



PATIENT	PRESENTING CLINICAL SIGNS
Earl Grey Idleman	Owners have been gone on a trip since Wednesday, was perfectly normal when they left. Now patient has been lethargic and not eating while they were gone. No V/D. Urinating normally. Indoor only. No prior health concerns expressed from owner.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: CHEM: BUN 41.4, creat 0.6, calcium 7.7, TP 4.8, globulin 2.2, glucose 132 mg/dL, cholesterol <50, ALT448, Tbilli 2.2 CBC: RBC 2.24, HGB 3.7, HCT 12.3%, MCV 55.1, PLT 83 Spun PCV/TS: 12%/5.8 g/dL icteric serum EPOC: K+ 3.5, ionized calcium 1.11, lactate 8.80, BUN 45, HCT 10%, cHGB 3.5, BE ECF -5.5, BE(b) -5.2 Radiograph report Findings: Lateral and ventrodorsal radiographs of the whole body dated February 25, 2023 are available for review. Thorax: The cardiac silhouette and pulmonary vasculature are unremarkable. The pulmonary parenchyma is unremarkable. There is no evidence of pulmonary interstitial infiltrates. The pleural space and mediastinal structures are unremarkable. Abdomen: The stomach is mildly distended with fluid and gas. The small intestine contains soft tissue opacity and gas. It is relatively uniform in diameter and within normal limits for size. A small intestinal segment within the mid ventral abdomen contains a small amount of gas and heterogeneous soft tissue opacity, though remains within normal limits for size. The remaining small intestine is within normal limits. The colon contains semi-formed fecal material and gas. The abdominal serosal detail is within normal limits. The liver and spleen are unremarkable. The kidneys and urinary bladder are unremarkable. The osseous structures are unremarkable. Conclusion 1. Small amount of small intestinal undigested food or foreign material. There is no evidence of mechanical obstruction or plication. 2. Otherwise unremarkable abdomen. No soft tissue mass or mass effect. 3. Unremarkable thorax. Recommendations A definitive cause for the clinical signs is undetermined. An abdominal ultrasound could be considered for further evaluation. Read By: Dr. Logan Strohm, DVM, Diplomate ACVR
BREED	
DSH	
SEX	
Neutered Male	
AGE	
5 Years	
WEIGHT	
21 Pounds	
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
IMAGING PERFORMED BY	The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Dr. Isermann	
HOSPITAL NAME	Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.6 cm. The right kidney measures 4.9 cm.
Animal Emergency Hospital Volusia	
REFERRING VET	Adrenal Glands
Dr. Van Nieuwal	The areas of both adrenal glands are examined without evidence adrenal gland pathology.
INVOICE	Spleen
45496	Spleen is subjectively large in size (1.3 cm thick) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
DATE	Liver
2/25/23	Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
Earl Grey Idleman	
SPECIES	Gastrointestinal
Feline	The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with echogenic, non-shadowing luminal contents and gas, consistent with normal ingesta as well as fluid. There is no definitive evidence of foreign material or infiltrative disease. However, partial gastric outflow obstruction cannot be definitively ruled out.
BREED	
DSH	Diffusely, the visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. However, focally in the mid abdomen there is a loop of bowel that is labeled "small bowel" that contains an echogenic interface with distal progressively shadowing material consistent with possible hairball density or similar fluid absorbing material, although gas and ingesta can occasionally cause this appearance and can't be definitively ruled out. The bowel loop in question cannot be traced in these images to the bowel leading up to it or the bowel following it to help identify more definitively an obstructive pattern. Having said that, there is one focal small bowel loop in the cranial abdomen that is mildly fluid distended, so if those bowel loops are attached, which can't be traced in these images, an obstructive pattern could be emerging.
SEX	
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INTERPRETED BY	Pancreas
Beth Johnson, DVM DACVIM	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
IMAGING PERFORMED BY	Free Abdomen
Dr. Isermann	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Animal Emergency Hospital Volusia	<ul style="list-style-type: none"> • Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney. • Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. • Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered. • Possible small bowel foreign body without an obvious obstructive pattern present yet. However, given mild fluid dilation of the stomach, an emerging or partial obstructive pattern could be developing.
REFERRING VET	
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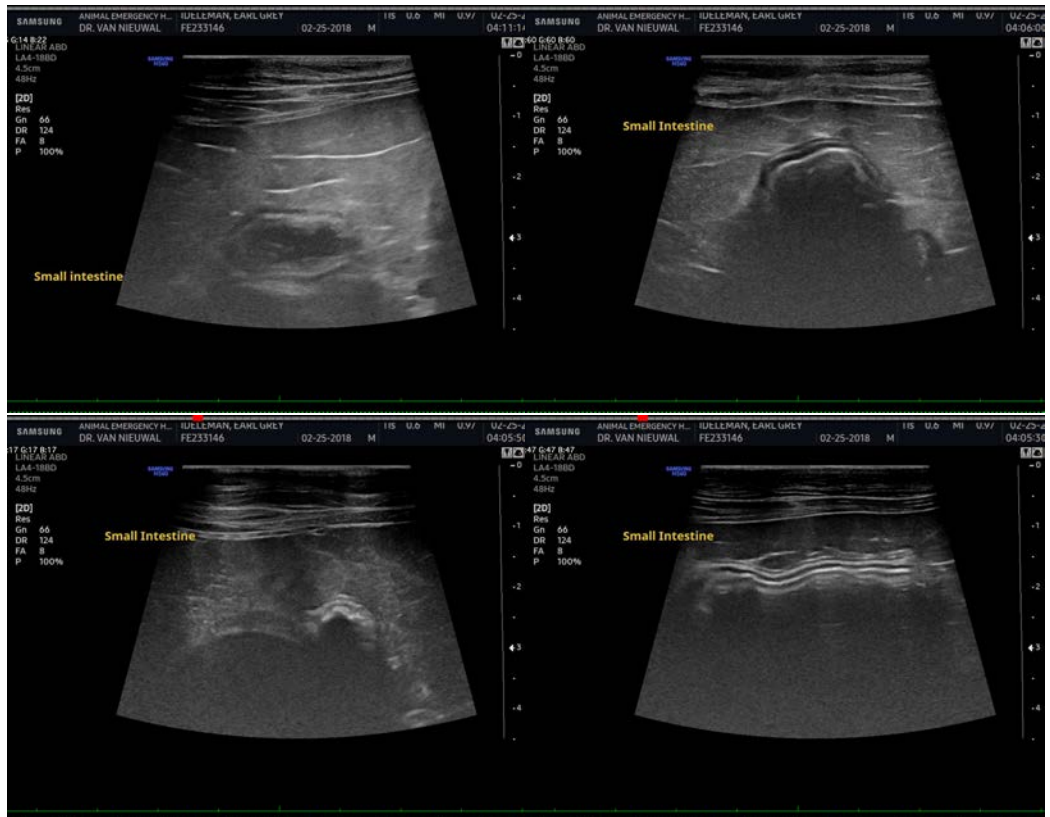
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported vomiting in this patient combined with the lack of an obvious definitive obstructive pattern, combined with this patient's other laboratory changes including a severe anemia that aren't typically associated with a foreign body, an obstructive small bowel foreign body is not believed to be the primary contributing or only problem. Therefore, unless the clinical picture changes, recommendations including fine needle aspirates of the liver and spleen +/- kidneys if patient's coagulation status is appropriate.

Additionally, given the anemia, comprehensive infectious disease testing should be considered.

As long as the patient is comfortable, stable, and not vomiting, supportive/symptomatic medical management including a blood transfusion is recommended with continued fasting for 12-24 hours and recheck imaging at that time, ideally with the small bowel loop in question being attached, if possible, to normal or abnormal bowel before and after it.

If clinical signs change, vomiting develops, abdominal pain is present, and/or anorexia persists without a diagnosis, recheck imaging and possibly intervention up to and including surgery may be necessary sooner.





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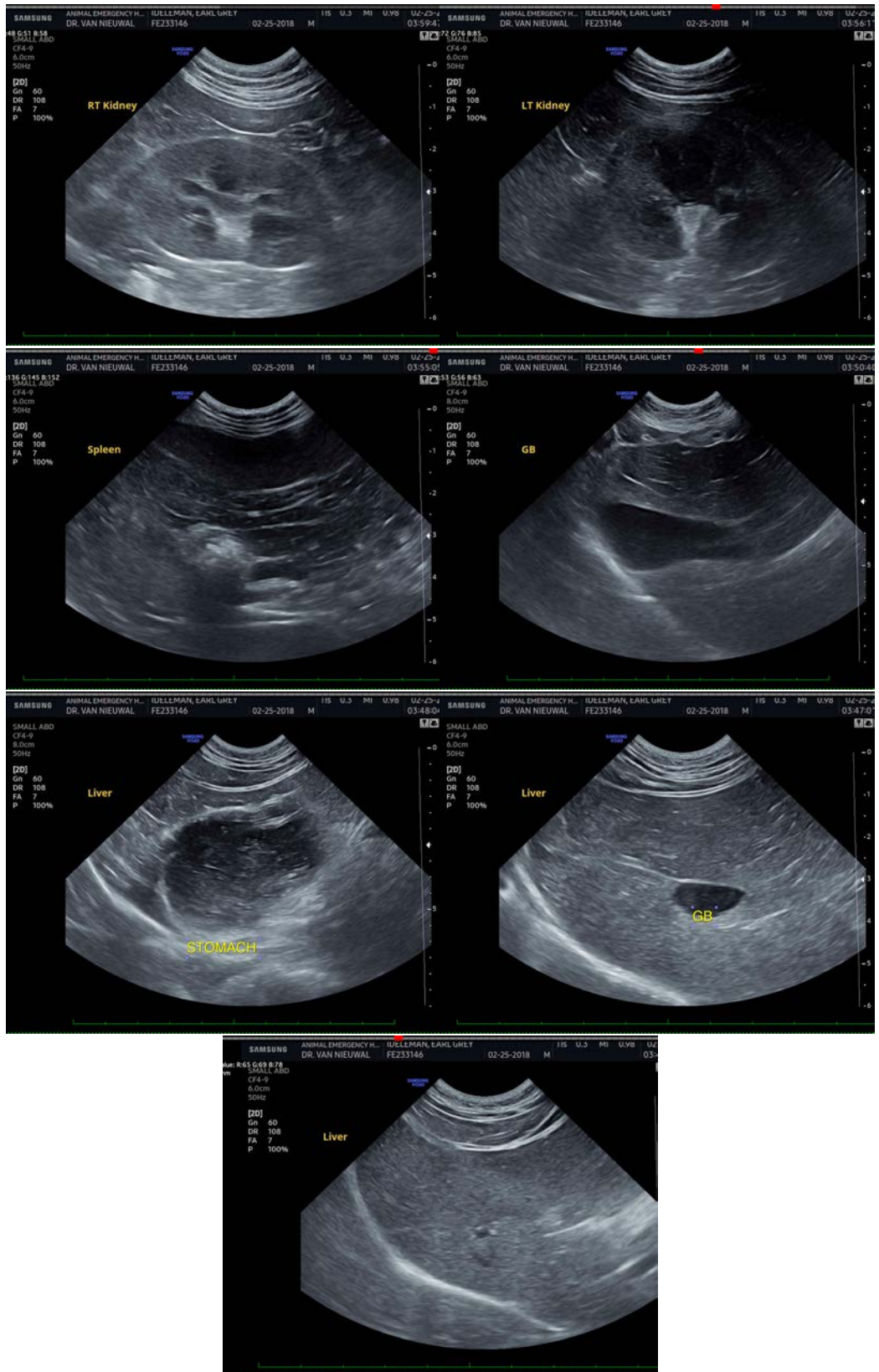
Dr. Van Nieuwal

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PATIENT

Earl Grey Idleman

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.

SPECIES

Feline

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.

BREED

DSH

Beth Johnson, DVM, DACVIM

Beth.Johnson@sonopath.com

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