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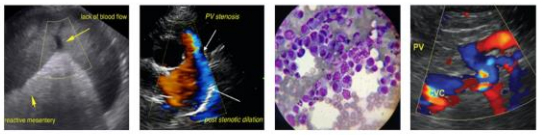


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bebe Ramos

SPECIES

Feline

BREED

DSH

SEX

M

AGE

2021

WEIGHT

7.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Miller

INVOICE

15946

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Several day duration of vomiting, abnormal radiographs.

Medication: Cerenia inj

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

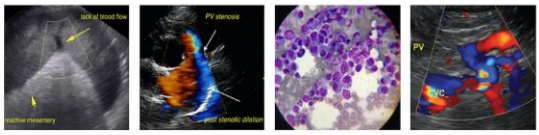
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width at the level of the hilus.

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 exhibited marked distention with retained anechoic fluid and nonspecific non-shadowing, focally hyperechoic ingesta. The ingesta appeared to be potentially fragmented and primarily in the dependent gastric lumen extending into the area of the pyloric outflow. No obvious evidence of definitive mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.



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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty without overt small intestinal obstructive pattern or definitively visualized foreign material to the level of the ileocolic junction. Suspect segmental corrugated to possibly discretely plicated intestine in the subjective cranial abdomen, potentially indicative of duodenal or upper jejunal location adjacent and dorsal to the caudate liver lobe. No definitive small intestinal obstructive pattern or overt foreign material was noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 were evident.

Free Abdomen

Intermittent, mildly prominent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5), not consistent with inflammatory or neoplastic criteria. No evidence of peritoneal effusion was noted.

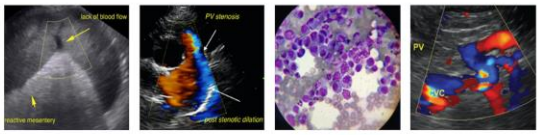
ULTRASONOGRAPHIC FINDINGS

- Markedly distended stomach with retained fluid and nonspecific ingesta / non-shadowing echoes
- Suspect segmental to discretely plicated segmental small intestine - suspicious for upper intestinal (duodenal to upper jejunal) location, no obvious or definitive small intestinal obstructive pattern
- Normal pancreas
- Intermittent benign / reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distended stomach with retained fluid and nonspecific non-shadowing ingesta may indicate metabolic vs. mechanical gastric stasis. However, given the patient's current clinical signs and degree of gastric distention, concern for non-visualized pyloric or upper intestinal mechanical obstruction is indicated. A definitive small intestinal foreign body or obstructive mural pathology was not obvious yet given the subjective mild corrugated to discretely plicated subjective small intestine, a discrete or non-visualized linear foreign body or similar cannot be excluded. Inflammatory intestinal criteria or less likely emerging infiltrative neoplasia cannot be definitively excluded.

Given this presentation, exploratory laparotomy with gross inspection of the generalized gastrointestinal tract, yet primarily the upper small intestine, is recommended. Gastrointestinal biopsies are recommended despite exploratory findings. Hospitalization with 24/hour IV fluid, gastrointestinal support, documented NPO, and sonographic reassessment of the stomach would be a more conservative approach. Given the timeframe between the ultrasound study and interpretation, a



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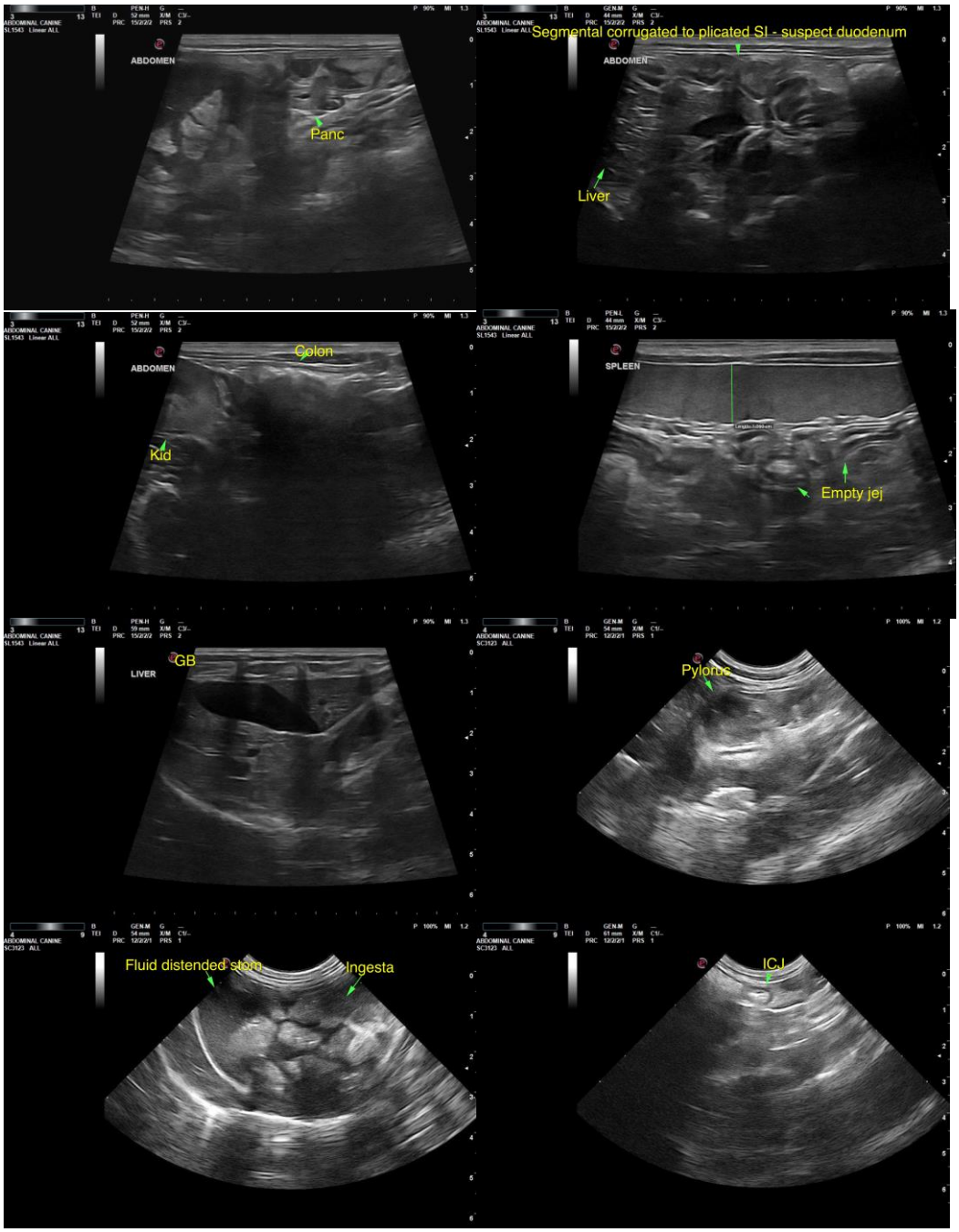
brief sonographic assessment of the stomach to ensure continued gastric retained fluid and nonspecific ingesta, prior to surgery, would be ideal.



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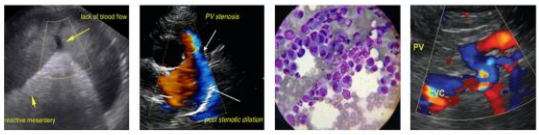

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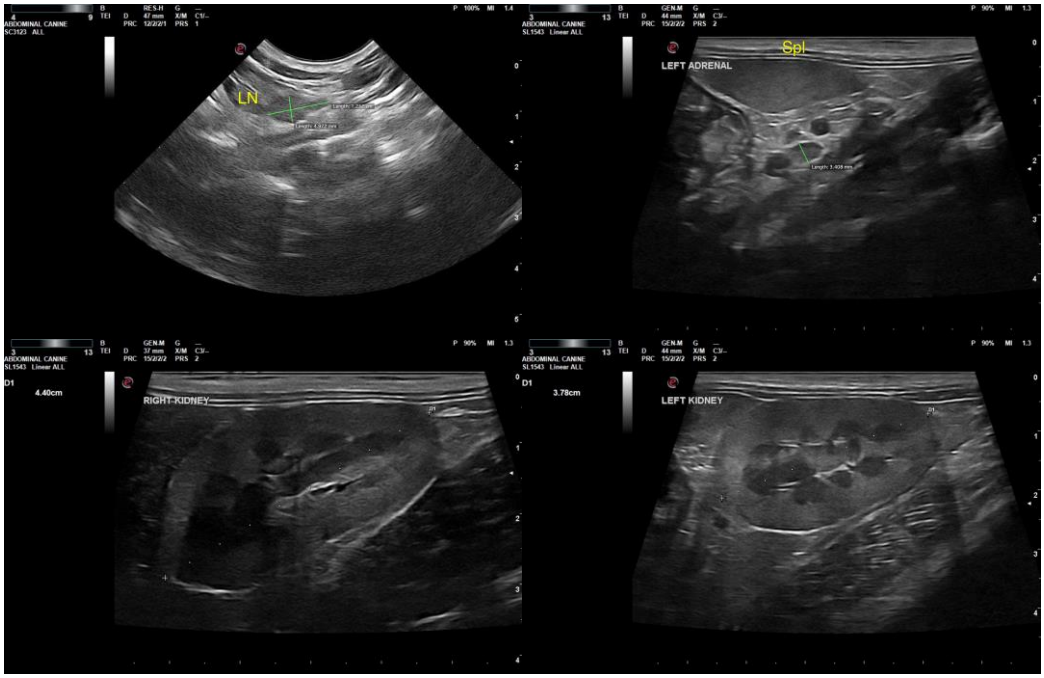

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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