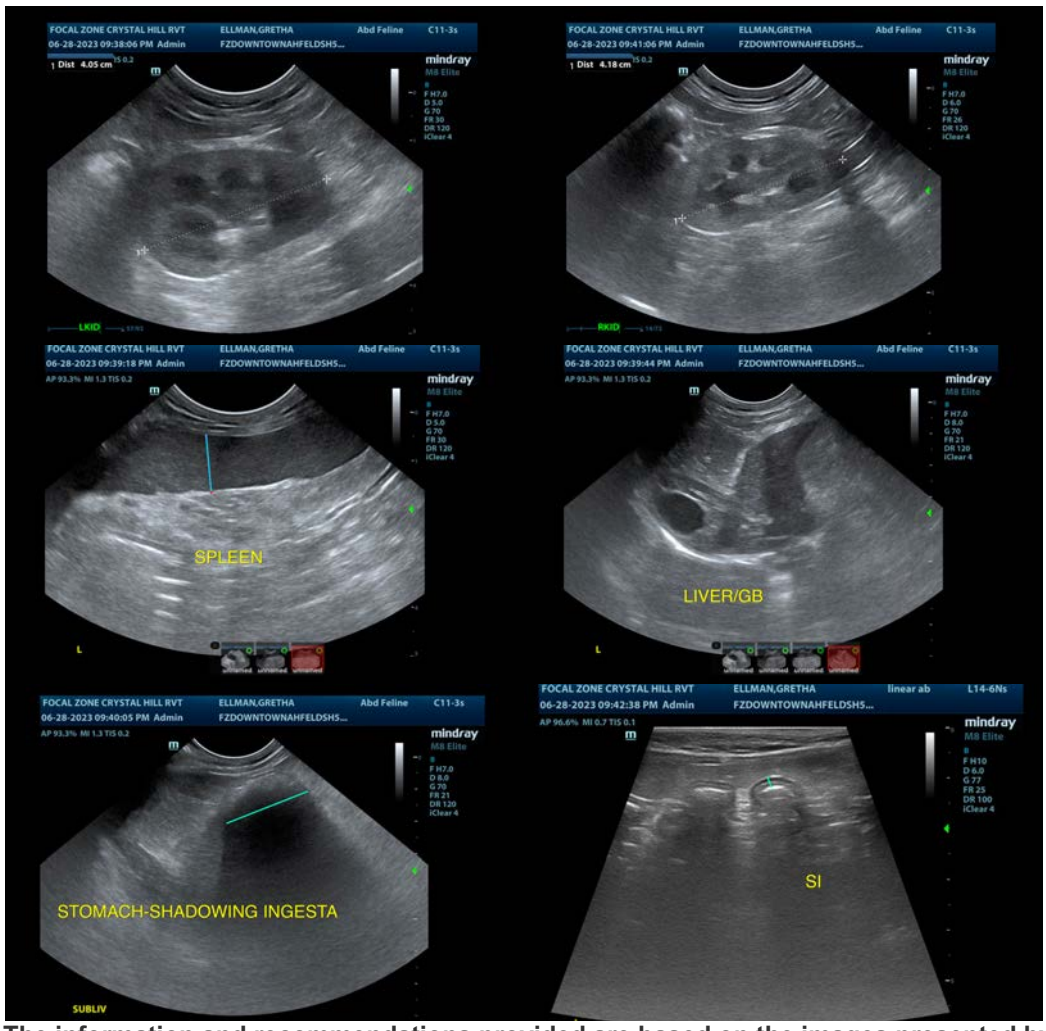
Options moving forward would include reevaluation of the spleen in a few days (sooner if the cat is not doing well) to reevaluate the spleen, or you could consider a contrast CT scan, which could better evaluate the spleen and the abdomen more globally for focal areas of trauma.

There is shadowing material visualized within the gastric lumen. Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying time.

While no focal pancreatitis is visualized, there is some generalized inflammation, a diffusely inflamed pancreas cannot be definitively ruled out. If a contrast CT scan is not performed, recommend general supportive therapy with pain medications, fluids, nutritional management, if necessary, etc., and serial imaging of the abdomen if patient is not improving. For some possibilities such as diaphragmatic hernia, body wall hernia, etc., radiographs interpreted by a radiologist may be helpful (if not already done).




**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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