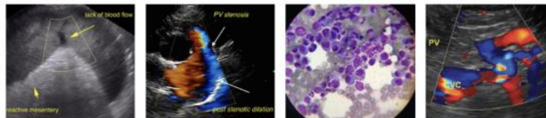

PATIENT

Lysander Borkowski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/19/2021

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

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INVOICE

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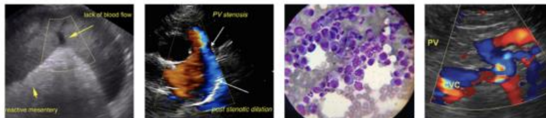
PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Attitude: BAR, friendly
Hydration: 5% dehydrated - mild skin tent. BCS: 4/9. Pain: 0/4

EENT: minimal dental calculus, no obvious string under the tongue, no nasal or ocular discharge
PLNS: all peripheral LNs normal in size, soft, symmetric, and non-painful
CV: no murmurs ausculted, regular rhythm, femoral pulses strong and synchronous
RESP: eupnic, bronchovesicular sounds normal in all lung fields
ABD: soft, non-painful, no palpable organomegaly or masses
UG: normal external genitalia
M/S: missing right FL, normal ambulation on remaining 3 limbs, no evidence of lameness or muscle wasting
INTEG: full hair coat, no alopecia, scale, erythema, or evidence of ectoparasites
NEURO: normal mentation, normal CNs, full neurologic exam not performed
Abnormal labwork values: Initial client discussion:
Reviewed history and PE findings. Discussed high concern for LFB with string ingestion, especially with such consistent vomiting and progression of GI signs. Discussed risk of intestinal perforation and sepsis if this is present. Recommend starting with AXR with radiologist review, CBC, Chem17, and POCUS. Noted hospitalization +/- surgery may be required, but can start with initial diagnostics. Provided estimate and owners consent.

Diagnostics: CBC: HCT 48.5% (N), HGB 16.3 (H), NEU 0.67k (L), Lymph 9.52k (H), Mono 0.79k (H), PLT 38k (L), PCT 0.05 (L)
suspect machine is misallocating neutrophils for lymphocytes, as manual evaluation of a blood smear reveals adequate neutrophil numbers with the majority located at the feathered edge
manual PLT count 400k (N). Chem17: all values WNL. Lactate: 2.4. POINT OF CARE ULTRASOUND: ABDOMINAL
DH 0
SR 0
CC 0
HR 0
Total Score: 0/4
Gall Bladder Wall: Typical
Gall Bladder Contents: Typical
Urinary Bladder Wall: Typical
Urinary Bladder Contents: Typical
Clinical Impressions: Unremarkable. No peritoneal effusion present.

CC: Discussed findings with owners. Discussed concern for possible mechanical obstruction of the small intestines vs. severe enteritis. Radiologist does not specify concern for any linear foreign object, although I have some concerns regarding the number of small gas bubbles present within the small intestines, which could potentially represent plication. Recommend ATH for IV fluids, GI support, and AUS as the next step for further investigation. Provided estimate. Also informed owners of cost of surgery if AUS confirms obstruction ($3500-5500). Owners initially consented, but then had trouble



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with care credit and were unable to leave a deposit for this. Also offered OP care, although this is not recommended. Owners ultimately consented to basic overnight care with fluids and anti-emetic and close monitoring until they can speak to family in the morning and secure additional finances to pursue AUS. They will call us to let us know of final decision in the morning.
Current Medications: None
Radiographic Findings AXR (3-view) with STAT Keystone:
- Assessment:
1. Radiographic signs potentially consistent with mechanical ileus due to foreign body ingestion. However there is a possibility that a severe enteritis may mimic similar radiographic signs or that a foreign body may be partially obstructive. Consider abdominal ultrasound or upper contrast GI study for further assessment or if the patient is stable enough, consider radiographic reassessment in 6-12 hours.

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 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 cm, are normal.

The left kidney is normal size (3.71 cm in length); normal shape and architecture with 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.

The right kidney is normal size (0.01 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

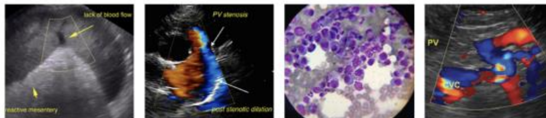
The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.76 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.

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



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

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

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The proximal duodenum is not dilated and is normal in thickness. A several centimeter segment of jejunum contains a shadowing structure within the lumen. The jejunum is slightly plicated in this region. The wall is thickened (up to 0.54 cm) with retention of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The small intestinal segments cranial to the shadowing structure are mildly fluid-distended and hypomotile. Distal to the structure, the bowel loops are not dilated. The colonic wall is normal.

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

Trace free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.06 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

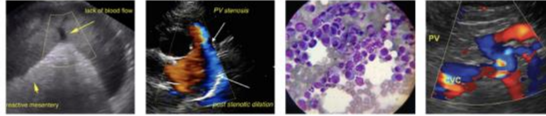
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected linear jejunal foreign body with suspected wall inflammation and regional peritonitis.
- The prominent mesentery lymph nodes are likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory with foreign body removal is recommended.
- Consider thoracic radiographs prior to anesthesia to assess for evidence of aspiration pneumonia.



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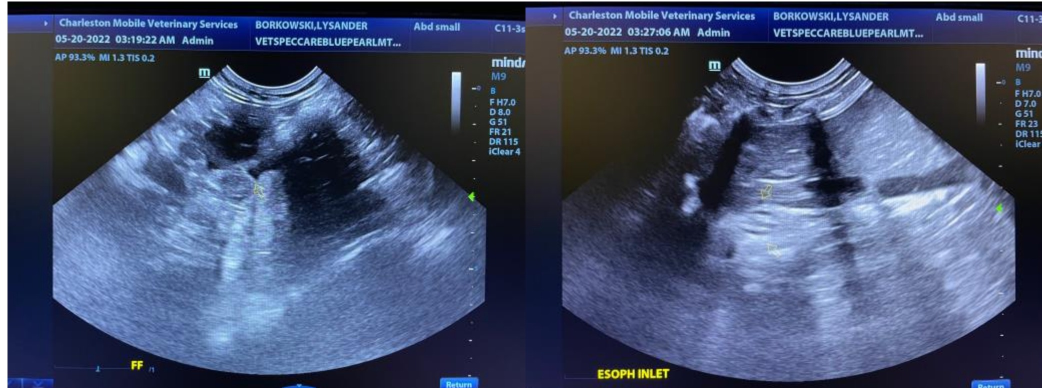

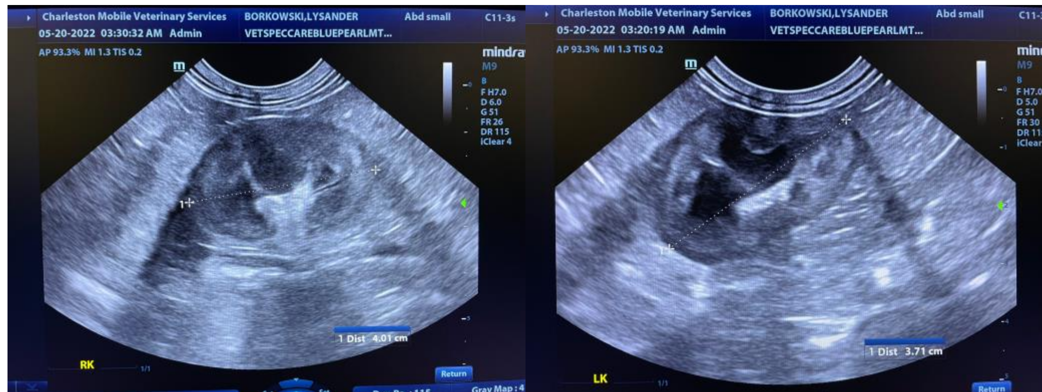

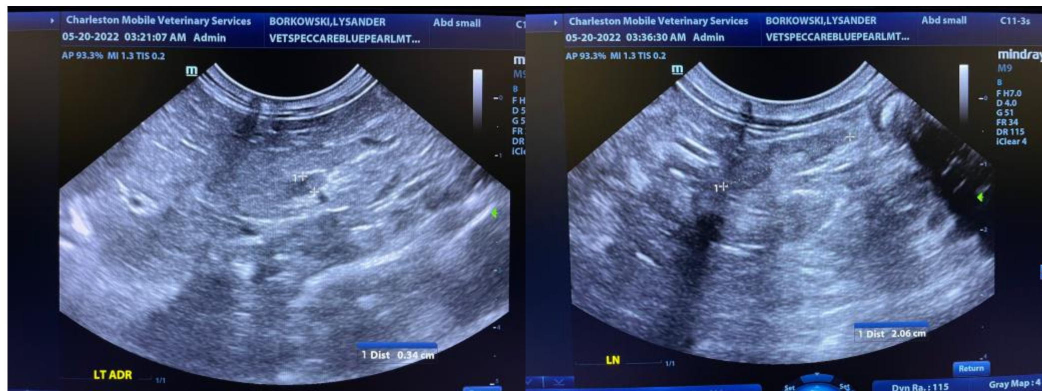

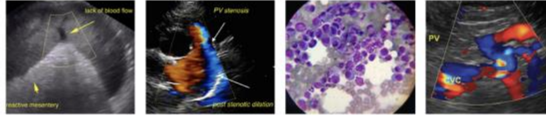

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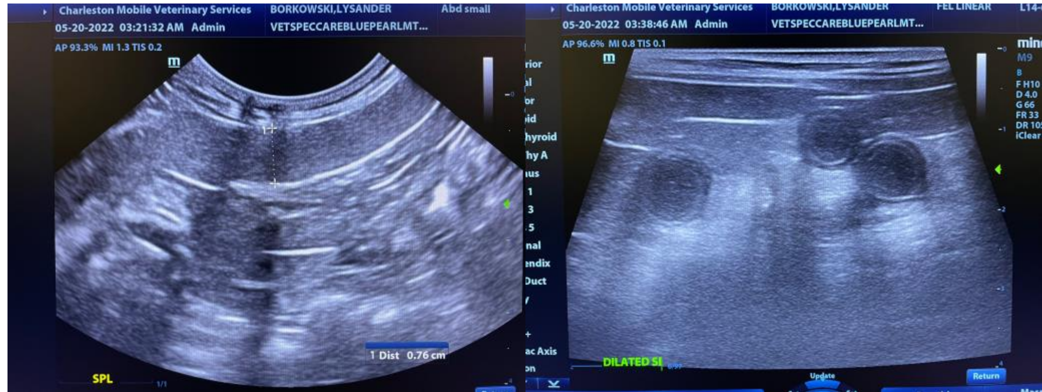

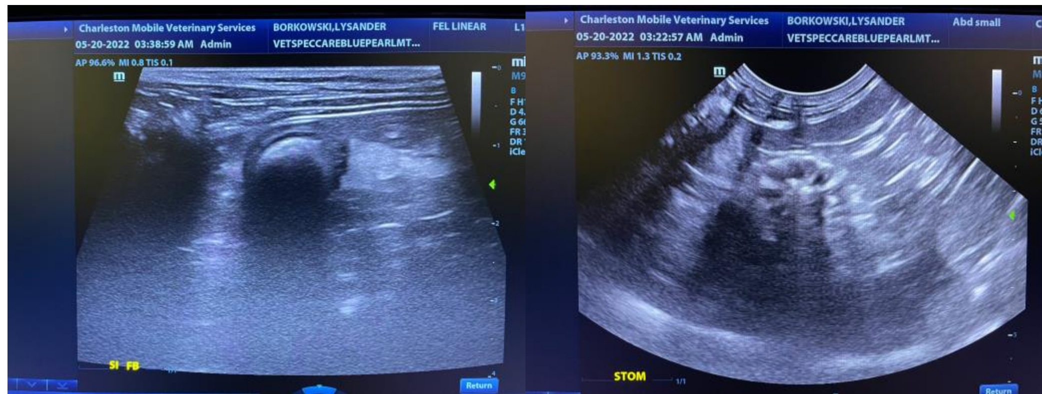

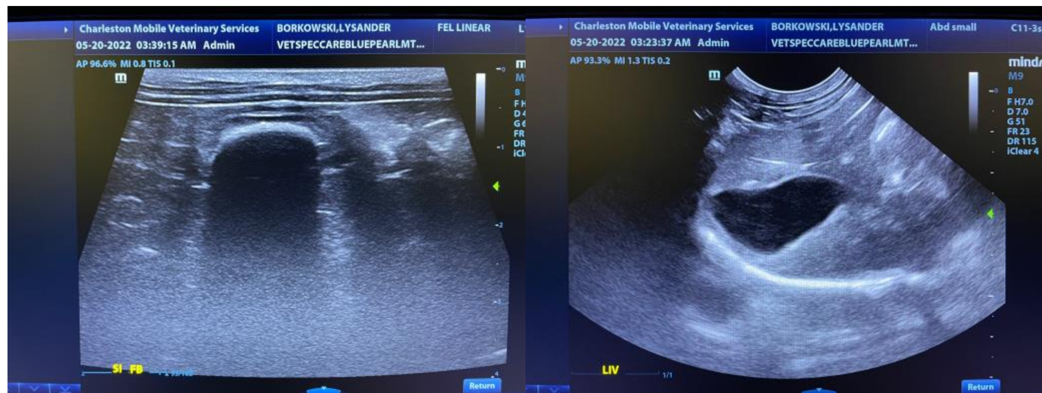

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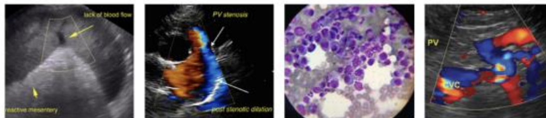

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CharlestonMobile.Net 800.403.5408

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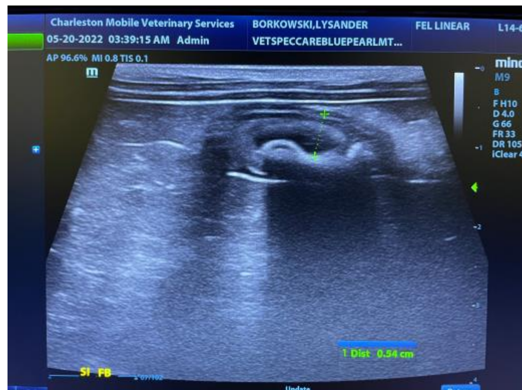

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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