



PATIENT PRESENTING CLINICAL SIGNS

Vinny Chamberlain

SPECIES

Feline

BREED

Somali

SEX

Neutered Male

AGE

8 Years

WEIGHT

3.4 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Rebecca Lupole

INVOICE

44483

DATE

7/30/23

Patient transferred yesterday from rDVM to ER with history of acute onset azotemia, hyperphosphatemia, anorexia, vomiting and diarrhea and lethargy. On presentation to ER: hypovolemic shock, severe dehydration, bradycardic, lateral recumbant, hypotensive. urine at ER: usg 1022, tntc rbc, rare wbc, cocci present (cysto sample) Hospitalized on iv fluids, pantoprazole, cerenia, unasyn, ondansetron Patient has improved and is brighter today- still anorexic and having mucoid diarrhea, burping/nausea. stomach very distended and uncomfortable when probe in that area.

Abnormal PE/Chem/CBC/UA Results: uti epoc at 1am today: sodium 145, potassium normal (3.9) chloride low 108 ionized calcium low .9 , lactate high 5.17 , bun high: 119 creat high: 6.83, hct: 35% fpli: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A moderate amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra (visualized to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is trace dilation of the renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 4.3 cm. The right kidney measures 4.4 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 4.2 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is of appropriate size (9.6 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



PATIENT

Gastrointestinal

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The stomach is markedly distended with hypoechoic fluid and some shadowing hyperechoic material. The wall measured 2.4 mm thick with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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There is a region of shadowing foreign material within the duodenum, and the duodenum is dilated with hypoechoic fluid. There are areas of both dilated and empty small bowel observed. There is focal thickening of the muscularis layer within the small bowel. The jejunum wall measures up to 2.6 mm in thickness. The duodenum measures 2.4 mm in thickness.

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The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is visualized and normal.

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Pancreas

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The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is focal free fluid present within the abdomen in the region of the mesentery. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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PRIMARY FINDINGS

- Fluid dilated stomach with shadowing material visible within the stomach and small intestine, concerning for intestinal obstruction.
- Mild chronic renal changes with trace pyelectasia

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SECONDARY FINDINGS

- Regional peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the stomach and small intestines are concerning for a gastrointestinal obstruction. The appearance of the small intestines also raises the possibility of infiltrative bowel disease. If the dilated stomach does not resolve after several hours of fluid therapy, then abdominal exploratory would be recommended to include intestinal biopsies.

REFERRING VET

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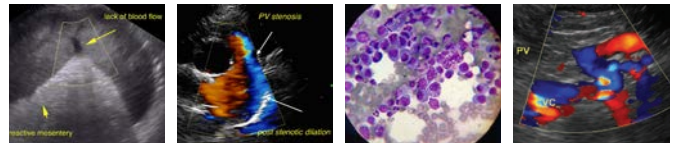
The appearance of the kidneys is consistent with only mild chronic renal change. The trace pyelectasia could be secondary to fluid therapy, but might also be secondary to pyelonephritis, thus urine culture should be considered. It is also possible that the azotemia represents an acute on chronic renal crisis secondary to primary gastrointestinal disease.

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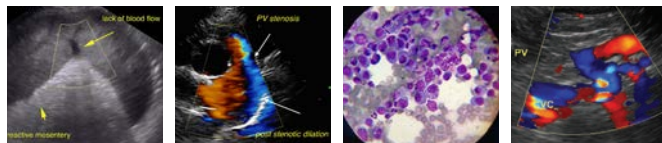
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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