



PATIENT

Pippi Reithmeyer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

3.72 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Graham

INVOICE

13869

DATE
8/23/22

PRESENTING CLINICAL SIGNS

History: Pippi was presented to MVS for vomiting and possible FB. Sunday through Monday owners noticed that Pippi vomited bile 5 times. Yesterday they went to pcDVM they did x-ray, fluids, injections and a UA then was sent home. Owners noticed when Pippi got home she was hiding which was abnormal for her, Owners also noticed her being lethargic and not wanting to play as much. She has not been eating, unknown if having any water intake, has not defecated since Saturday, but has urinated. She is not on any medication and has no other medical history.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (3.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal in size (0.51 cm width) with a slightly rounded shape and smooth curvilinear peripheral contours. Glandular parenchyma and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.82 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 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/not seen.

Gastrointestinal



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The gastric lumen is mildly gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The proximal duodenum is mildly plicated. A linear foreign body is extending through the proximal duodenum and into the jejunum. Several jejunal segments are plicated around the foreign body. The mesentery surrounding these segments is hyperechoic. The remaining jejunal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal.

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Pancreas

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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

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Trace free fluid is observed. Several prominent mesenteric lymph nodes are visualized, the largest measuring 0.84 cm in length. The nodes are normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected small intestinal linear foreign body/obstruction, which fits with the patient's history with a string at the base of the tongue. Regional peritonitis is present. This may be secondary to inflamed bowel, perforation or impending perforation.

Secondary Findings:

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to remove the string foreign body. Consider three-view thoracic radiographs prior to surgery to assess for occult aspiration pneumonia.

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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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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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info@SonoPath.com

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