
PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sangii Wang
SPECIES Feline
BREED Ragdoll
SEX Spayed Female
AGE 2 Years
WEIGHT 3.7 kg

PRESENTING CLINICAL SIGNS
 2 day history of anorexia and vomiting. Indoor only. No previous health issues. Lives with many other cats as the owner is a breeder. No other cats are ill. No diet change or new food. On PE; only finding was moderate dehydration.

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 (4.37 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.

The right kidney has a normal shape and size (4.23 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 0.46 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 0.34 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

The stomach is dilated with a large amount of fluid and irregular shadowing material. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of

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 (Small Animal Internal
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IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Orchard AH

REFERRING VET

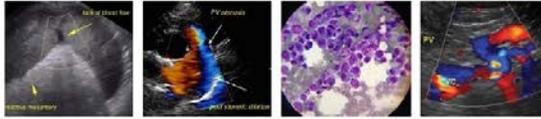
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the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

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Some of the visualized areas of small intestine have a relatively uniform diameter with minimal fluid distension and normal wall layering. Other areas of small intestine appear significantly fluid dilated, and there are some focal areas that appear to have a significant amount of hard shadowing material within the lumen. These changes are concerning for an obstructive foreign body. These areas are surrounded by reactive mesentery and abut fluid dilated bowel.

BREED

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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.

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 highly reactive around the dilated bowel loops/suspected foreign material.

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ULTRASONOGRAPHIC FINDINGS

- Obstructive pattern in the small intestine with shadowing intraluminal material – concerning for an obstructive foreign body.
- Moderate to large gastric dilation with fluid and shadowing material – correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, consider the possibility of delayed gastric emptying, intraluminal foreign material, or a pyloric outflow tract obstruction (none observed).
- Echogenic debris within 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

Areas of the small bowel are significantly dilated with fluid and have an obstructive pattern. These areas abut sections of small intestine with hard shadowing intraluminal material, most consistent with an obstructive foreign body. Correlate these findings with your physical exam, radiographs, and clinical assessment. If these findings are supportive, consider exploratory surgery. GI biopsies should ideally be obtained at that time to look for any evidence of underlying gastrointestinal disease.

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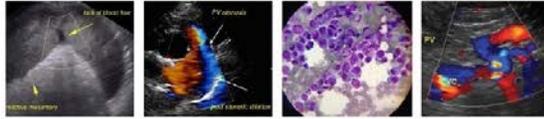
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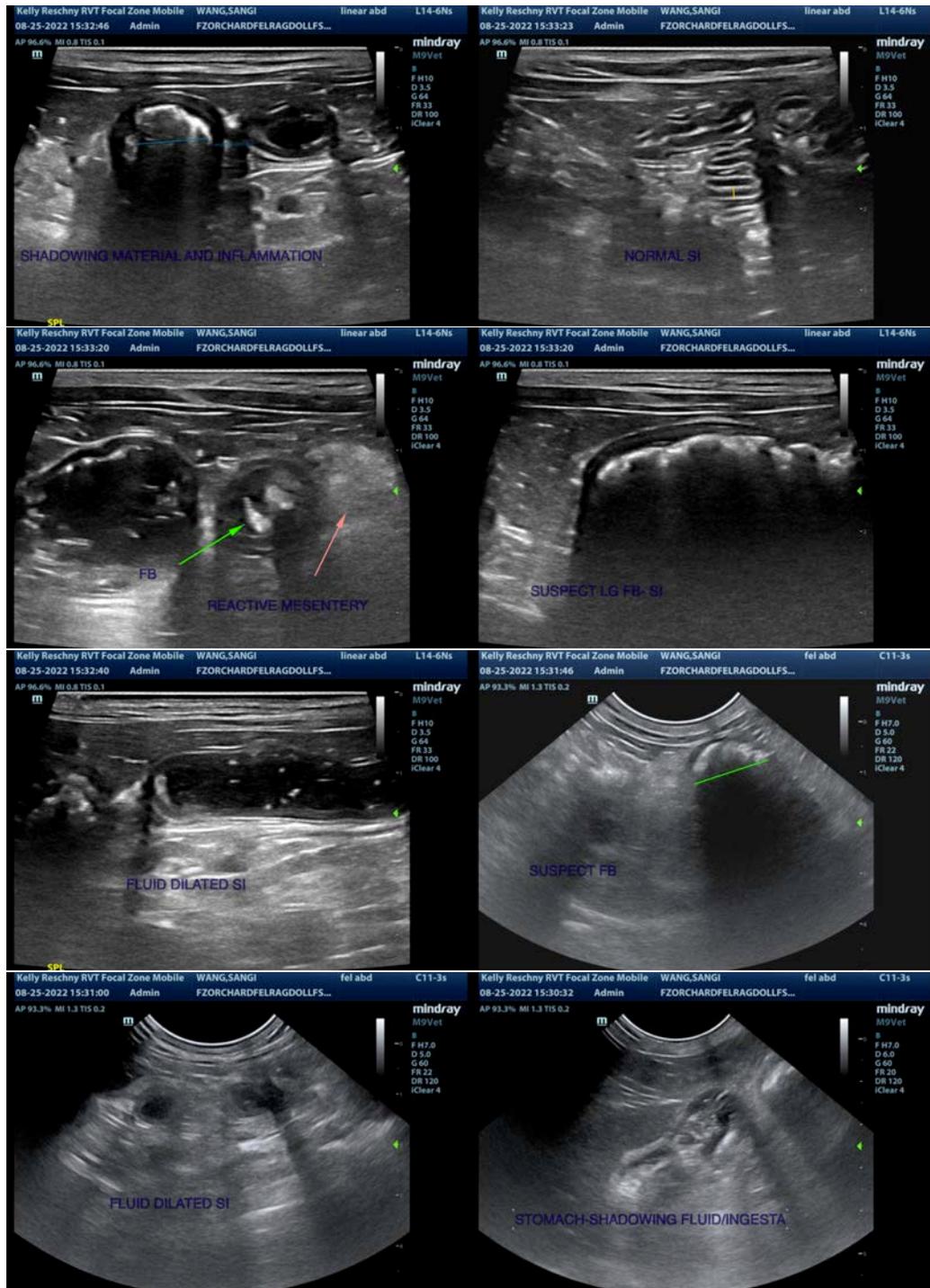
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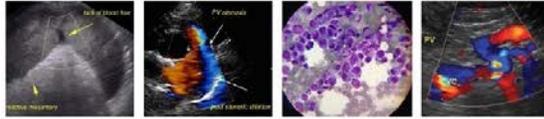
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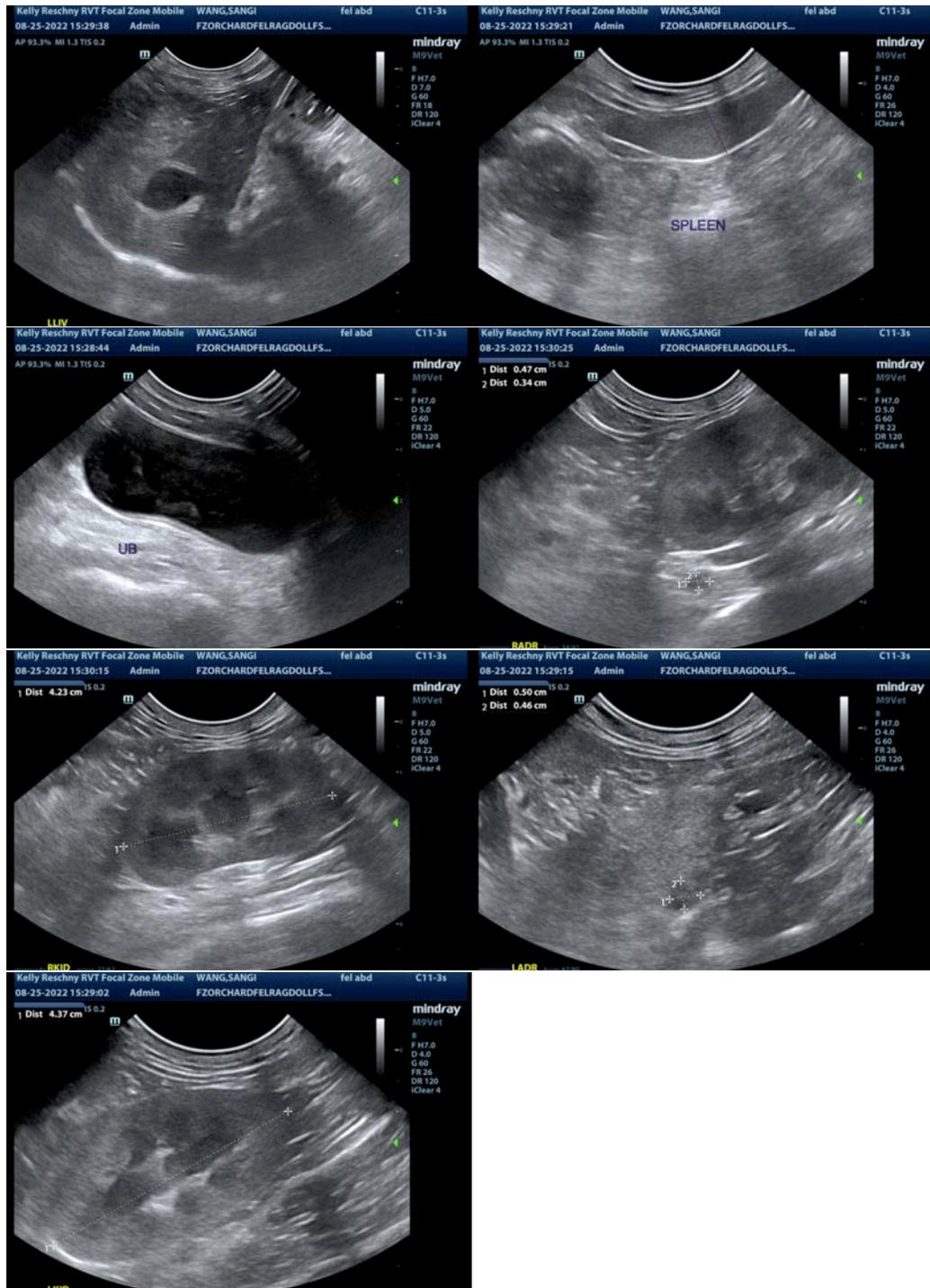
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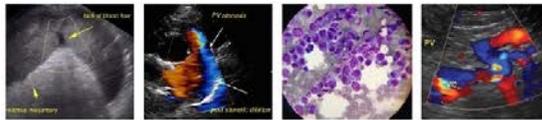
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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