



PATIENT PRESENTING CLINICAL SIGNS

Pepita Vazquez History: Previous history - ex lap found string FB in SI and stomach in Jan 2023 - cat has history of eating fabric, string. Presented today for lethargy and acute vomiting. Has chewed on shoelaces and snuffle mat (material). Suspect FB QAR mm pink CRT > 2 sec 8% dehydration GIT/Gu - panting when pressure applied to upper left quadrant on abdominal scan - sedation used (0.2 cc Butorphanol + 0.1 cc DexdormIV) rest of exam unremarkable

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 year

WEIGHT

8.4 lbs

Abnormal PE/Chem/CBC/UA Results: CBC - mild hemoconcentration HCT 51% HB 19.0 MCHC 37. MCH 18 Neutrophils 10.4 ; Eosinophils 0.10 mild eosinophilia Chem 10 - nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.24 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 hydronephrosis.

The right kidney is normal in size (3.13 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.72 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.

IMAGING PERFORMED BY

Ashley McCaughan

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.

HOSPITAL NAME

Marina Village Vet & Integrative Care

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.

REFERRING VET

Ashley McCaughan

Gastrointestinal

The gastric lumen is minimally gas-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The majority of the small intestinal lumen is not dilated. In one segment, some soft, shadowing material is observed within the lumen. 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.

INVOICE

12578

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.

DATE

3.30.23

Free Abdomen

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

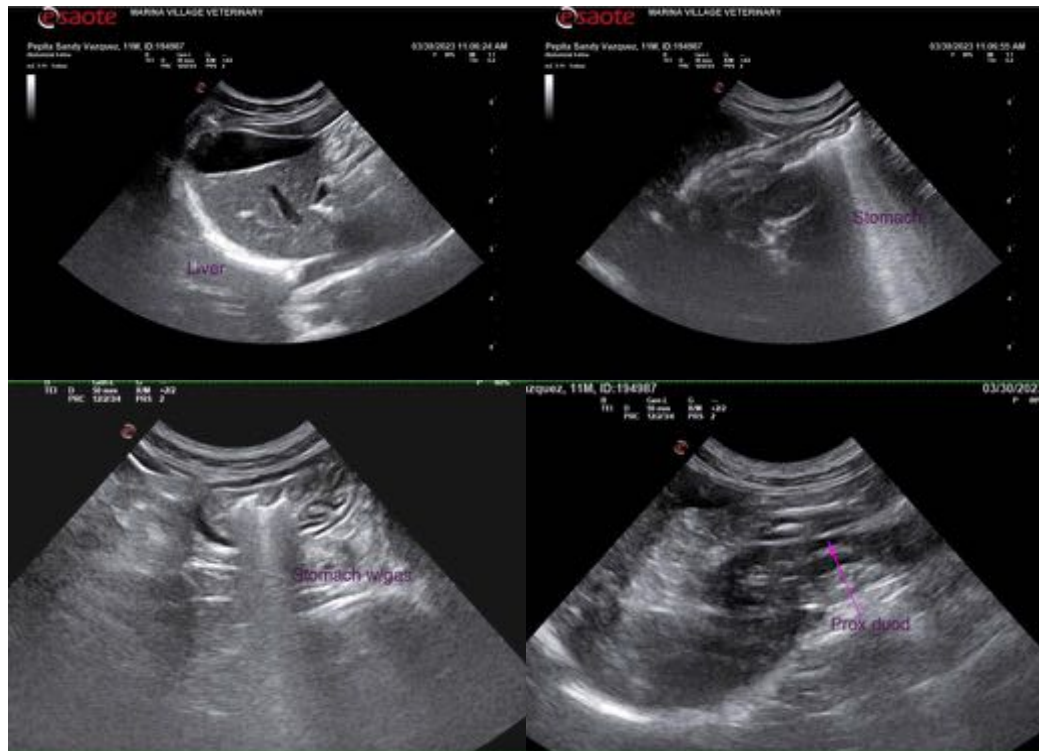
ULTRASONOGRAPHIC FINDINGS

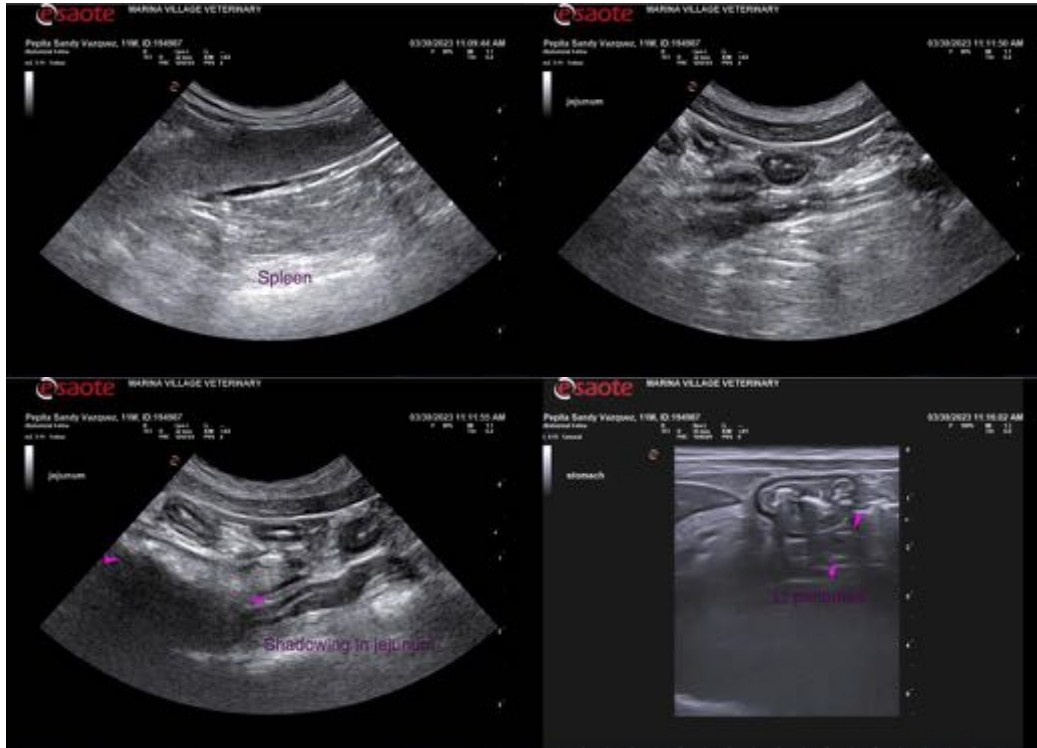
Findings

- The soft, shadowing material within the small intestinal lumen likely represents transient foreign material (i.e., hair, other). It appears nonobstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat abdominal ultrasound in 12 hours (following a 12-hour fast) to assess for movement of the soft, shadowing material within the jejunum. In the meantime, symptomatic care is recommended.
- Also consider three-view thoracic radiographs to assess for occult esophageal disease (i.e., foreign material).





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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