



PATIENT

Kobra Daniels

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tessa Maggiulli

HOSPITAL NAME

Willamette Vet
Hospital

REFERRING VET

Dr. Tessa Maggiulli

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DATE

9/21/22

PRESENTING CLINICAL SIGNS

rDVM transfer for intermittent V+, then continuous vomiting, rads performed with possible concern for linear FB, here for IVF and reassessment, at presentation was afebrile, low grade left sided murmur, no obvious FB, tense abd, intake diagnostics- CBC = nsf. HCT 49%, leukogram wnl. WBCs 7.17k, neuts 4.9k, chem10 = ALT 152, Glu 171, all other wnl EPOC = HCT 46%, iCa 0.99, Glu 171, K 3.5, lactate 4.49 vcheck BNP = <50, wnl became febrile ON at 104F, no use of opiates in hospital

Abnormal PE/Chem/CBC/UA Results: abdominal rads- FINDINGS: The liver is a normal shape and size, as is the spleen. Both kidneys have a normal appearance. The stomach contains a small quantity of gas. The small intestine show generalized, mild gas filling and there is formed fecal material and gas in the colon. Small mineral foci are persistently visible in the caudal abdomen and are suspected to reflect uroliths within the urinary bladder. Abdominal serosal detail is normal. The included portion of the caudal thorax has a normal appearance. No further abnormalities are detected. CONCLUSIONS: No evidence of radiopaque gastrointestinal tract foreign material is identified and there is also no evidence of severe or focal gastric or intestinal dilation to indicate an obstructive process at this stage. Gastroenteritis or pancreatitis is most likely at this stage; underlying metabolic disease or inflammatory bowel disease is also possible. The presence of radiolucent gastrointestinal tract foreign material is not entirely excluded, although is much less likely at this stage, in the absence of evidence of an obstructive process. The cardiac silhouette is a normal shape and size, with no evidence of remodeling in association with the reported cardiac murmur. RECOMMENDATIONS: Consider abdominal ultrasound for further assessment. 8 am venous epoc-HCT 25%, LAC normalized 1.61, K+ 3.3, iCa normalized at 1.25 Required Butorphanol/Alfaxone/and propofol with blow by O2 to achieve ultrasound images after 17 step SDEP were areas of auspicious gi areas around stomach and cranial abdomen

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 (3.4 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 (3.9 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

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.



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Spleen

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The spleen is subjectively normal in size (0.95 cm in width at the level of the hilum), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilum and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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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.

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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.

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Gastrointestinal

The stomach contains minimal luminal contents. 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.

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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 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 prominent and mottled compared to the surrounding isoechoic 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 of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is somewhat prominent in some images but cannot be seen in its entirety. There is minimal surrounding inflammation, so the significance of this is unclear. Correlate with an fPLI measurement.

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There is a small amount of fluid visualized in the stomach but no evidence of an obstructive pattern or



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inflammation around the bowel. This does not exclude the possibility of ingested foreign material but makes it less likely. Correlate these findings with serial abdominal radiographs.

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Recommend treatment for acute gastroenteritis/pancreatitis with close monitoring for development of an obstructive pattern. If this patient is not responding to therapy or is getting worse, consider exploratory to obtain GI biopsies and to evaluate further for ingested foreign material.

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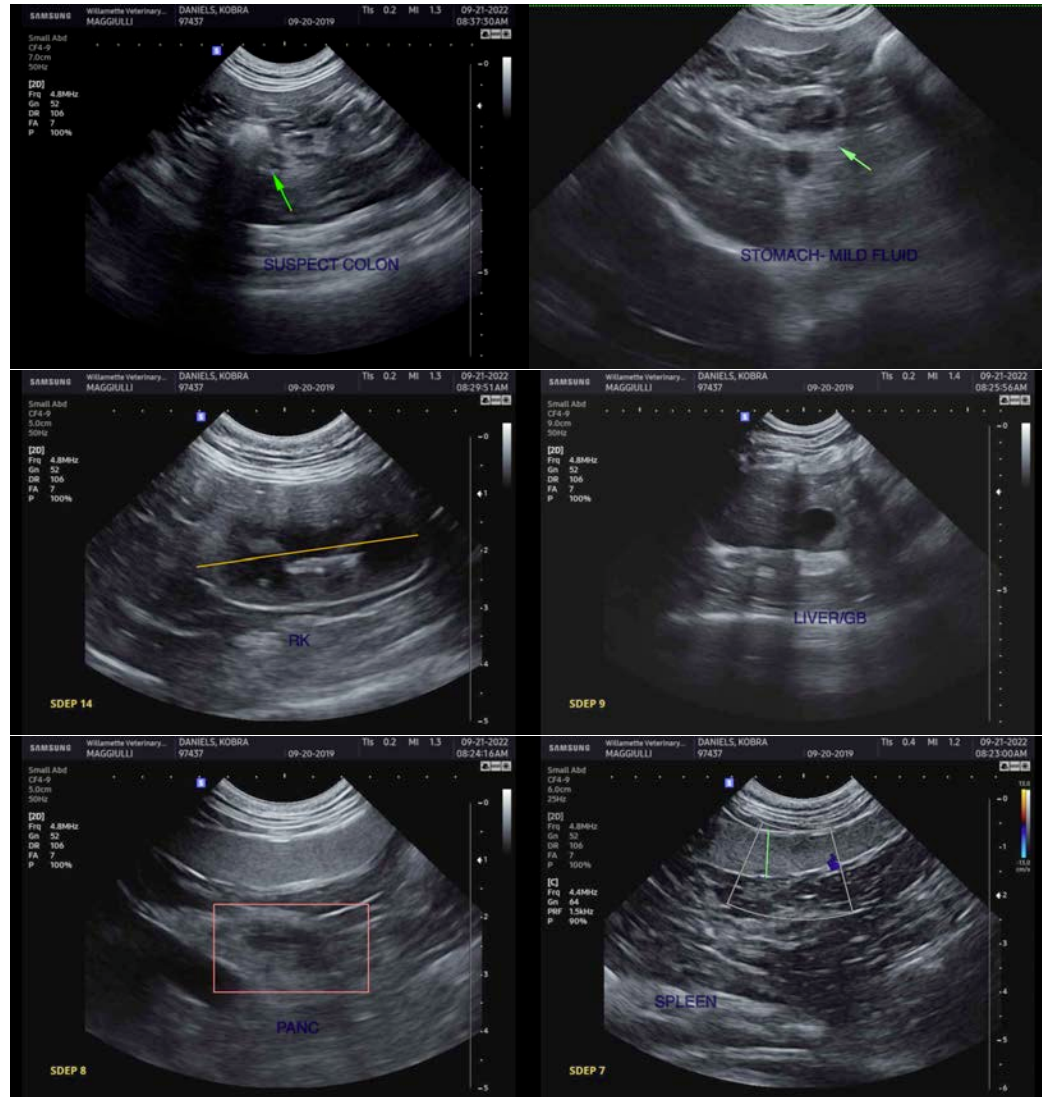
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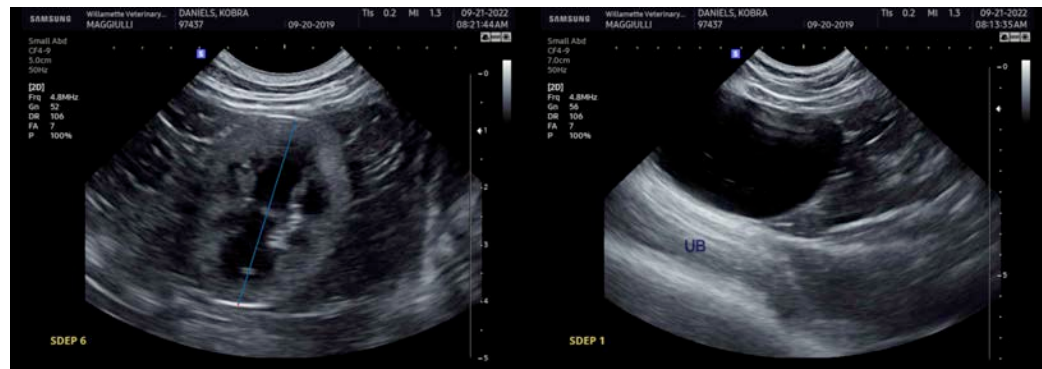
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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