

**DATE PRESENTING CLINICAL SIGNS**

11/28/21

History: Presenting Complaint: Foreign Body. Hypersalivation – Drooling. History: Date: 11-26-2021 Notes: P got into O string from a sewing machine. O said the string is pink. O has no other past medical history. P has been gulping and gagging. Additional history: ALT 231, Potassium 3.4, CBC unremarkable.

PATIENT

Riddle Lee

Medications: buprenorphine, ampicillin, protonix, and ondanestron.

SPECIES

Feline

Lab Results: attached.

BREED

DSH

Radiographic Findings: Whole Body 2 view: dilated stomach and small intestines.

SEX

Spayed Female

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

AGE

2008

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

5.6 Lbs.

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

INTERPRETED BY

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The left kidney is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right kidney is normal size (3.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Roper

Spleen

The spleen is normal in size (0.67 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.

INVOICE

12706

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended. The wall is mildly thickened (up to 0.20 cm) and hyperechoic. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are dilated and tortuous (the common bile duct measures 0.31 cm in diameter). A small amount of echogenic debris is observed within the lumen. The common bile duct can be followed to the level of the duodenal papilla, which is normal in size (0.43 cm in width). The cystic and common bile duct walls are mildly and diffusely thickened. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is diffusely gas distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- There is no obvious evidence of a foreign body/obstruction. However, given the degree of gas within the GI tract, a partial obstruction cannot be completely excluded.

Secondary Findings

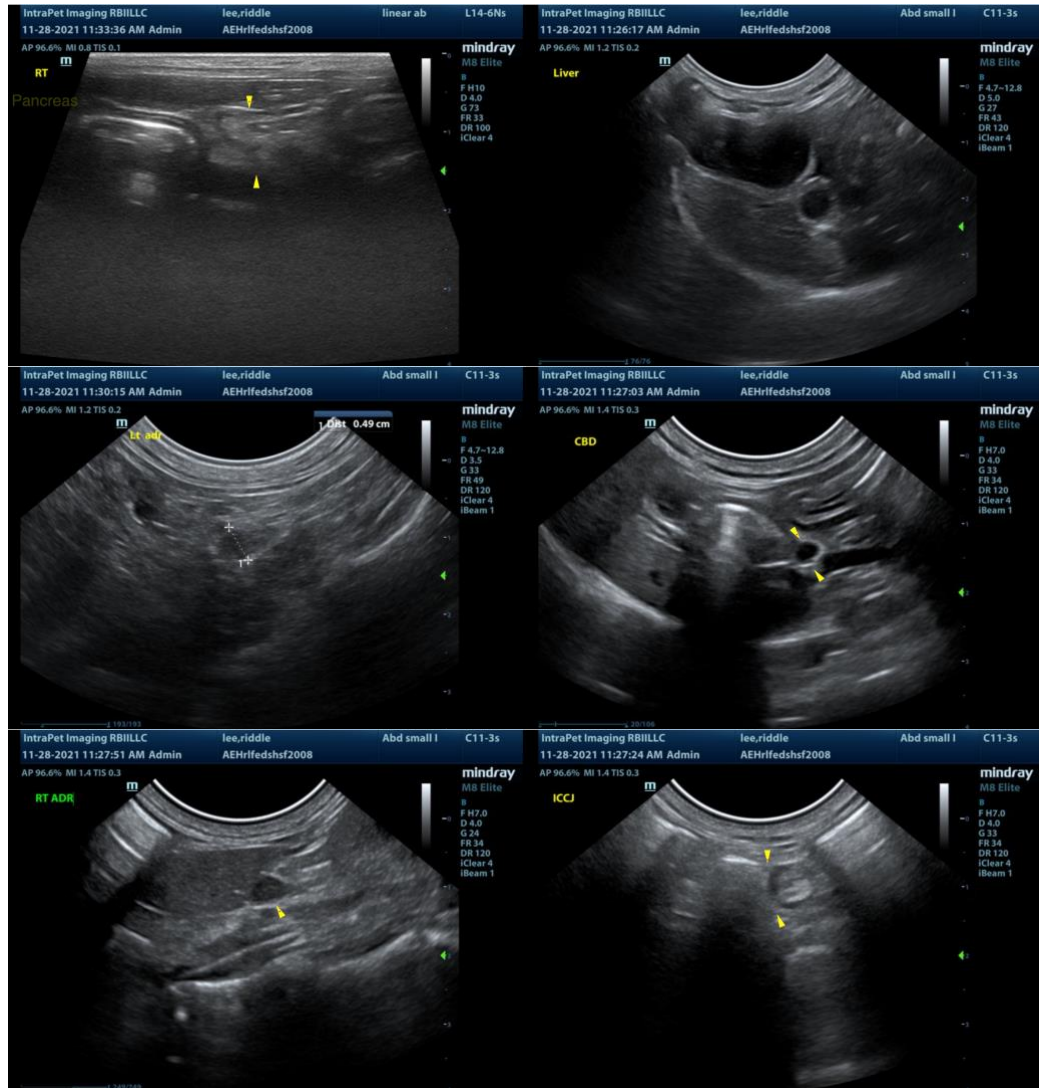
- Geriatric hepatic and pancreatic changes
- The gallbladder and cystic/common bile duct wall changes could be consistent with cholecystitis/cholangitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.

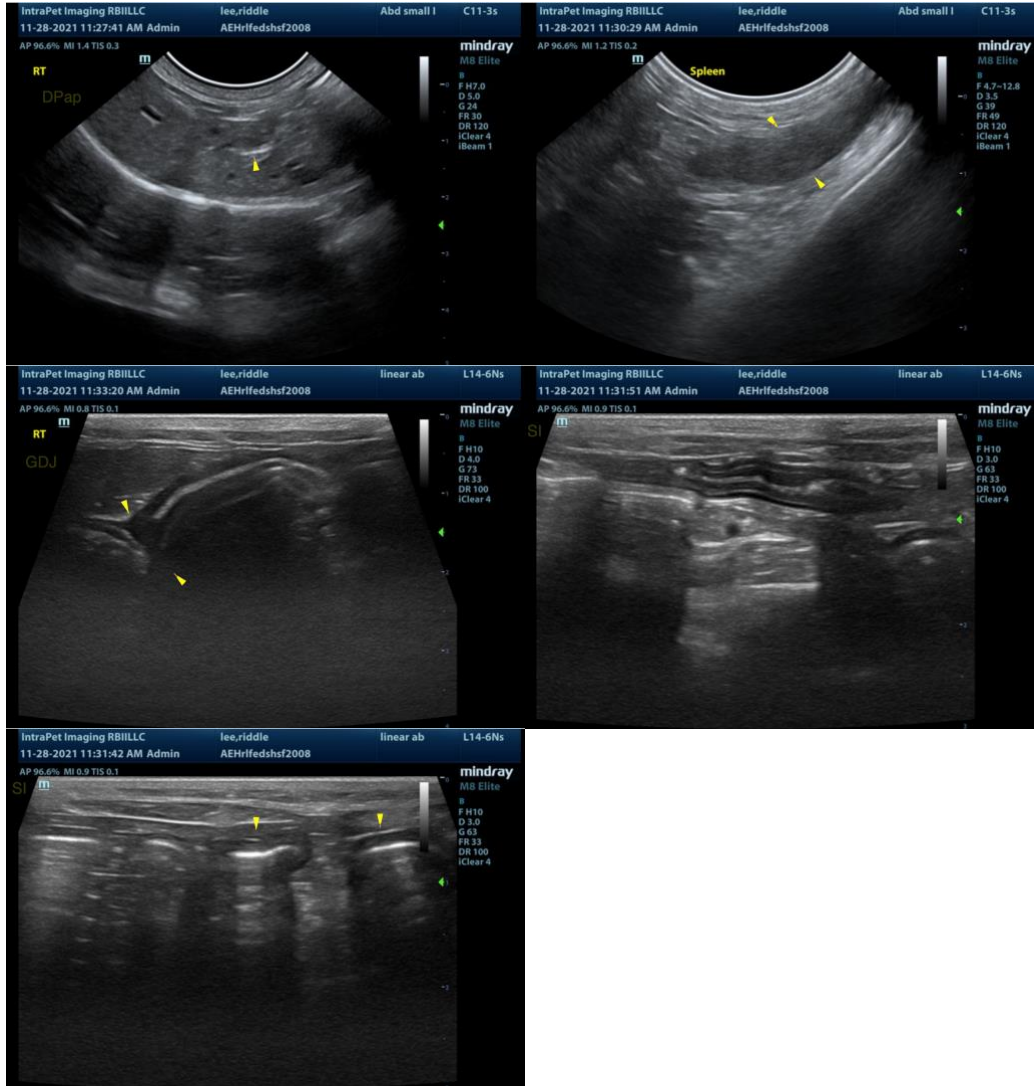
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- A sedated oral exam should also be considered to assess for string foreign material at the base of

the tongue.

- Supportive care for acute gastroenteritis is recommended. If clinical signs do not improve within 24-48-hours of supportive care, consider repeat abdominal imaging (i.e., radiographs, ultrasound) +/- a more advanced GI workup (i.e., upper GI endoscopy, malabsorption panel).





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.

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