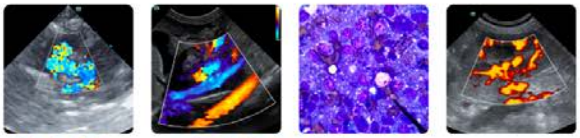




SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**

Heidi Kirton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

3.86 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Headon Forest Animal Hospital

**REFERRING VET**

Dr. Guagliano

**INVOICE**

75665

**DATE**

6/4/26

## PRESENTING CLINICAL SIGNS

Presented June 2 for vomiting once about one week ago after owner accidentally fed the wrong food. Has had appetite off and on since then. U/BM normal, indoors only, mildly pyretic 39.9C, PE otherwise WNL. Gave Emavert SQ and one dose of Metacam SQ and sent home. P returned June 4 as she is still not eating aside from a few treats and one catit tube. Not eating regular kibble or gastro diets. T today 38.9C, irregularly round firm structure palpable cranial mid abdomen rest of PE WNL.

Abnormal PE/Chem/CBC/UA Results: Bloodwork all WNL

## 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 (3.61 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.

The right kidney is borderline large and rounded, measuring 4.17 cm, with early evidence of hydronephrosis, with the renal pelvis measuring at 1.06 cm. There is a pinpoint non-obstructive nephrolith visualized measuring 0.34 cm. A dilated ureter is not clearly visualized.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.37 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 0.30 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.

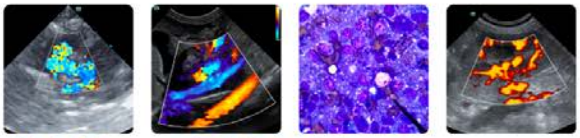
### *Spleen*

The spleen is subjectively normal in size (0.72 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/borderline small in size, and normal in 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.





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### *Gastrointestinal*

The stomach contains moderate shadowing ingesta and 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. Shadowing ingesta could be consistent with ingesta in a non-fasted patient, possible hairball, ingested foreign material, etc. A definitive obstruction is not visualized. Shadowing ingesta interferes with evaluation of some areas of the stomach.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and gas 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 0.29 cm. Jejunum wall measures 0.17 cm. Visualized peristalsis appears appropriate. The small intestine appears mildly to moderately fluid and gas distended, most consistent with an enteritis type pattern or a post-prandial patient. An unseen focal lesion cannot be ruled out.

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. No significant lymphadenopathy noted. The omentum is of normal echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Fluid and shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying, retained ingesta such as a hairball, or ingested foreign material. No evidence of an obstruction is visualized.
- Enteritis type pattern visualized associated with the small intestine. An unseen small focal lesion cannot be ruled out.
- Early hydronephrosis of the right kidney with a non-obstructive nephrolith – The cause of the hydronephrosis is not visualized. This could represent severe pyelonephritis, a possible stricture, an unseen obstructive stone, mass effect, etc.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate amount of fluid and shadowing ingesta visualized within the stomach. Similarly, the small intestine has a moderate amount of gas and fluid. Correlate with the feeding history. If the patient was non-fasted, this could be normal for a post-prandial patient. Alternately, this could represent enteritis and ileus or even gastric foreign material, a gastric hairball, etc. Serial imaging with more prolonged fast and empirical treatment may be warranted (radiographs +/- ultrasound).

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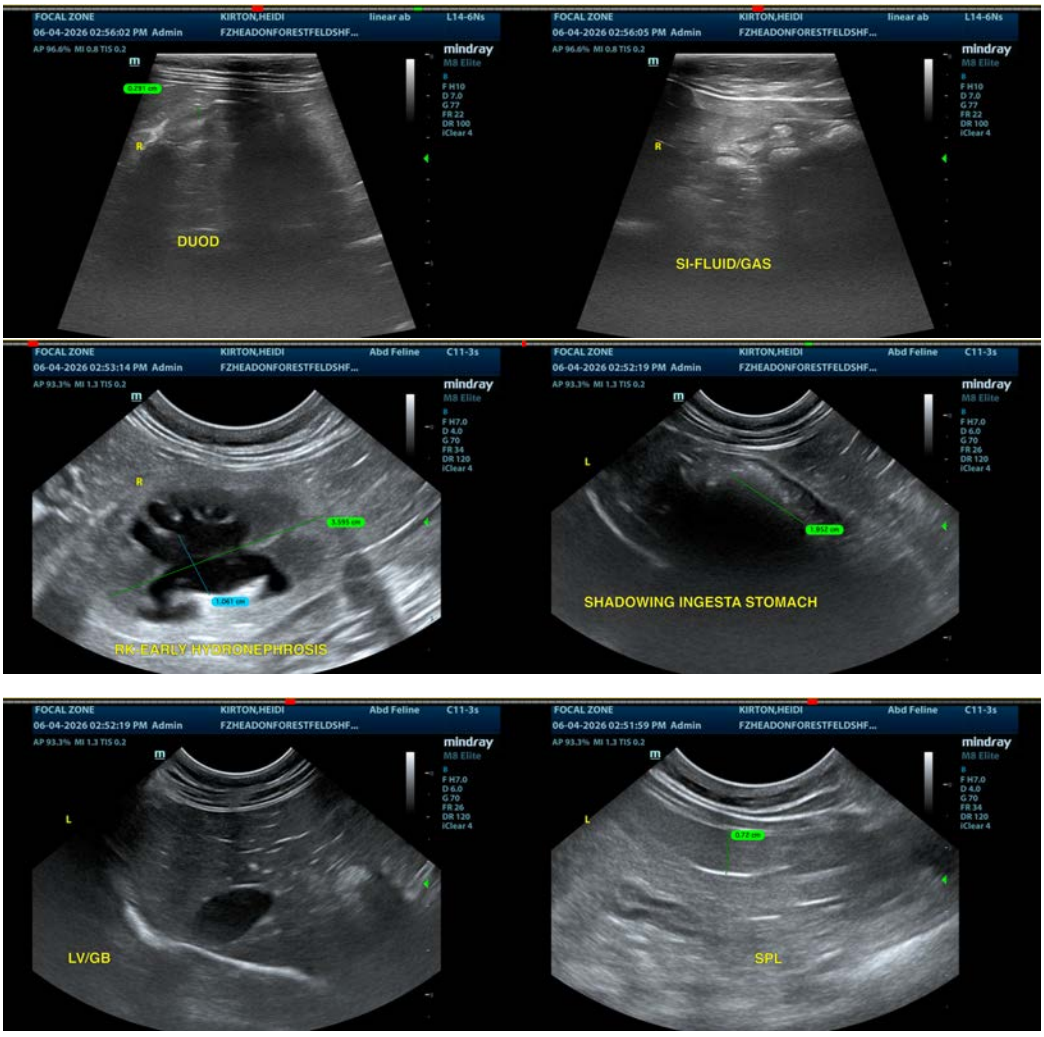
The right kidney is dilated, most consistent with early hydronephrosis. There is a small non-obstructive nephrolith visualized but no evidence of a stone in the outflow tract, ureter, etc., although this is not always visible on ultrasound. Recommend urinalysis and culture and correlate with abdominal radiographs, looking for a focal mineralization. A contrast study such as a contrast CT scan or excretory urogram may be necessary to look for a focal obstruction (particularly a stricture). Serial monitoring with ultrasound could be considered, looking for progressive dilation of the kidney.

It is uncertain if the GI signs are associated with the GI tract or the kidney, as passing stones can be very painful and cause similar symptoms. Recommend further workup of the kidney and symptomatic treatment for gastroenteritis and possible passing of a renal stone, etc., with close monitoring to better assess what is going on.

The liver is subjectively small. The significance of this is uncertain. Correlate with radiographs, as this is a more accurate assessment of liver size. If it is truly small you could consider pre- and post-prandial bile acids to further evaluate.



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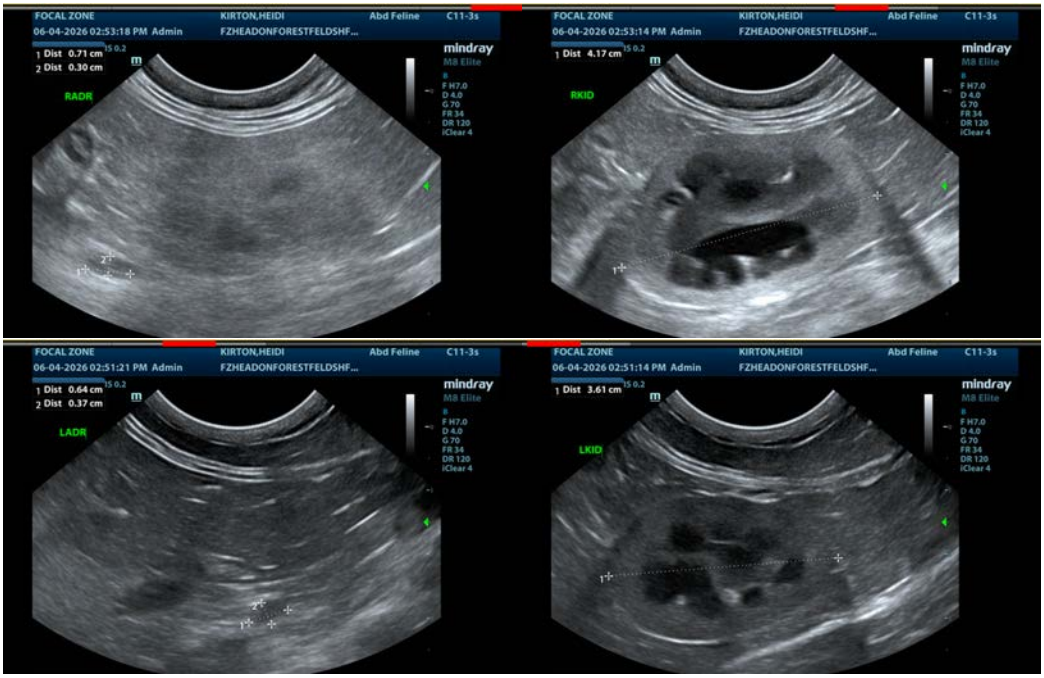


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

info@sonopath.com