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Clinical Sonography & Telecytology
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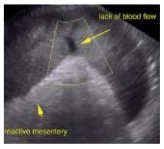

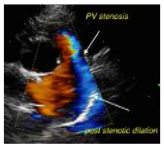

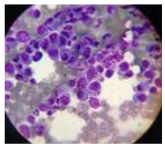
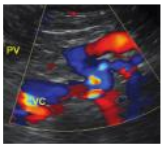

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ari D'Atoni

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1

WEIGHT

5.04 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon EAH

REFERRING VET

Dr. Laura de Cordon

INVOICE

14321

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Rads WNL except for focal gas pattern. Pet was hospitalized at AERC during the day on IV fluids + Ampicillin + Cerenia and transferred for continued care. 2 Pieces of yoga mat in vomitus on Friday. Ate some on Sat and Sun, vomited bile on Sun and thereafter. BW shows azotemia with mild neutrophilia. Vomiting through cerenia
Abnormal PE/Chem/CBC/UA Results: EPOC: BUN 72 Creat 2.59 BG 173 Lytes: Na 136 L K 3.6 L normal Cl 98 L PCV: 52% TS: 7.5 BP: 115 FeLV/FIV/HW: Negative Cystocentesis: Pale yellow, clear Protein 100++ pH 5.0 Leuk 250 Usg 1.033 Sediment: RBC 50+ / Field WBC 6-20 / Field Squamous Epi <1 / Field Casts Cellular 1 or more / Field Bacteria Cocci Suspect

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 pyelectasia or retroperitoneal Inflammation. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 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 0.39 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

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 0.71 cm in 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.

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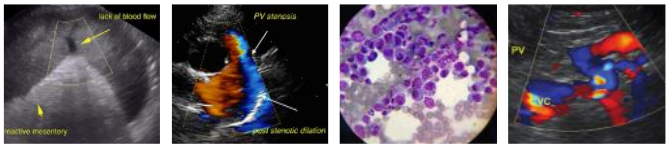

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Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach was moderately distended with retained primarily anechoic fluid and minor nonshadowing ingesta / chyme. No overt evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Segments of small intestine exhibited mild to moderate yet variable ileus pattern exhibited by retained primarily anechoic luminal fluid exhibiting potential for minor oral/aboral movement of minor retained concurrent chyme. Concurrent segmental areas of empty normal-appearing small bowel were also present.

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

Regional, primarily peri intestinal, mild hyperechoic mesentery along with small pockets of scant primarily peri intestinal free fluid were present. No evidence of significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal bilateral kidneys - prerenal azotemia given adequate urine specific gravity, potential for acute renal insult possible
- Moderate fluid-distended stomach
- Segmental variable small Intestinal ileus pattern with concurrent segmental empty small intestine
- Regional primarily peri intestinal hyperechoic mesentery with scant primarily peri intestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although a definitive area of small intestinal obstruction or foreign material was not overtly visualized, partial to non-visualized small Intestinal obstruction in the face of segmental small intestinal ileus combined with the empty small intestine, and given the patient's history, is of concern. Potential for low-grade pancreatitis, which may present as sonographically normal, cannot be definitively excluded. A Spec fPL could be considered.

Given this presentation, exploratory laparotomy for gross Inspection of the gastrointestinal tract with potential for gastrointestinal biopsies despite exploratory findings is warranted. However, stabilization of renal parameters is likely ideal prior to surgical considerations. Continued IV fluid therapy over the next 12-24 hours with an assessment of renal response, as well as sonographic monitoring of the gastrointestinal tract would be reasonable. However, ultimately, exploratory laparotomy Is likely indicated, given the small intestinal presentation and patient history.

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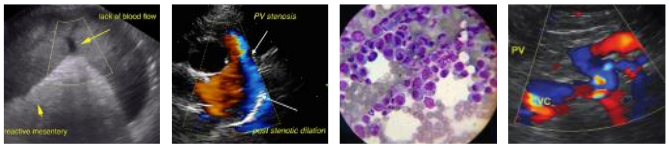

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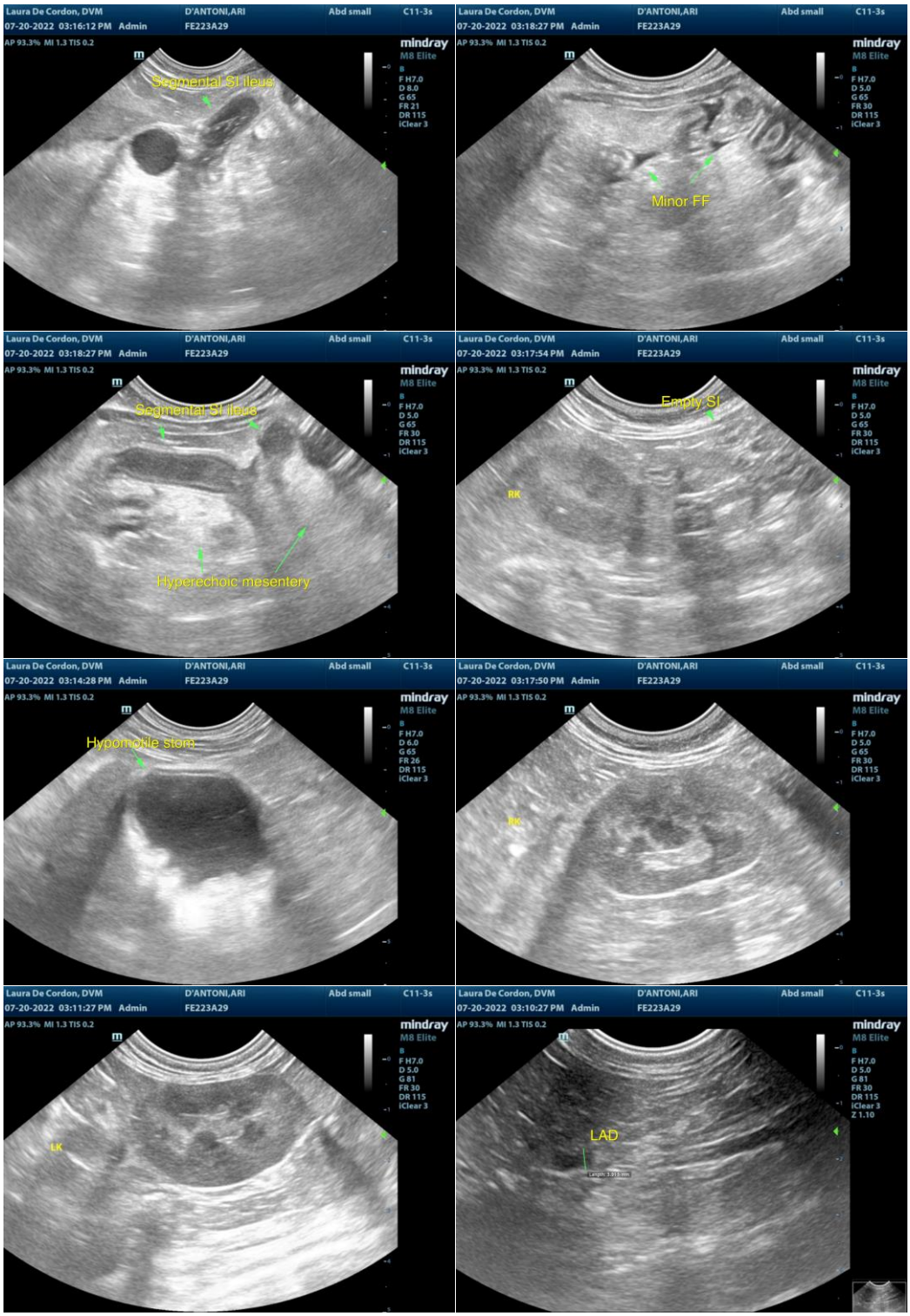

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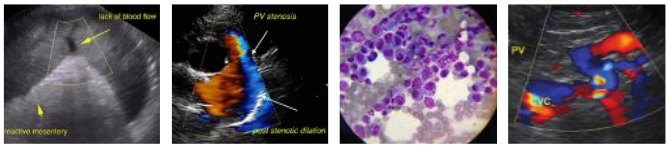

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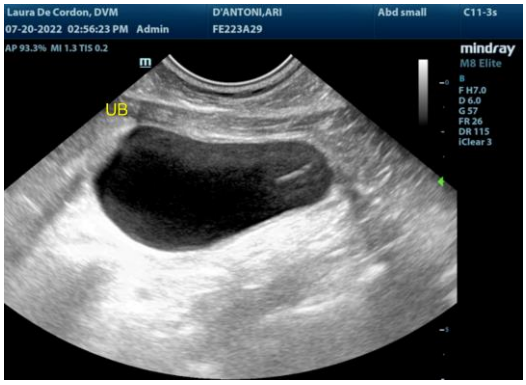

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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