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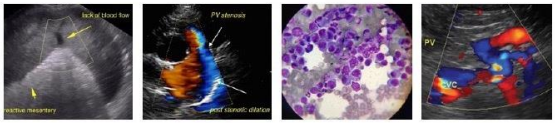

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Pez Ioannides

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

11 months

WEIGHT

8.5 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Animal Hospital of Stoney Creek

REFERRING VET

Dr. Oimok/Egbers

INVOICE

13577

DATE

3/30/22

PRESENTING CLINICAL SIGNS

Patient last ate last night about 6 pm but vomited afterwards. Has been vomiting, now clear fluid. Was quite dumpy prior to starting IVF this am. Suspect FB. No meds currently.
Abnormal PE/Chem/CBC/UA Results: RBC elevated 12.3, SDMA elevated 16, BUN elevated 14.3, K decreased 3.2.

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 3.6 cm in length. The right kidney measured 3.65 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma, measuring 0.30 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 exhibited mild to moderate retained anechoic fluid with secondary mild to moderate gastric distention. The fluid retention extended into the area of the pyloric outflow tract. No evidence of overt mechanical pyloric outflow obstruction was noted.

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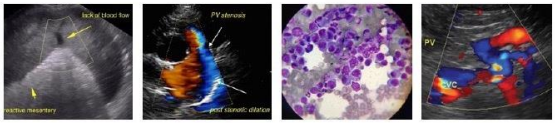

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The small intestine presented primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio with segmental intestinal fluid dilation exhibiting potential for mild oral/aboral movement of luminal fluid. Focal to potential segmental thickened intestine of nonspecific location yet in the subjective mid to caudal abdomen was present. The area of mildly thickened Intestine measured 0.46 cm wall width. By comparison, normal-appearing small intestine measured 0.2 cm wall width. Concurrent segments of empty sonographically unremarkable small intestine without evidence of retained luminal fluid were noted. Segments of mild fluid dilated Intestine contained nonspecific hyperechoic digesta to potential echoes exhibiting subtle progressive distal acoustic shadowing.

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

No evidence of significant lymphadenopathy, although minor reactive or benign mesenteric lymphadenopathy is suspected. No evidence of free fluid was noted.

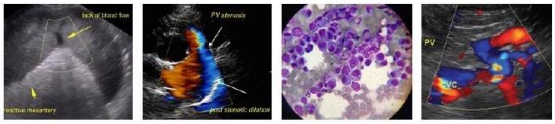
ULTRASONOGRAPHIC FINDINGS

- Mild to moderate gastric hypomotility
- Segmental suspected upper to mid intestinal ileus pattern containing segmental nonspecific subtly shadowing digesta / echoes
- Focal to segmental thickened intestine mid to caudal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the retained gastric fluid, as well as segmental suspected upper to mid intestinal fluid dilation with potential oral/aboral movement may include metabolic vs. mechanical ileus. However, concurrent segments of intestine were empty without evidence of fluid dilation, ileus, obstruction or foreign material. The segmental dilation of the intestinal tract combined with retained gastric fluid is suggestive of mid to upper intestinal obstruction potentially with fabric, hair, or similar. Some degree of partial obstruction owing to focal to segmental thickened intestine cannot be definitively excluded.

Based on these sonographic findings, exploratory laparotomy is warranted in this case. A brief recheck sonogram of the intestinal tract prior to surgery, given the time frame between ultrasound and Interpretation, Is likely ideal. Intestinal biopsies are considered essential despite exploratory findings.



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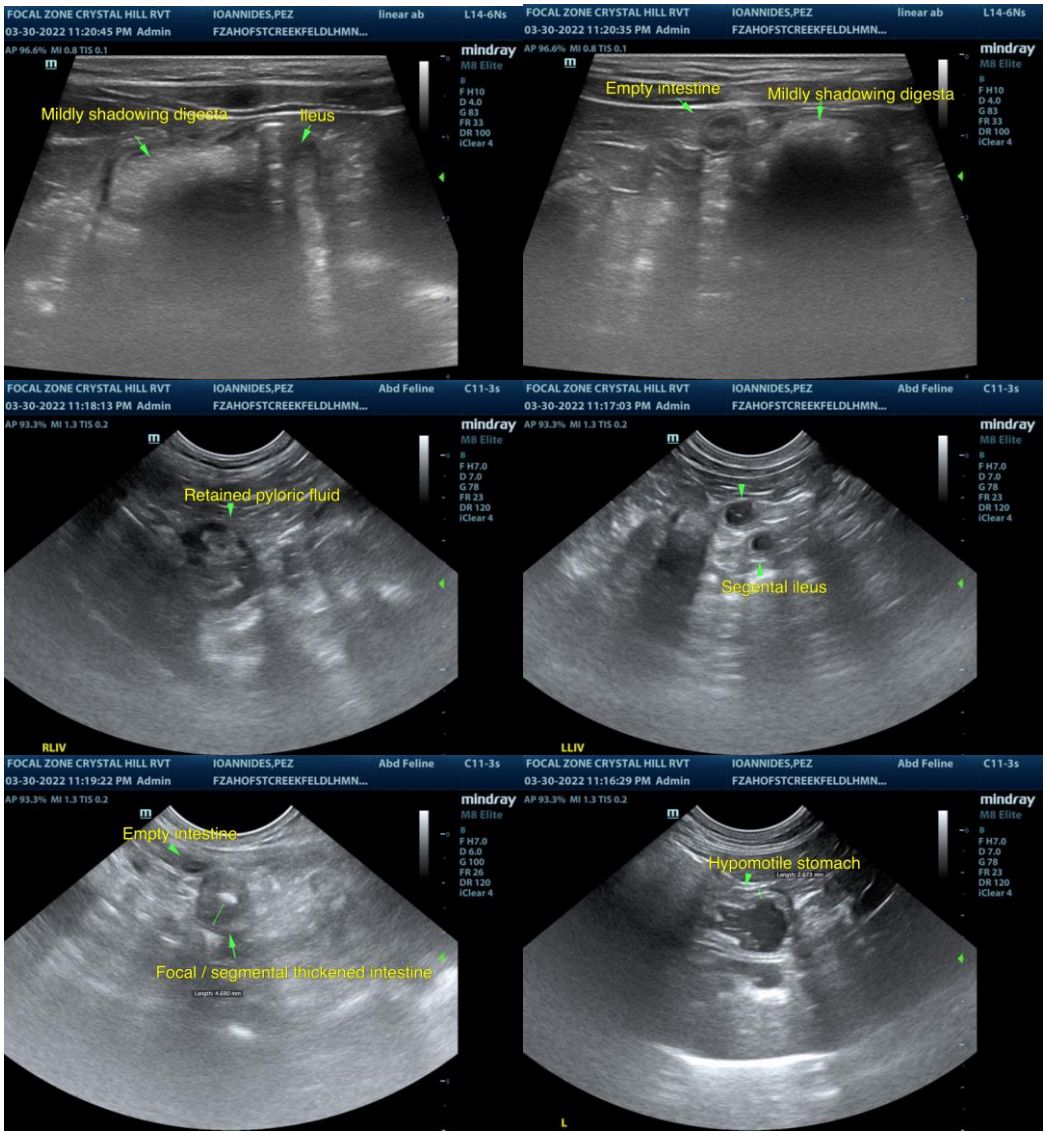

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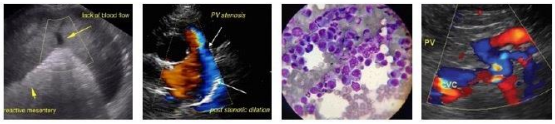

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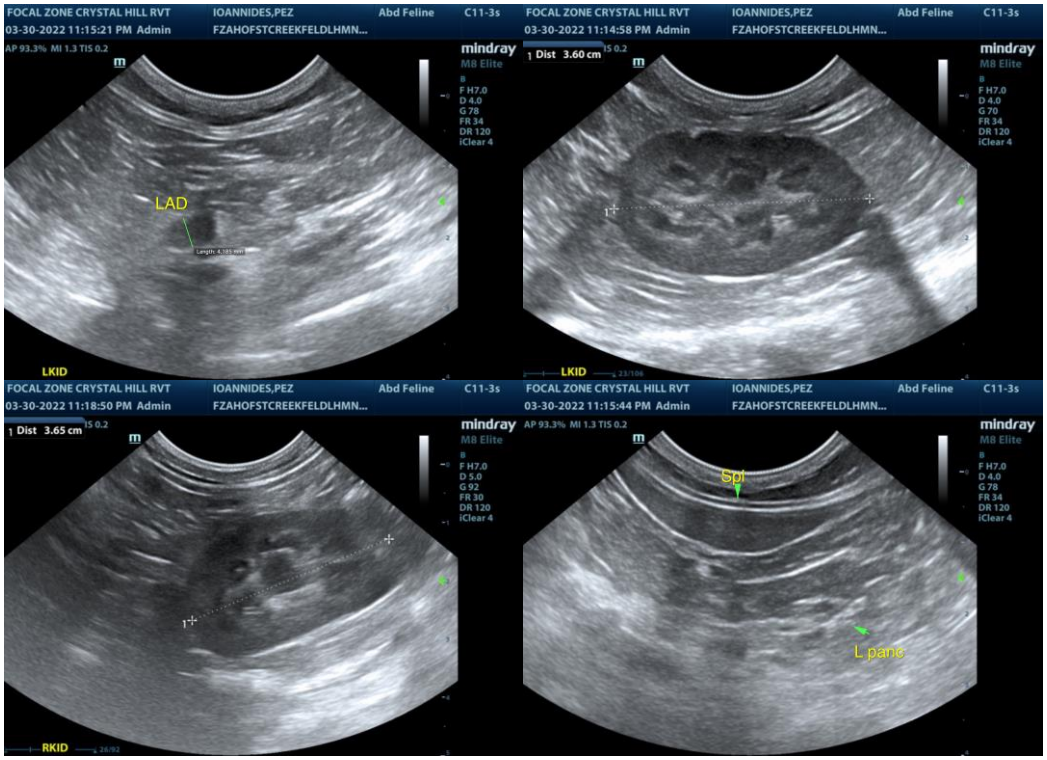

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com