



**PATIENT**

Maisie Pescheck

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 mos

**WEIGHT**

2 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Callihan/Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Baker/Animal  
Emergency Care

**INVOICE**

11873

**DATE**

12.19.22

**PRESENTING CLINICAL SIGNS**

History: Maisie is previously healthy, no ongoing issues, had routine OVH on Tue 12/13 with no preoperative complications noted. She began vomiting Thur- produced some short yarn pieces thought to originate from a Beanie Baby and had radiographs on Sat @ Kushan Vet, nsf. She was treated supportively with Cerenia, SC fluids, Convenia, continues to vomit through Cerenia so was presented to ER.

Spayed on Tuesday. Vomited yarn on Thursday and continued to vomit on Friday and Saturday. Decreased appetite and hiding. Seen at Kulshan on Saturday (x-rays and ultrasound done). Dispensed Cerenia (oral dose given this morning at 7am) and Clavamox drops (temp 103.1). May have chewed on yarn from a beanie baby toy. Was part of a litter that Maggie and Aaron are fostering. All other kittens died. Maisie and her mom will be placed in a permanent home soon. Owner (Aaron) is a relief DVM and used to work at Northshore.

Abnormal PE/Chem/CBC/UA Results: Alert and responsive, slight elev temp; radiographs with really poor abd detail, a lot of gas in what appears to be colon.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.40 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

The right kidney is normal size (3.58 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.

**Adrenal Glands**

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

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in width (0.68 cm in width at the level of the hilus) with a slightly elongated contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**



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The gastric lumen is mildly fluid-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 fluid-distended (mild to moderate). One bowel segment, adjacent to the spleen, is moderately to severely distended with echogenic fluid and appears hypomotile. It is unclear whether this segment represents small intestine or colon. In another segment of dilated bowel, there is a questionable hyperechoic linear structure within the lumen. The small intestinal wall is normal in thickness with a normal layering pattern. Discreet masses are not identified.

### **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.

### **Free Abdomen**

There is no obvious evidence of free fluid. Several prominent lymph nodes are observed throughout the abdomen (the largest measuring 1.09 cm in length). The nodes are normal in shape and echogenicity.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Questionable linear foreign material within bowel lumen. Diffuse ileus is present. However, it is difficult to determine whether this is a functional or structural (i.e., foreign body) issue.

### Secondary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a conservative approach is desired, consider a repeat ultrasound in 6-12 hours to further evaluate for a foreign body/obstruction.
- If a more aggressive approach is desired, an abdominal exploratory can be considered to assess for a foreign body.
- Other diagnosis considerations to evaluate for a foreign body obstruction include a barium study and abdominal CT scan.





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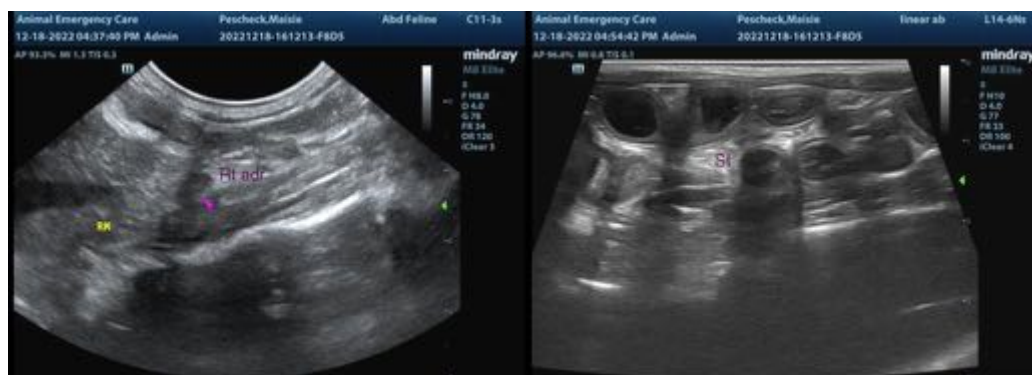
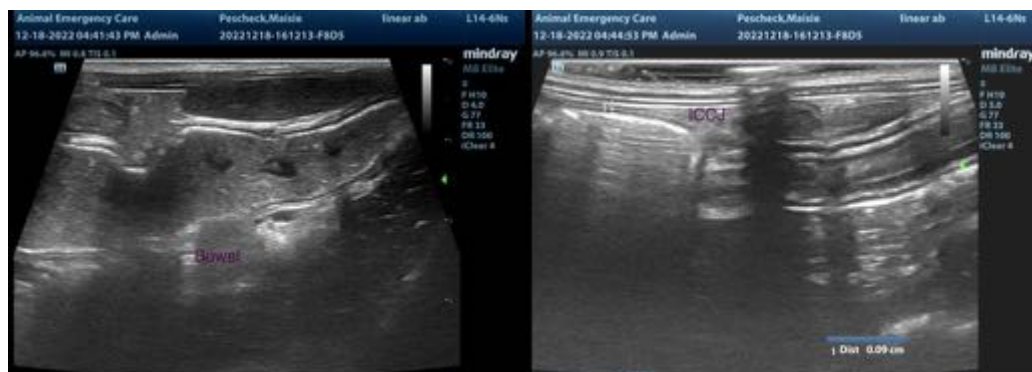
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Maisie Pescheck

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.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com

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