

**DATE PRESENTING CLINICAL SIGNS**

1/2/22 Lethargic. Vocalization.

PATIENT

Aurora Burbey

History: Date: 01-01-2022 Notes: Had surgery 2 weeks ago to drain stomach acid but now is acting lethargic, descended stomach, vocalizing, not moving, and barely responsive Beginning of december started vomiting small amounts - vomiting blood 12/6- vomiting, x rays at rDVM- sent home on GI meds 12/7- Surgery- distended abdomen- xrays thought fabric- emergency sx - no foreign body found. extreme ileus, biopsies taken, some of the stomach appeared necrotic? Treated with sucralfate, omeprazole, buprenorphine, clavamox, mirtazapine, onsiar 12/13- full CBC/CHEM/LYTES- alt 183; WBC ct wnl Since 1 week after surgery seemed back to normal self- eating, drinking, no vomiting, defecating got e collar off- needed staples on incision O states last 3 days vomiting, tried GI meds, meowing, lethargic indoor only no hx of DI unsure FELV/FIV test

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

AGE

5/2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

6 Pounds

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.61 cm. The right kidney measured 3.85 cm.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm. The right adrenal gland was slightly enlarged at 1.09 cm x 0.88 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET****Spleen**

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

INVOICE

33928

Liver

The **liver** presented slight increased portal markings. The gallbladder and common bile duct were normal.

Gastrointestinal

The **stomach** was overdistended with mildly echogenic chyme. The gastric overdistention extended to the gastroesophageal inlet. No evidence of foreign bodies. The small intestine and colon were unremarkable and empty. Normal structure, yet aperistaltic. The pylorus was clearly visible, yet appeared to be displaced further ventrally and slightly rotated. Epigastric lymph nodes were slightly enlarged at 0.5 cm. Pyloric thickening also noted. Some mural disease is present within the pyloric wall. No loss of mural detail or foreign body. Reactive lymph node and some reactive mesentery noted in the pyloric outflow.

Pancreas

The right **pancreatic** limb was slightly hypoechoic, upper limits of normal at 9.0 mm.

ULTRASONOGRAPHIC FINDINGS

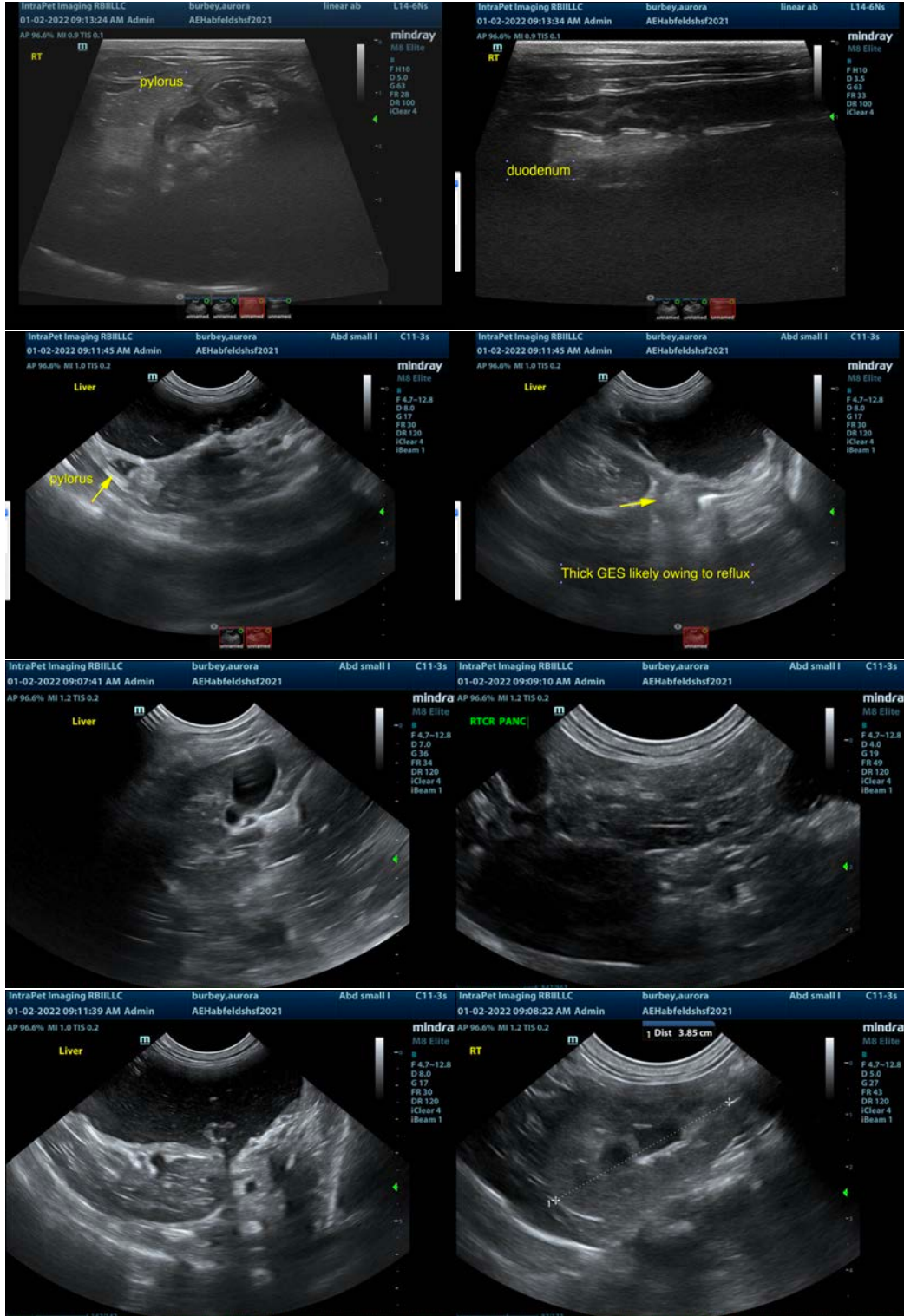
- Gastric overdistention with pyloric thickening and minor epigastric lymphadenopathy.
- Volume contracted spleen
- Slightly hypoechoic right pancreatic limb

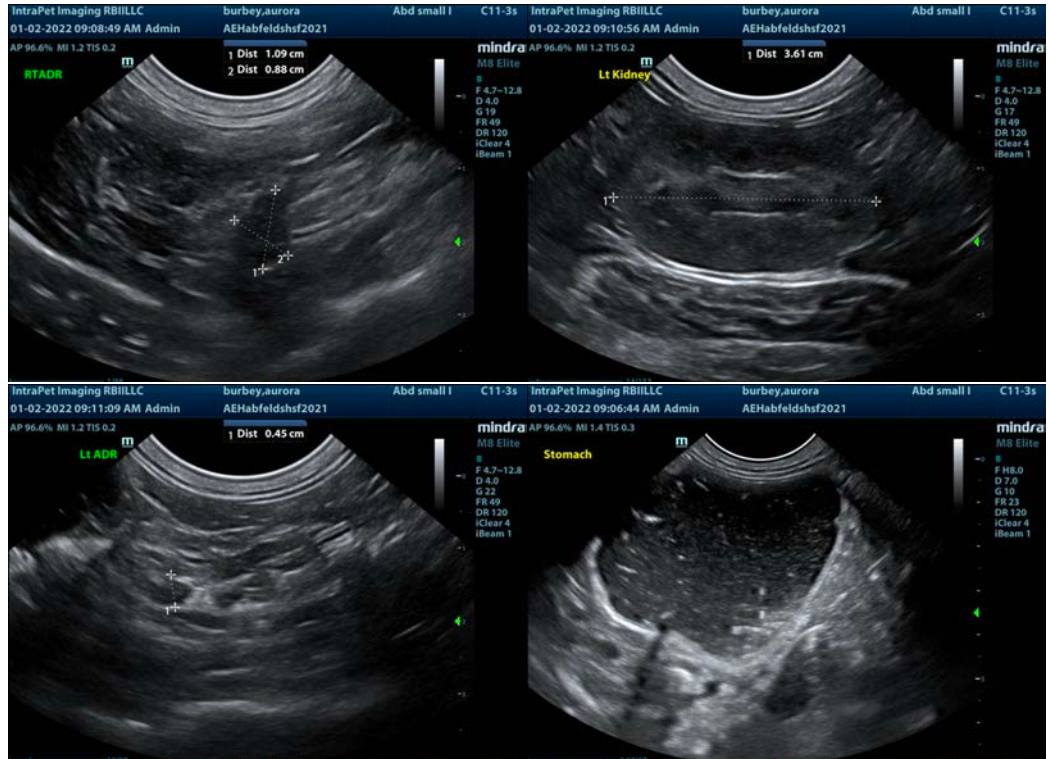
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The rotation of the pylorus may be owing to overdistention. However, pyloric dysfunction is suspected. Positioning issue may be playing a role. Recommend exploratory surgery in this patient to assess the pyloric angle. This could also be evaluated with barium study to assess if some rotation has occurred, causing pyloric dysfunction. Regardless, pyloric outflow dysfunction is present.

Gastric decompression could be considered to allow for temporary relief with medical management and recheck sonogram in 48 hours to assess if the pyloric angle has been restored and if normal pyloric outflow and outflow patterns have been restored. If surgery is to be performed, pyloric wall biopsy would be recommended to assess for underlying disease. Hydration status should be assessed, as the spleen appears volume contracted. Systemic hypovolemia may be an issue.







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.

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