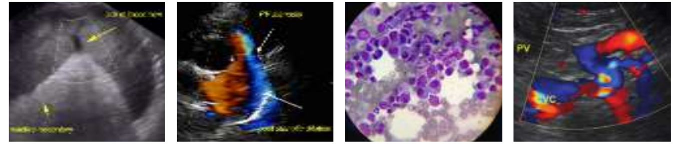
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Naya Green

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

7 years

WEIGHT

9.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME
Animal Care Clinic of Flanders

REFERRING VET

Dr. Villari

INVOICE

12506

DATE

11/2/21

PRESENTING CLINICAL SIGNS

Not eating x 6 days. Rads: R/O FB vs other. No current meds.
Abnormal PE/Chem/CBC/UA Results: Leukocytosis w/left shift, decreased PLT and Na. U/A-cysto pending.

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. Primarily anechoic urine was present in the lumen. Moderate, nondependent, mildly congealed to swirling, particulate sediment, which may indicate cellular or crystalline debris or potential mucus, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic urinary bladder mural criteria 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 3.9 cm in length. The right kidney measured 4.0 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

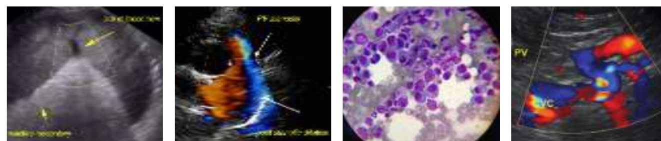
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

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 revealed intact and sonographically unremarkable wall layering. A mild to moderate amount of retained echogenic fluid chyme was present in the stomach with potential for nonspecific focally shadowing echo vs. gas artifact, which appeared to not overtly be obstructive within the stomach, possible. The gastric body wall width measured 0.27 cm.



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The small intestine exhibited segmental, mild, hypoechoic mural hypertrophy subjectively within the mid to caudal abdominal intestinal tract, likely within the jejunum. This segment of the intestine measured potentially 3.0 cm-4.0 cm in length with wall width measuring 0.34 cm. Within the thickened segment of the intestine, a strongly shadowing echo exhibiting nearfield hyperechogenicity was present, measuring approximately 1.0 cm in diameter. Proximal to the thickened Intestine and shadowing echo, mild to moderate yet variable intestinal dilation containing retained, echogenic, nonshadowing fluid and chyme was present. Sonographically unremarkable small Intestine likely distal to the segmental, mild Intestinal thickening and shadowing echo without evidence of mechanical or metabolic ileus was noted. Normal-appearing small intestine measured 0.22 cm wall width.

Normal visible colon wall layers were present with subjective formed feces and luminal gas.

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

Regional, mild peri intestinal reactive mesentery was noted around the mildly thickened intestine and shadowing echo without overt evidence of significant lymphadenopathy or peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild to moderate retained gastric fluid / chyme with potential nonobstructive shadowing echo vs. gas
- Segmental mildly thickened small intestine with focal shadowing luminal echo
- Associated likely proximal small intestinal retained fluid - suggestive of partial to complete obstructive pattern

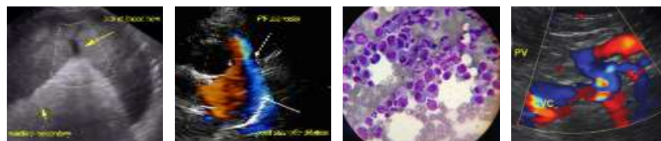
Secondary Findings

- Moderate urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild segmental small intestinal thickening and shadowing echo are consistent with partial to completely obstructive intestinal foreign body with suspect associated segmental intestinal inflammation. A minor potential for neoplastic criteria, given the indistinct wall layering detail within the mildly thickened segmental intestine and/or intestinal luminal mass exhibiting mural mineralization, is possible yet considered less likely.

Given these findings, laparotomy with expectation toward enterotomy +/- gastrotomy, as well as gross inspection of the colon, is recommended. Potential for resection and anastomosis, based on exploratory findings and/or gross appearance of the small intestine at the time of surgery, cannot be definitively excluded.



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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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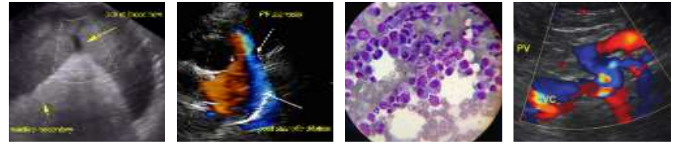

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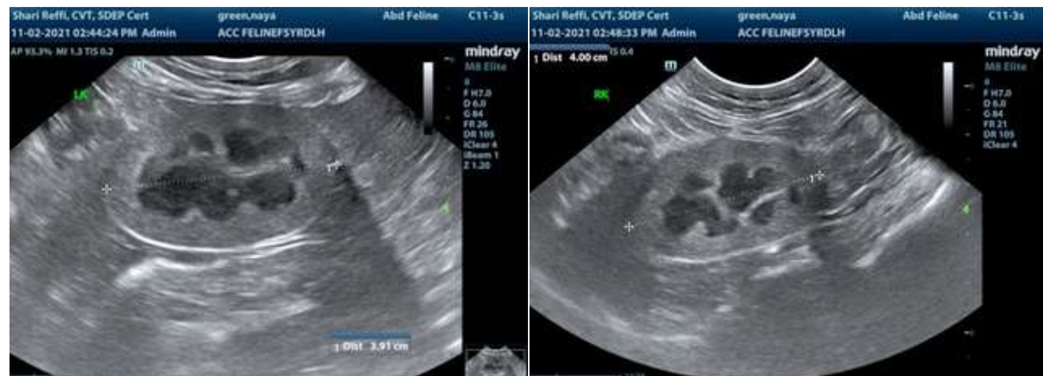

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com