

PATIENT

Smokey Swain

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8.27.2019

WEIGHT

4.46 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mt Pleasant
MP Emerg

REFERRING VET

Dr. Fraser

INVOICE

11510

DATE

8.27.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Smokey is a 3y/FS/ DSH presenting as a DT: from RDVM for a poss FB. O reports yesterday pt didn't finish all of her tuna breakfast but was still acting N and then this morning Os woke up and found foul smelling vomit but unsure which pet due to a multi-pet household (6 strictly indoor cats, 2 dogs).

Pt seemed alright until ~12pm today when they found pt in the sink not drinking water, appearing dull, with wet paws and side. Os brought pt in for evaluation to RDVM. Pt is known to get into things. Pt is UTD on vaccines and preventatives no d/c/s NI in food and water no Rx PE: Mentation: Bright, alert and responsive. Hydration: 5% dehydrated Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted Oral Cavity: Mild dental tartar and calculus; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous. Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation Neurologic: Appropriate mentation, normal CNN, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed). Gastrointestinal/Urogenital: Tense but non-painful abdomen with no evidence of mass or organomegaly on palpation Rectal: Not performed Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale Musculoskeletal: BCS 6/9, adequate musculature, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

Abnormal lab-work values: at rDVM very dehydrated and hemoconcentrated with PCV 70%, alb and total protein a bit elevated, ALT 223

Current Medications: fluids, ondansetron, bup, famotidine, unasyn
Radiographic Findings

multiple sets of x-rays submitted, most recent report with all XR submitted: Findings: Three radiographs of the abdomen are provided and compared to the previous study. There are multiple persistently fluid- and gas-dilated intestinal bowel loops. A distinct foreign object or other abnormality is not visualized. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The kidneys and urinary bladder appear normal with no definitive evidence of mineralization. Assessment: There are multiple persistently dilated intestinal bowel loops. Consideration should be given to a radiolucent foreign object or possible functional ileus secondary to enteritis. Depending upon the current clinical signs, sonography or an upper GI series may be beneficial.

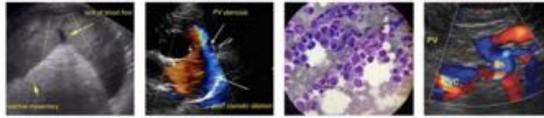
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is 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 (3.80 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 (3.67 cm in length); normal shape and architecture with smooth



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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.

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Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The **right adrenal gland** is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The **spleen** is normal in size (0.88 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.

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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.

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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

The **gastric lumen** is moderately fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. Several small intestinal segments are fluid-distended, hypomotile and plicated. A linear hypoechoic structure is passing through the lumen of the plicated segments. The mesentery in this region is hyperechoic. In the remaining small intestinal segments, the lumen is empty. The wall is normal in thickness with retention of the normal layering pattern. There is slightly disruption in the normal 1:3 muscularis:mucosal ratio. The colonic wall is normal. The colonic lumen contains shadowing fecal material

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Medicine)

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

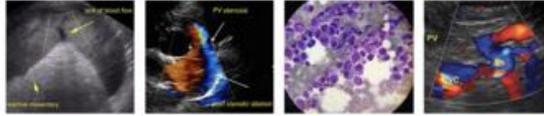
- Suspected small intestinal linear foreign body/obstruction with adjacent peritonitis.
- The diffuse small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

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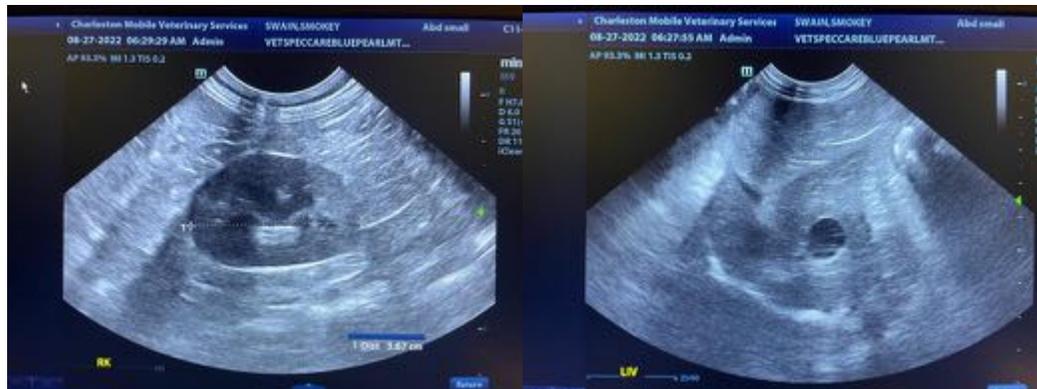
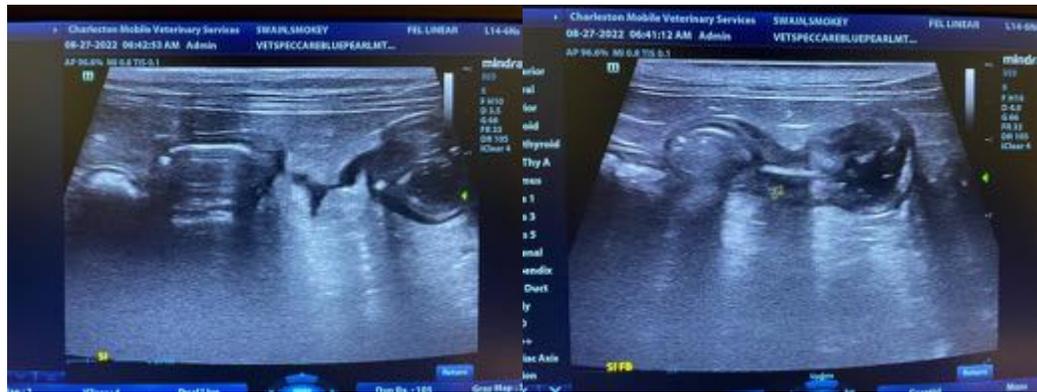
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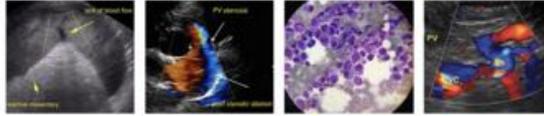
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory surgery is recommended to assess for/remove any foreign material. Consider a three-view thoracic radiograph prior to anesthesia to assess for occult aspiration pneumonia.





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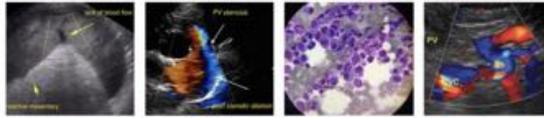
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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 (xxx 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (xxx 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (xxx 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.

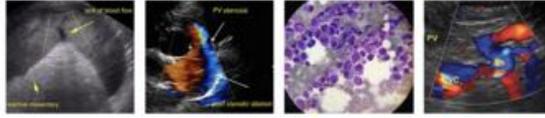
Liver

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

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural



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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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Secondary Findings

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