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Clinical Sonography & Telecytology
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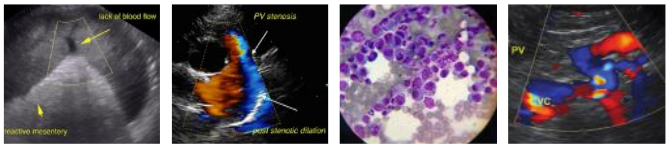

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Fonzie Dryden

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

1 year

WEIGHT

10.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios
SDEP Attendee

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Travis Gibson

INVOICE

14242

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Patient presented last week for vomiting hair. At that time there were numerous fleas present. Blood work was ran to rule out metabolic cause of disinterest of food. No obvious f/b was palpated at that time and flea preventative treatment was provided. Patient presented yesterday for still vomiting hair and eating minimally. Patient has not appeared to improve much from last visit. Recommend radiography to rule out foreign body due to the level of vomiting. Patient was roughly 5% dehydrated, but other values appearing wnl. P currently hospitalized on IVF
Abnormal PE/Chem/CBC/UA Results: See attached labs: 6/27/2022-CBC- WNL Chem- Mild hyperkalemia 167 mmol/L See attached rads: Digital radiography-suspect foreign body in the lower small intestines, cecum, transitional colon– suspect metallic due to radiolucency

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended, likely owing to IV fluid therapy. The bladder exhibited subjective normal urinary bladder tone containing anechoic urine with mild nondependent particulate sediment, which may indicate cellular or crystalline debris. The urethra exhibited normal thickness and tone to a depth of 2.0 cm.

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 3.7 cm in length. The right kidney measured 3.9 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 0.35 cm width. No overt pathology was noted in the area of the right adrenal gland.

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.

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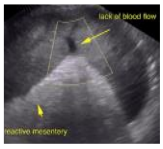

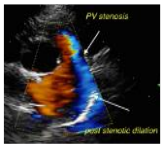

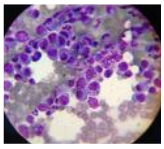
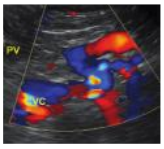

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Gastrointestinal

The stomach exhibited intact yet mildly prominent wall layering most notable in the area of the antrum and pylorus with mild retained anechoic pyloric fluid. No evidence of overt gastric ingesta or shadowing echoes. The pylorus wall width measured 0.40 cm.

The duodenum exhibited intact yet prominent wall layering with mild retained duodenal fluid. The duodenum wall width measured 0.36 cm. Segments of jejunum exhibited intact wall layering and maintained a 1:3 muscularis / mucosa ratio without evidence of mechanical / metabolic ileus. A segment of small intestine within the mid-abdomen and subjectively medial to the right kidney exhibited mild wall thickening with indiscernible wall layer detail and contained a strongly shadowing luminal echo measuring approximately 2.2 cm In diameter. The ileocecocolic junction was visualized and appeared to be sonographically normal without evidence of metabolic / mechanical ileus or overt Ileocolic foreign body.

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

Pancreas

The area of the proximal left pancreatic limb caudal to the stomach exhibited mild hypoechoic parenchyma with subtle evidence of peripancreatic reactive mesentery.

Free Abdomen

Regional reactive mesentery was noted around the segment of mildly thickened small intestine containing the shadowing luminal echo. Potential for minor concurrent peri intestinal lymphadenopathy is possible, although evidence of significant lymphadenopathy was not visualized. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastroduodenitis
- Solitary shadowing small intestinal echo with associated regional mildly thickened small intestinal walls and minor surrounding peri intestinal reactive mesentery
- Possible concurrent low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a nonobstructive small intestinal echo within small intestinal segment mid-abdomen and subjectively medial to the right kidney. The echo was not overtly within the distal small intestinal tract or ileocolic junction. This may indicate suspect jejunal location. The echo is suspected to be causing regional intestinal Inflammation and secondary mild peri intestinal reactive mesentery. No overt evidence of intestinal perforation was evident.

Exploratory laparotomy with expectation toward enterotomy +/- concurrent intestinal biopsies is warranted, given this presentation. Hospitalization with continued supportive care and radiographic monitoring of the echo for evidence of passage would be a more conservative approach.

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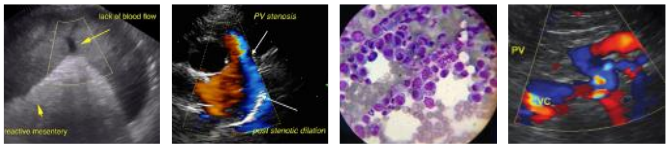

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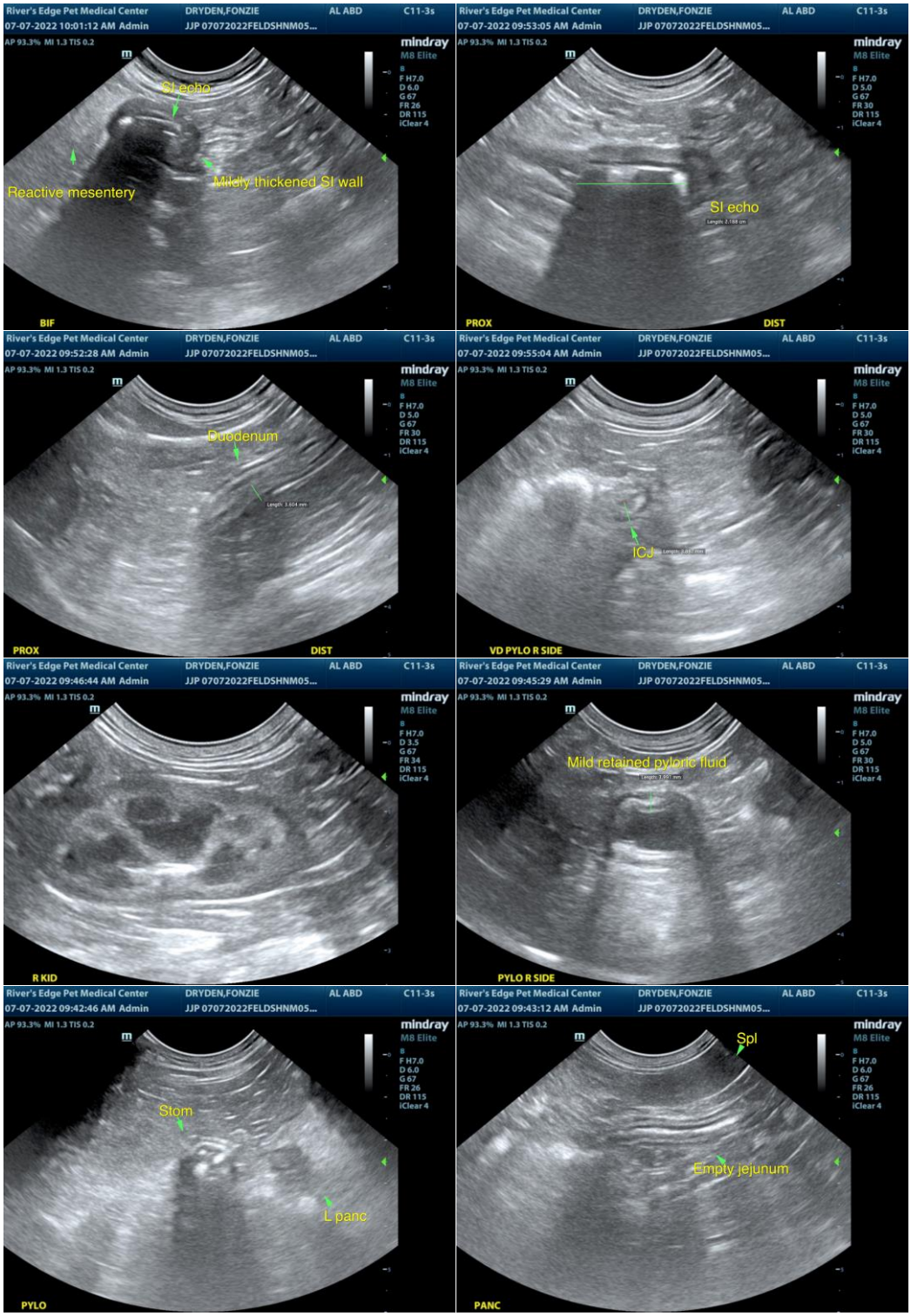

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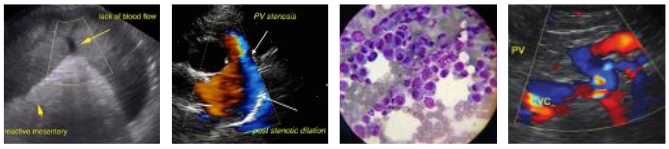

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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