

**DATE PRESENTING CLINICAL SIGNS**

8/11/22 Anorexia and vomiting.

**PATIENT** Current Medications: 8/8 Sub Q fluids, Cerenia, and Convenia injections. Mirataz transdermal.  
Lab Results: Unremarkable.

Rein Bottinger Date of Previous IntraPet Ultrasound: No previous.

**SPECIES** Sedation: 0.02 ml telazol/ 0.02 ml torb IV

Feline Stat Report: Declined.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****DSH Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Neutered Male

**AGE** 7/13/17 The right kidney is normal in size (4.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.**WEIGHT**

11.6 Pounds

The left kidney is normal in size (4.01 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

The left adrenal gland is normal in size (0.44 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Edgewood AH

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**REFERRING VET**

Dr. Wright

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

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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.

### ***Gastrointestinal***

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Most of 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. However, in the mid caudal abdomen, there is a focal small bowel loop that is mildly thick and has an early emerging loss of layering suspected, and contains a bright echogenic luminal structure with strong acoustic shadowing, consistent with foreign material. Cranial to the foreign object, the bowel is mildly dilated. The remaining small bowel is normal/empty, consistent with an early obstructive pattern developing.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

### ***Free Abdomen***

There is a scant amount of anechoic free fluid and enhanced hyperechoic fat and mesentery surrounding the abnormal bowel loop that contains foreign material.

There is no apparent lymphadenopathy noted in these images.

## **PRIMARY FINDINGS**

- Small intestinal foreign body within an abnormal thick bowel loop with loss of layering – concerning for primary infiltrative bowel disease potentially causing the foreign body. An early obstructive pattern is present, characterized by mildly dilated bowel cranial to the foreign body and a mildly fluid distended stomach.
- Chronic active pancreatitis suspected.

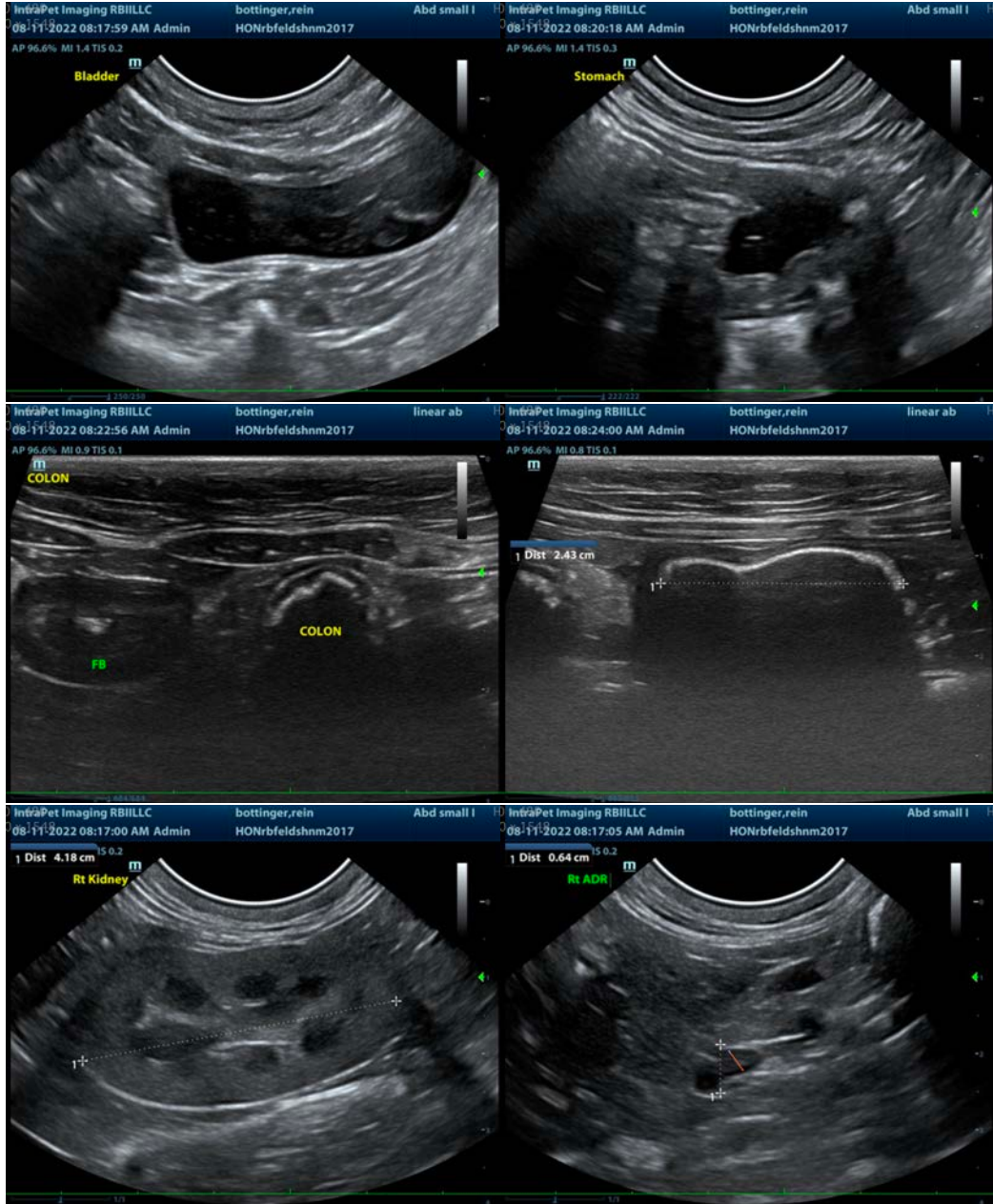
## **SECONDARY FINDINGS**

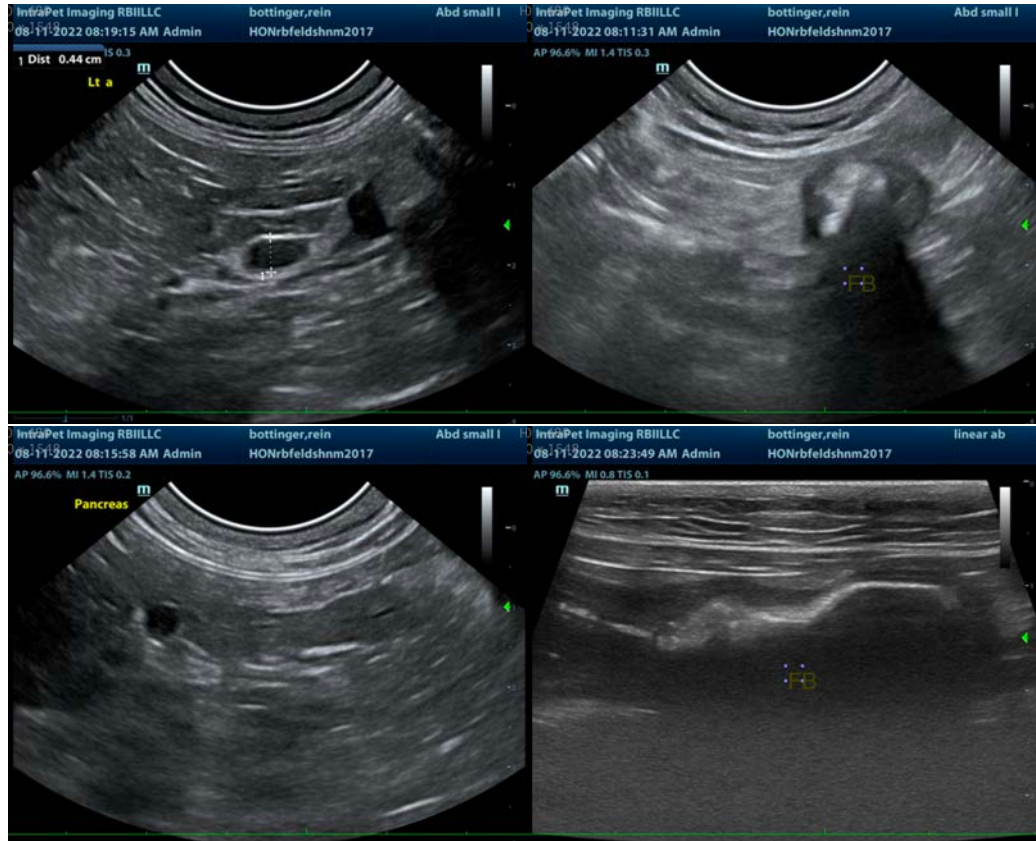
- Urinary bladder debris.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include an exploratory laparotomy for foreign body removal as well as biopsy of the affected bowel, potentially even resection and anastomosis, allowing full removal of the thickened, abnormal bowel.

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.





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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