

PATIENT PRESENTING CLINICAL SIGNS

Bitey Sawe Fpl abnormal indicating pancreatitis, SDMA 17, urea higher but urinalysis indicate SG 1.050. Metronidazole, Buprenorphine, Mirtazapine. Very doughy/ropey abdomen for scan, obvious has been licking at belly fur as well.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: Rad report: concern for adhesions of small intestine, concern for FIP or granulomatous enteritis

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Ancaster

REFERRING VET

Dr. Pandya

INVOICE

40650

DATE

8/23/22

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 is slightly irregular in shape (likely from previous infarct), measuring 3.78 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.36 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 0.38 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, 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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



PATIENT

Bitey Sawe

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Feline

Some of the visualized areas of jejunum and ileum have a relatively uniform diameter with minimal fluid distension and where wall thickness is normal. There are some focal areas of bowel that appear somewhat plicated and have thickened, irregular walls. These areas largely maintain normal wall layering, but there is concern for a possible linear foreign body. A focal section of small intestine with hypoechoic shadowing material and a hypoechoic thickened wall is noted, wall measures 0.28 cm. These findings are concerning for a linear foreign body with surrounding inflammation, bowel plication, etc.

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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.

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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.

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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 hyperechoic around the plicated bowel.

WEIGHT

4 kg

PRIMARY FINDINGS

- Focal area of plicated bowel with concern for a linear foreign body and associated enteritis/peritonitis – The bowel appears thickened and plicated, and there is some shadowing intraluminal material within the region.
- Small amount of fluid and small material visualized within the gastric lumen – Correlate with feeding history. There is concern this could represent foreign material.

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SECONDARY FINDINGS

- Irregular left kidney – suspect previous renal infarct.
- 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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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Pandya

There are focal sections of plicated bowel and shadowing material within the bowel, which is concerning for possible linear foreign body. Based on the history provided, it is uncertain if this is an acute or chronic condition. Alternately, you could have severe enteritis, thickening and irregularity. Correlate with abdominal radiographs. I would consider exploratory to rule in/out a foreign body, and consider obtaining GI biopsies.

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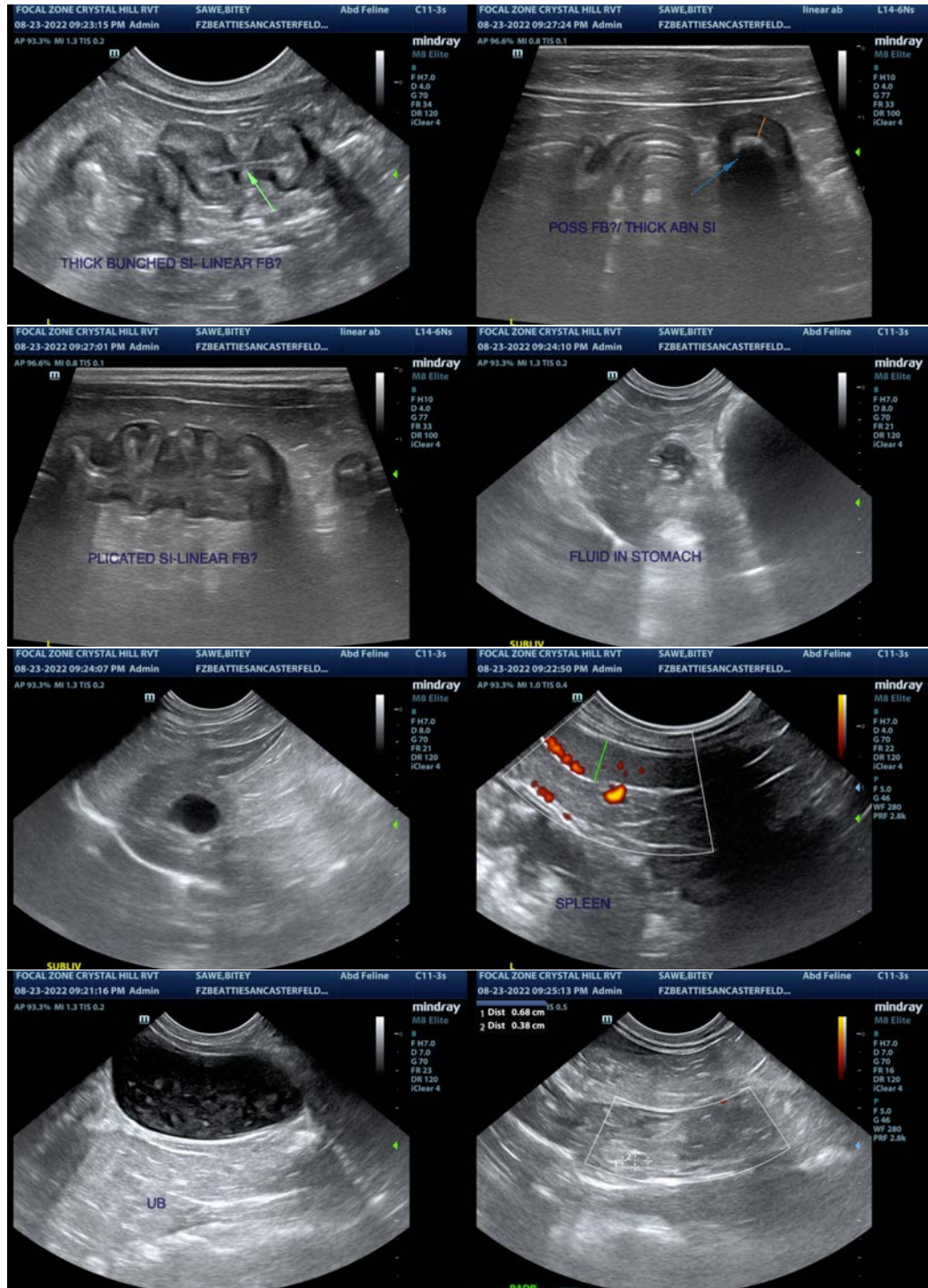
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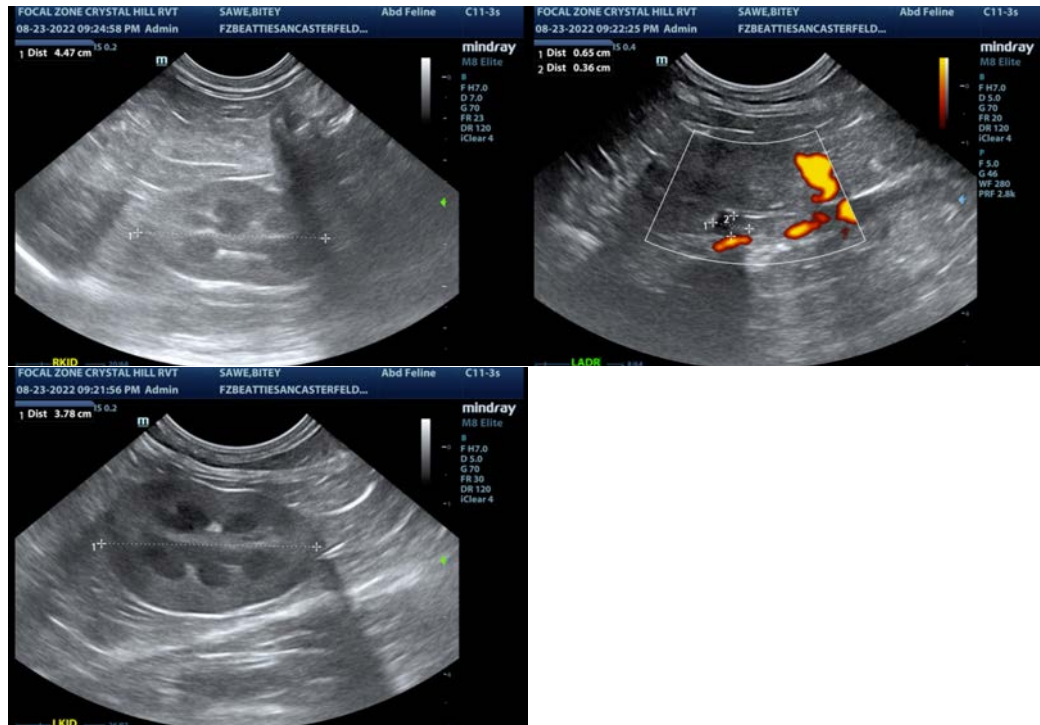
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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