



PATIENT PRESENTING CLINICAL SIGNS

Thumper Brann History: Vomiting string and blood

SPECIES Abnormal PE/Chem/CBC/UA Results: Slightly tense abdomen Radiographs concerning for plication in abdomen

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended, echogenic debris is observed within the lumen. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (4.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

3 years

The right kidney is normal in size (4.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13 lbs

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

IMAGING PERFORMED BY

Dr. Hess

The gall bladder is moderately distended. A bilobed conformation is suspected. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Petmedic Urgent Care
VC

Gastrointestinal

The gastric lumen is mildly to moderately fluid-distended. Shadowing material is observed within the lumen (near the pyloric antrum). The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of plication.

REFERRING VET

Dr. Hess

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

INVOICE

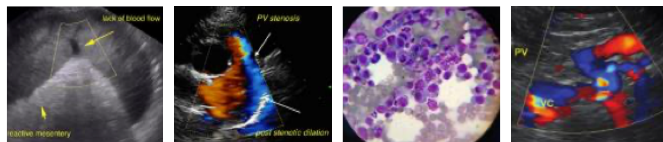
12119

Free Abdomen

The mesentery surrounding the stomach is hypoechoic. There is no obvious evidence of free fluid. One to two prominent mesenteric lymph nodes are visualized (the largest measuring 0.98 cm in length).

DATE

1.31.23



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Thumper Brann

Primary Findings

SPECIES

- The shadowing material within the gastric lumen in conjunction with the patient's clinical history, is concerning for foreign material (i.e., string). Adjacent peritonitis is present.

Feline

Secondary Findings

BREED

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

DSH

- Urinary bladder debris

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

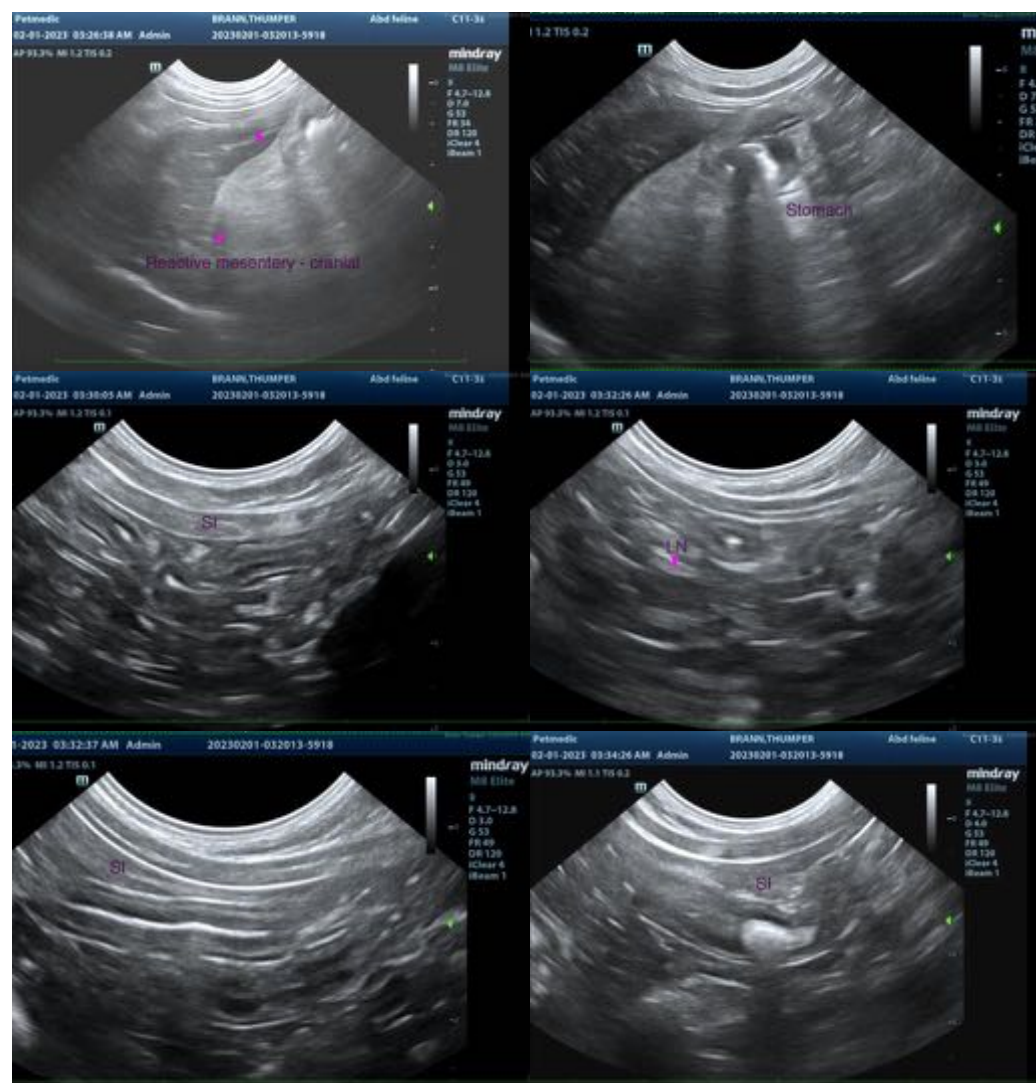
- Consider a gastrotomy to assess for gastric foreign material. An upper GI endoscopy can be considered in lieu of surgery. However, if foreign material is passing through the pyloric outflow tract, it may not be safely retrievable via endoscopy.

AGE

3 years

WEIGHT

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PATIENT

Thumper Brann

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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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.

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