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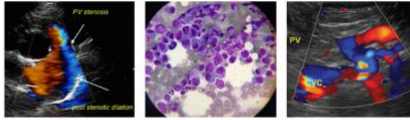
svsimaging.net 309-737-3070



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

PATIENT

Max Quinlan

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

3 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

16250

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: P came into clinic for vomiting and decreased appetite. P last ate on Wednesday 6/22/2022. Vomited up part of a nerf ball Thursday morning. Was given Cerenia around 10:00am 6/23/22, no vomiting since but still will not eat or drink.
Abnormal PE/Chem/CBC/UA Results: Radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was 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 5.0 cm in length. The right kidney measured 4.7 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 0.38 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

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.

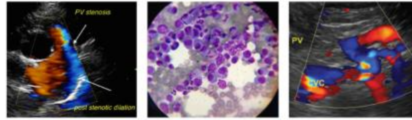
Liver

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 and sonographically unremarkable wall layering with a normal wall layer ratio. Moderate retained mildly echogenic to anechoic fluid was present in the gastric lumen, extending into the area of the pyloric outflow. No evidence of pyloric mural pathology or mechanical outflow obstruction. No overt evidence of gastric foreign material. The pylorus wall measured 0.30 cm.

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. The majority of the small intestine presented primarily empty with segmental propensity for mildly prominent gas pattern. A segmental portion of the small intestine in the subjective mid to caudal



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abdomen, exhibited mild ileus, exhibited by retained mildly echogenic fluid and subjective decreased peristalsis. Regional periintestinal mildly hyperechoic to reactive mesentery was present around the areas of segmental small intestinal ileus, along with small pockets of scant periintestinal free fluid. No overt evidence of concurrent significant lymphadenopathy. The visualized ileum to the level of the ileocolic junction was empty, exhibiting intact wall layering and without evidence of mural pathology.

The colon was sonographically unremarkable with potential for subjective non-formed feces, segmentally noted in the proximal and transverse colon.

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.

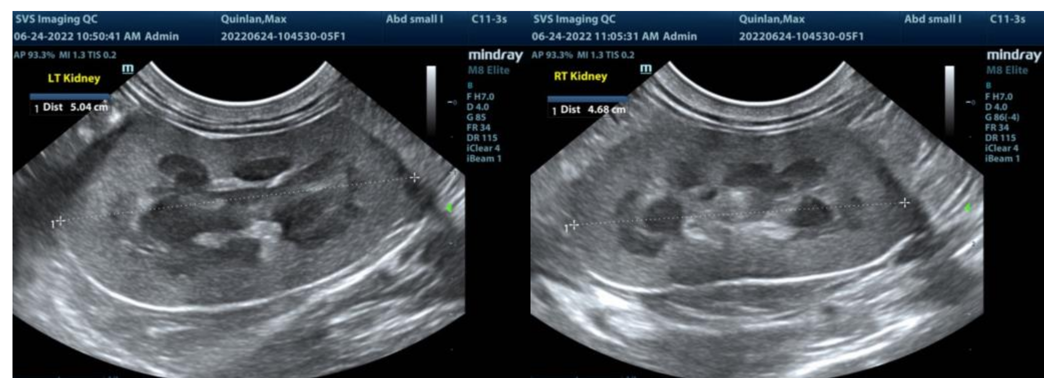
ULTRASONOGRAPHIC FINDINGS

- Moderate retained gastric fluid- no overt evidence of gastric foreign material or mechanical pyloric outflow obstruction
- Segmental mid to caudal abdominal small intestinal ileus pattern with associated periintestinal reactive potentially inflamed mesentery and scant periintestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall gastrointestinal presentation is suggestive of segmental to generalized gastroenteritis. A definitive or obvious area of small intestinal mechanical obstruction or overt foreign material was not definitively visualized. However, given the patients history, as well as segmental small intestinal ileus pattern and regional inflammation (compared to generalized small intestinal ileus typically seen with underlying metabolic gastrointestinal disease), the possibility of non-visualized nonobstructive or partially obstructive foreign material cannot be excluded.

Given this presentation, combined with the patients history and clinical signs, exploratory laparotomy for gross inspection of the intestinal tract, with biopsies considered essential, is warranted. Hospitalization with 24-48 hour IV fluid and gastrointestinal supportive protocol with sonographic monitoring of the gastrointestinal tract would be a more conservative approach.



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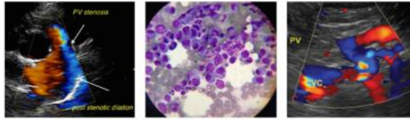

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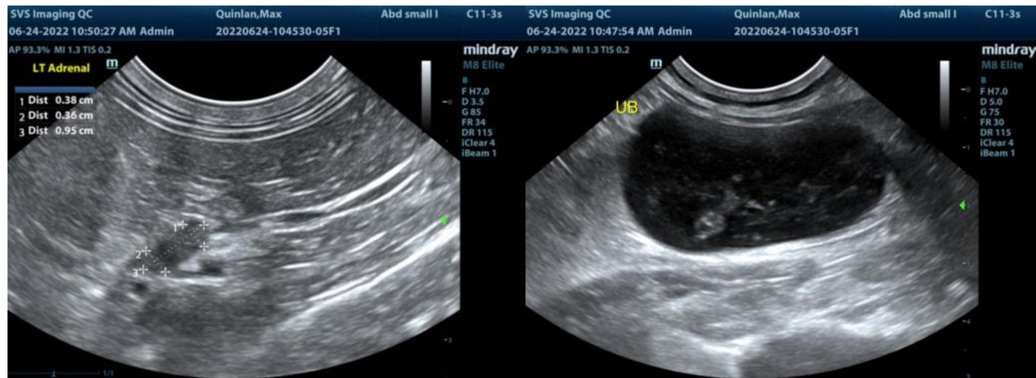

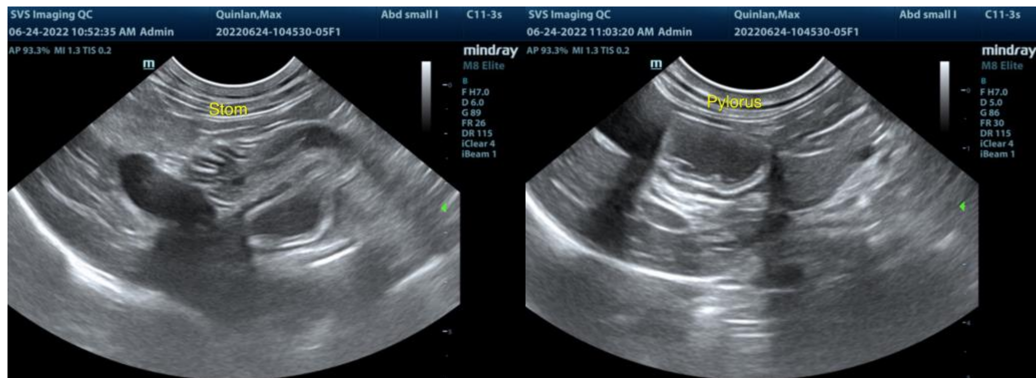

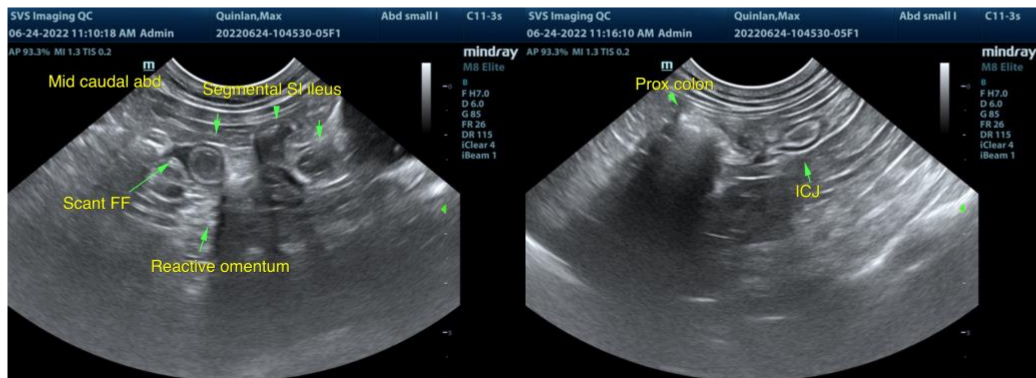

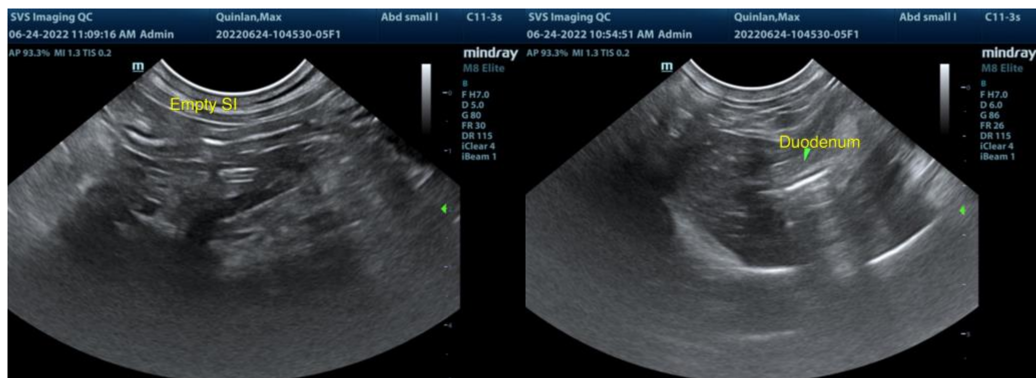

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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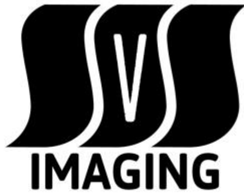

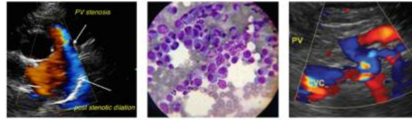

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com