



PATIENT

Lefty Cooley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

44228

DATE

1/16/23

PRESENTING CLINICAL SIGNS

P presents for vomiting 3 days. O suspects P ate some adhesive plastic contact paper. No eating last 24 hours. Ate small amount during day Friday, vomited a small amount of clear fluid Saturday morning in 4-5 spots. Today, didn't touch food/water but no new vomit spots

Abnormal PE/Chem/CBC/UA Results: EPOC: HCT 49 BG 359 Na 145 PE: WNL (limited due to temperament)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastric** wall was unremarkable. The gastric fundus was dilated with fluid. Some thin, very subtle linear structures were present in the gastric fundus. However, gas artifact obscured any termination. These could represent roundworms or possible linear foreign body, potentially attached to the base of the tongue. The upper duodenum was dilated with fluid. A reactive epigastric lymph node was noted measuring 5.0 mm. The distal small intestine was empty.

Pancreas

The **pancreas** was hypoechoic and irregular. A pancreatic lymph node was mildly enlarged, reactive, measuring 5.0 mm.



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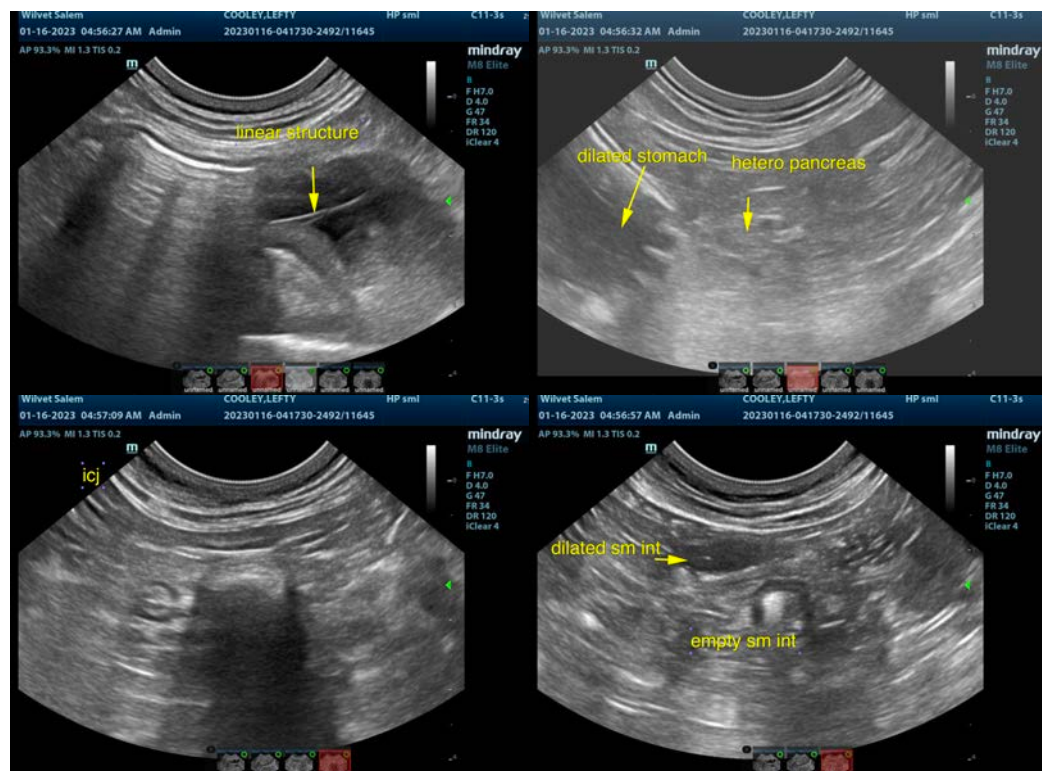
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ULTRASONOGRAPHIC FINDINGS

- Partial obstructive pattern in the GI with dilated small intestine followed by empty small intestine
- Ill-defined pancreatic changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract revealed partial obstructive pattern in the upper GI and distal small intestine. However, definitive foreign body cannot be found. The linear material in the stomach could represent foreign matter. However, roundworms or non-obstructive material could also be present. Recommend medical management, and examination of the oral cavity and base of the tongue for an attached foreign body. 8 hours NPO, fluid therapy, pain management, and recheck sonogram warranted as well.





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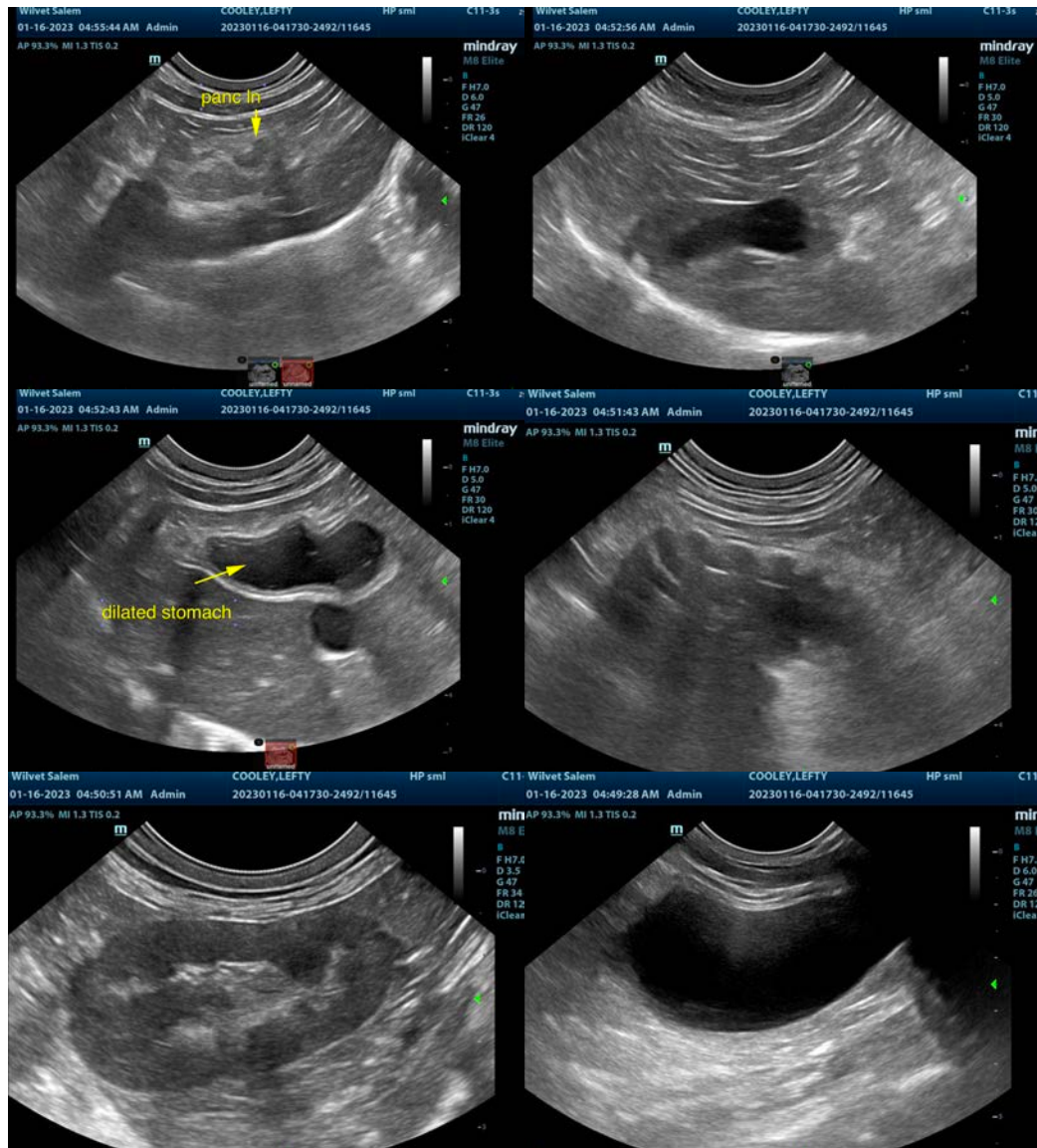
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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