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Clinical Sonography & Telecytology
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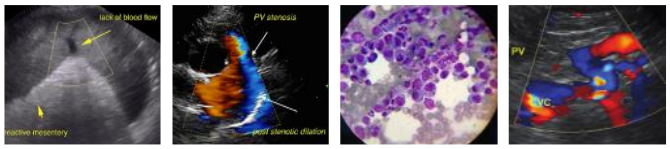

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Cali Pavlou

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
5yr

WEIGHT
8lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional Vet Hospital

REFERRING VET
Dr. Cattiny

INVOICE
12748ag

DATE
01/23/2023

PRESENTING CLINICAL SIGNS

Patient presents for abdominal ultrasound for suspicion of possible foreign body vs. other after ingestion of a dryer sheet and fever on 1/19/23. The patient had a negative endoscopy. Temperature is normal today at 102.1 degrees.

Current treatments: IVFs with Bvits, Cerenia, Famotadine, Barium series q 4 hrs, Unasyn, metoclopramide. NPO for ultrasound, otherwise getting syringe feed I/D slurry with 1 ml Laxatone q 6 hours.

Abnormal PE/Chem/CBC/UA Results: A/G 0.88, BUN/Creat. 11.858, globulins 2.9, LDH >1200, trigs 128.35, urice acid < 10.00, TP 5.5, CK >4000, AST 209.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited moderate distention with retained anechoic fluid, non-shadowing echogenic chyme and luminal gas. Strongly shadowing non-specific echo was present in the area of the pylorus without obstruction to pyloric outflow measuring 1.2 cm in diameter.

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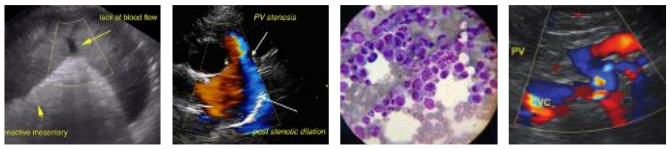

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A segment of mid abdominal intestine likely consistent with jejunal location exhibited mild mural hypertrophy, decreased mural echogenicity and indistinct to loss of wall layer detail potentially measuring 3 – 4 cm in length and 0.36 wall width. Normal appearing adjacent small intestine measured 0.20 cm in width. Variable duodenojejunal ileus was present, not overtly consistent with obstructive pattern including within the segmental mildly thickened intestine. No obvious evidence of mechanical obstruction of foreign material to the level of the ileum and ileocolic junction which was free of mural pathology. The ileocolic junction wall measured 0.25 cm in width.

The visualized segments of discernable colon were sonographically normal containing formed fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach exhibiting moderate retained anechoic fluid, non-shadowing chyme and focal non-specific subjectively non-obstructive pyloric echo
- Segmentally thickened mid abdominal intestine exhibiting mural hypoechogenicity and indistinct/loss of wall layering, variable generalized small intestinal ileus pattern
- Sonographically normal liver/pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric presentation is suggestive of metabolic gastric stasis without evidence of overt pyloric or upper intestinal mechanical obstruction. The non-specific pyloric shadowing echo may indicate retained ingesta, barium, or administered medications although the possibility of non-obstructive pyloric foreign body or hairball density is a potential. The segmental mildly thickened mid abdominal intestine is likely indicative of jejunal location and may indicate emerging inflammatory, granulomatous (FIP) or neoplastic etiologies yet did not overtly appear to be obstructive to intestinal flow.

Given this presentation, exploratory laparotomy with gross inspection of the intestinal tract and with GI biopsies specifically in the area of the mid abdominal thickened intestinal segments considered essential is recommended. Intra-operative ultrasound could be considered if the segmentally thickened intestine is not apparent grossly. Continued supportive care with sonographic reassessment of the generalized GI tract following documented 12 hour NPO would be a more conservative approach.

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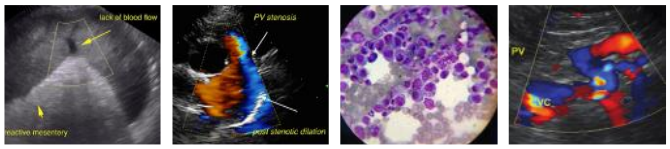

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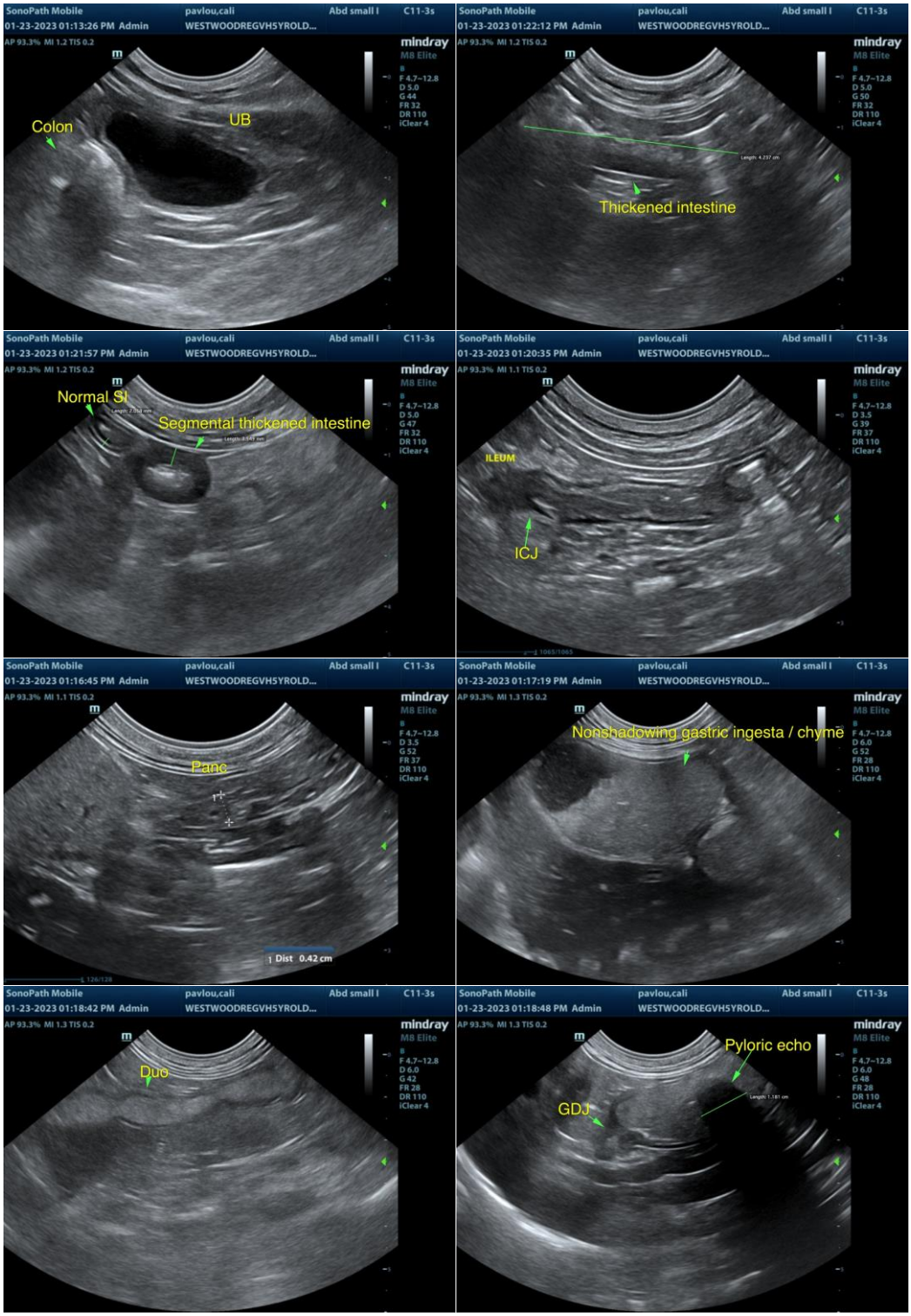

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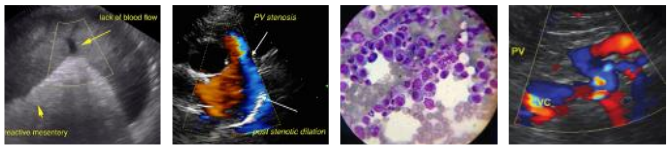

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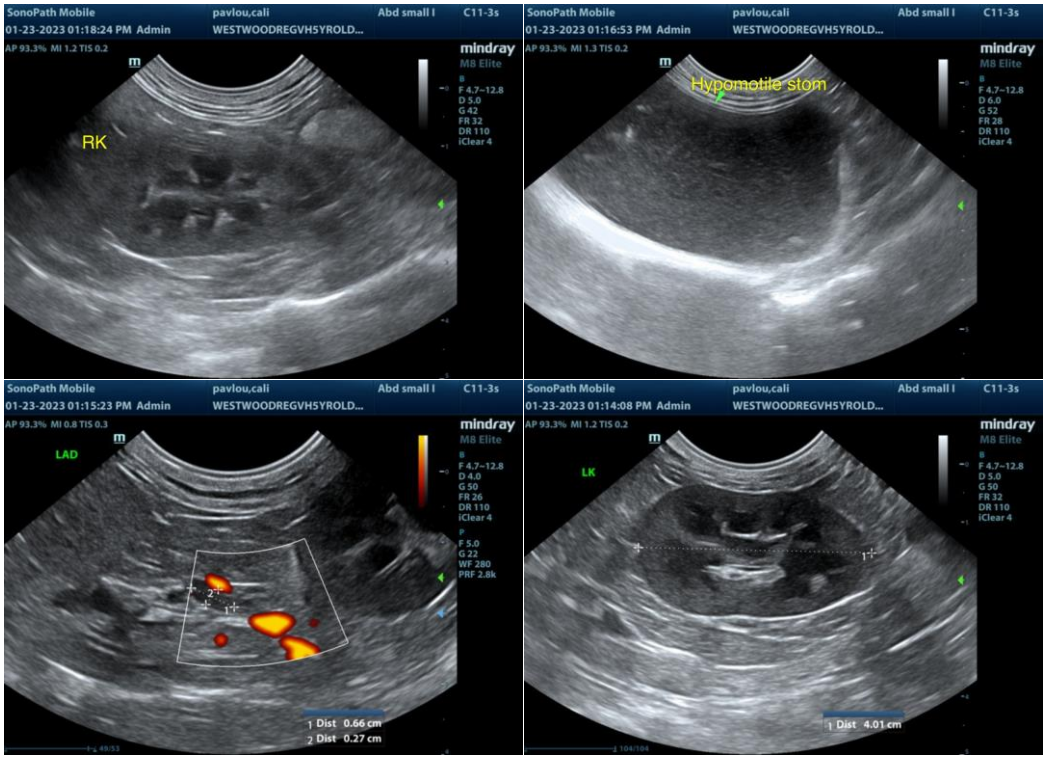

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com