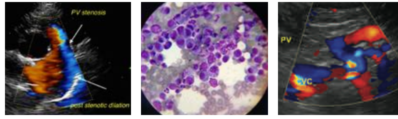


DATE
2/1/22

PATIENT
Nordberg Wetters

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
3/30/07

WEIGHT
9.18 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Kaufman

INVOICE
95706

PRESENTING CLINICAL SIGNS

History: 24 hours anorexia, vomiting.
Current Medications: Cerenia 4 mg iv.
Lab Results: recent labs (CBC/Chem/T4/UA) all wnl.
Radiographs: 1 large kidney, gas in SI.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: REQUESTED.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (3.56 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.44 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Bilaterally uniformly plump egg-shaped adrenals with hypoechoic echogenicity and bilateral dystrophic mineralization noted. The left adrenal gland measured 0.43 cm thick and the right adrenal gland measured 0.37 cm thick.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines. However, there is a focal area in the mid abdomen where the bowel is severely plicated. There is static ingesta present within this focal

plicated bowel. No obvious echogenic linear foreign body is visible, but the presence of one cannot be ruled out given the severe plication.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

The pancreas is diffusely prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to slightly hypoechoic echogenicity.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

- Focal area of plicated small bowel, concerning for plication that is often visible with linear foreign bodies. No obvious foreign body is visible in these images; however, a linear foreign body is suspected. Other differentials include focal enteritis secondary to infiltrative inflammatory disease versus infiltrative neoplastic disease versus infectious or parasitic disease, etc.

- Prominent, heterogenous pancreas, which can be consistent with normal age related remodeling.

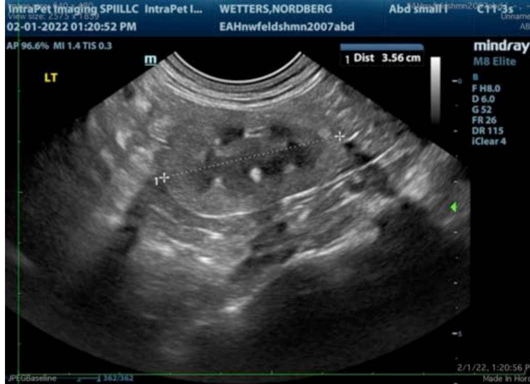
- Cholecystic debris of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. However, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALKP and/or increased total bilirubin.

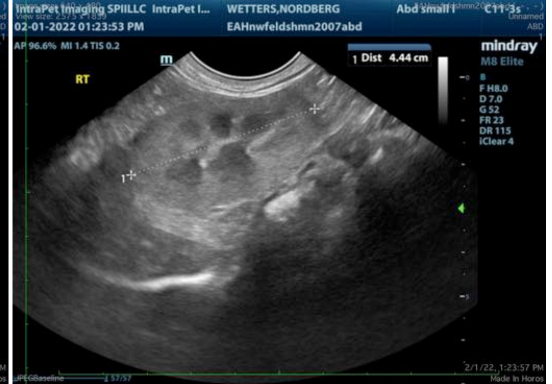
- Feline urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

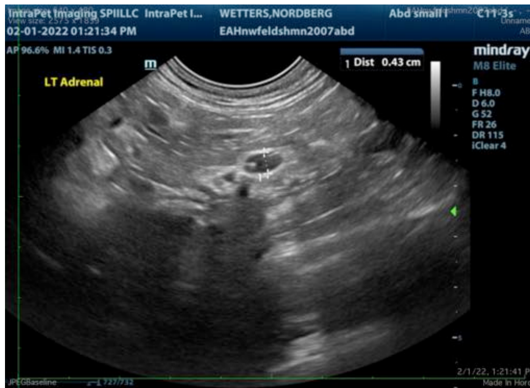
- Feline age related adrenomegaly – likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

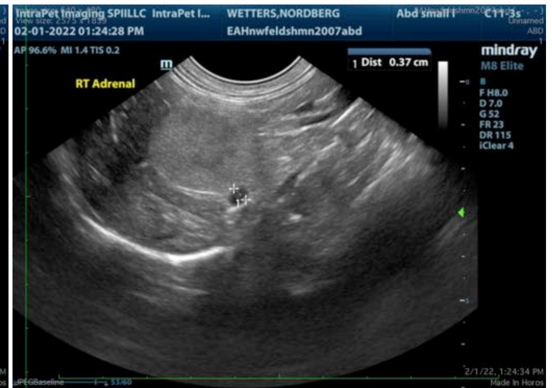
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

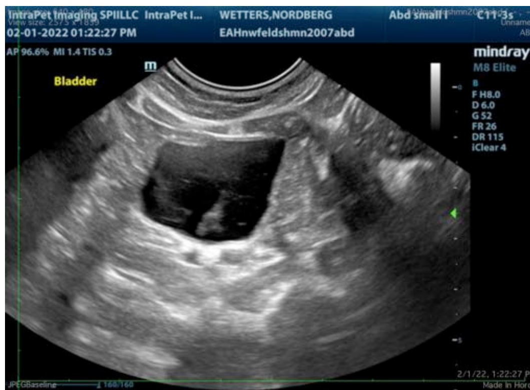
This patient's small bowel plication is concerning for a linear foreign body. A discrete foreign body is not visualized. Therefore, the owners should be educated about the possibility of a negative exploratory. However, given that conversation recommendations are exploratory laparotomy with biopsies of any abnormal appearing or palpably abnormal intestines, especially if a foreign body is not present and the plication appears to be secondary to infiltrative bowel disease. If a more conservative approach is elected then medical management in the form of IV fluids, antiemetics and fasting is recommended followed by repeat imaging (abdominal radiographs +/- ultrasound) in 24 hours or sooner if the patient deteriorates.

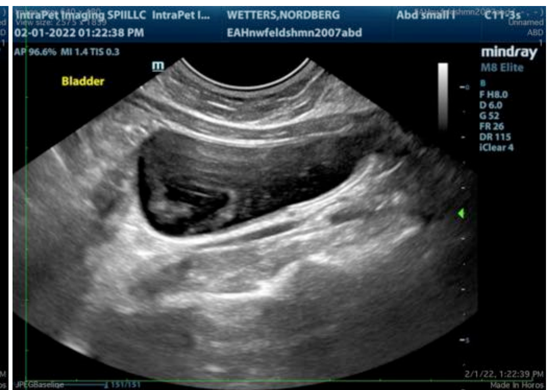

IntraPet Imaging SPIILLC IntraPet I...
WETTERS,NORDBERG
Abd small I
C11-3s
02-01-2022 01:20:52 PM
EAHnwfeldshmn2007abd
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
LT
1 Dist 3.56 cm
B
F H8.0
D 6.0
G 52
FR 26
DR 115
iClear 4
2/1/22, 1:20:56 PM
Made In Horos

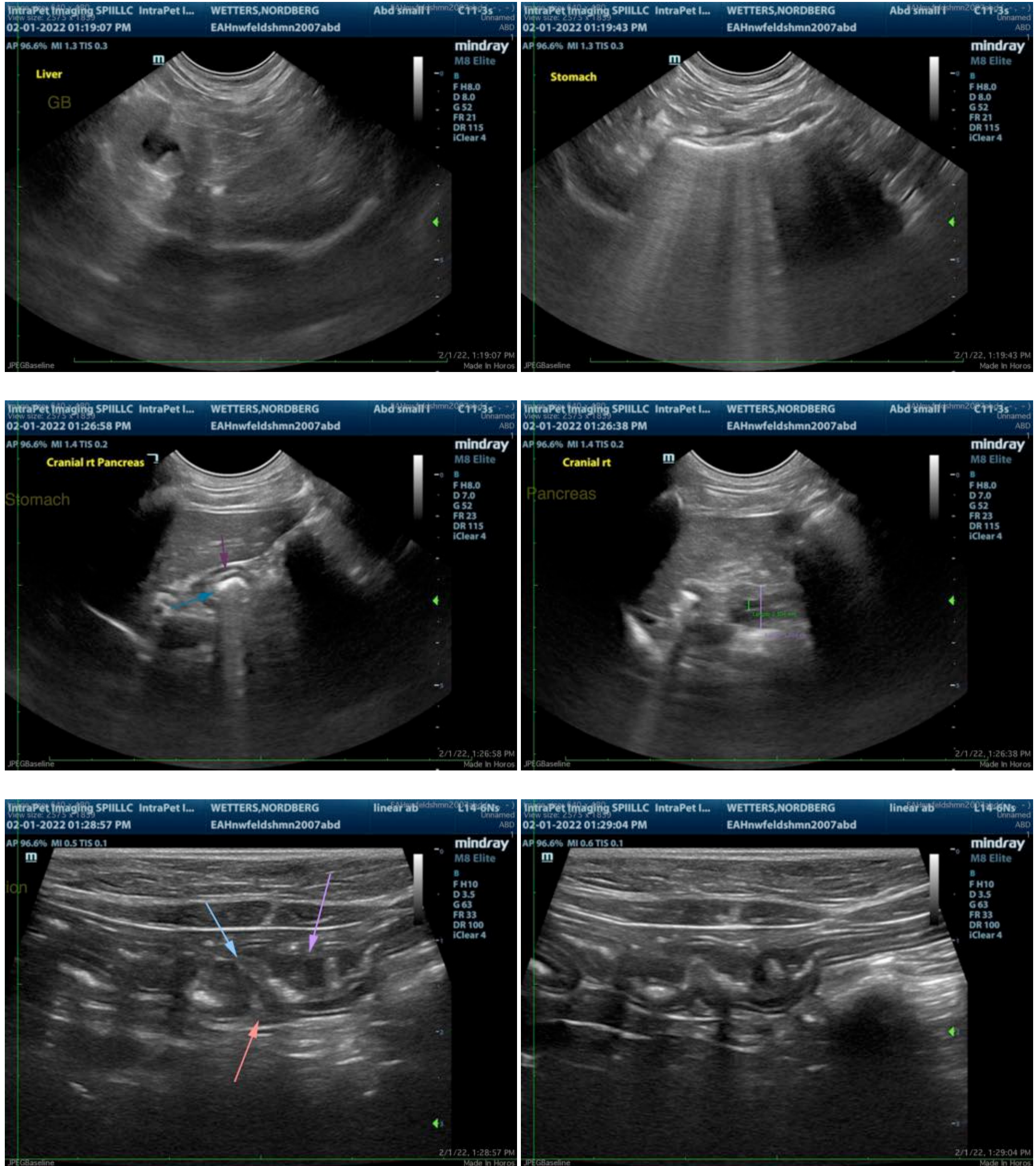

IntraPet Imaging SPIILLC IntraPet I...
WETTERS,NORDBERG
Abd small I
C11-3s
02-01-2022 01:23:53 PM
EAHnwfeldshmn2007abd
AP 96.6% MI 1.4 TIS 0.2
mindray
M8 Elite
RT
1 Dist 4.44 cm
B
F H8.0
D 7.0
G 52
FR 23
DR 115
iClear 4
2/1/22, 1:23:57 PM
Made In Horos


IntraPet Imaging SPIILLC IntraPet I...
WETTERS,NORDBERG
Abd small I
C11-3s
02-01-2022 01:21:34 PM
EAHnwfeldshmn2007abd
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
LT Adrenal
1 Dist 0.43 cm
B
F H8.0
D 6.0
G 52
FR 26
DR 115
iClear 4
2/1/22, 1:21:41 PM
Made In Horos


IntraPet Imaging SPIILLC IntraPet I...
WETTERS,NORDBERG
Abd small I
C11-3s
02-01-2022 01:24:28 PM
EAHnwfeldshmn2007abd
AP 96.6% MI 1.4 TIS 0.2
mindray
M8 Elite
RT Adrenal
1 Dist 0.37 cm
B
F H8.0
D 7.0
G 52
FR 23
DR 115
iClear 4
2/1/22, 1:24:34 PM
Made In Horos


IntraPet Imaging SPIILLC IntraPet I...
WETTERS,NORDBERG
Abd small I
C11-3s
02-01-2022 01:22:27 PM
EAHnwfeldshmn2007abd
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
Bladder
B
F H8.0
D 6.0
G 52
FR 26
DR 115
iClear 4
2/1/22, 1:22:27 PM
Made In Horos


IntraPet Imaging SPIILLC IntraPet I...
WETTERS,NORDBERG
Abd small I
C11-3s
02-01-2022 01:22:38 PM
EAHnwfeldshmn2007abd
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
Bladder
B
F H8.0
D 6.0
G 52
FR 26
DR 115
iClear 4
2/1/22, 1:22:39 PM
Made In Horos



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com