

**PATIENT**

Mia Palmer

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

FS

**AGE**

9 years

**WEIGHT**

6 kg

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

**IMAGING  
PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Treasure Coast  
Animal Emergency

**REFERRING VET**

Dr Cail

**INVOICE**

302705

**DATE**

1/25/22

**PRESENTING CLINICAL SIGNS**

History: Projectile vomiting.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: Suspected GI obstruction.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal appearance and thickness of the wall. Small amount of floating hyperechogenic sediment. No uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.8 cm, right 3.9 cm), echogenic appearance, cortico-medullary differentiation, capsule, and pelvis.

**Reproductive System**

N/A.

**Adrenal Glands**

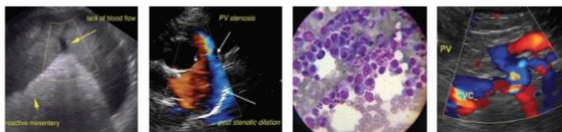
Normal shape, echogenic appearance, size, and position. Left 0.36 cm, right 0.4 cm.

**Spleen**

Normal size (0.5 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, and portal markings. No nodule or masses evident. Small gall bladder containing normal anechoic bile. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).



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**Gastrointestinal**

Fluid filled stomach with normal appearance of the wall. Normal appearance of the pylorus, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.18 cm) and no distension of the lumen. Segmental thickening of the jejunum (0.31 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering. Irregular shadowing echogenic material in the jejunum (3.8 cm) with associated distension proximal to the material and an empty appearance of the intestine distal to the material. Hyperechoic appearance of the surrounding mesentery.

**Pancreas**

Normal size (0.5 and 0.6 cm) with a diffuse hyperechoic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes (1.6 cm).  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Intestinal foreign body.
- Enteropathy.

Secondary findings:

- Pancreatic fibrosis.
- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

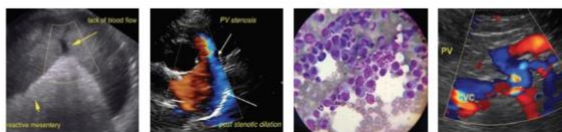
The appearance of the small intestine and associated mesentery is indicative of a foreign body obstruction and in line with the clinical signs.

Although the enteropathy is most likely secondary to the foreign body underlying non-specific enteritis (viral, bacterial, helminths, protozoa, dietary indiscretion, toxins), dietary hypersensitivity, and inflammatory bowel disease should be considered.

Although the appearance of the pancreas is consistent with fibrosis, chronic pancreatitis would be a differential diagnosis.

The appearance of the gall bladder wall is most likely from a previous episode of cholecystitis.

A laparotomy is indicated, which would also allow for obtaining full thickness intestinal biopsies. Additional assessment that could be considered would be fecal analysis, PSL/fPL and cobalamin assay



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**IMAGES**

**Stomach**



**Small intestine**



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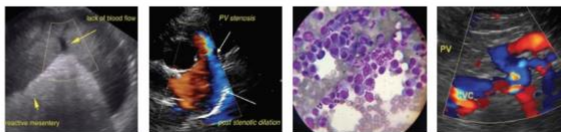
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**Pancreas**



**Mesentery**



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Dr Caill

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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.

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.

**Remo Lobetti**, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)  
rlobetti@mweb.co.za