**DATE**

1/26/23

**PATIENT**

Freya Donelson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

9/30/22

**WEIGHT**

3.5 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Saubier

**INVOICE**

42344

**PRESENTING CLINICAL SIGNS**

Referral 1/21 - post op surgery - Resection and anastomosis. Was given Convenia injection following surgery. Admitted to AEH 1/22 post - op. Mild anemia in hospital PCV 26% at discharge K 3.4 Was eating in hospital and discharged 1/24 in the afternoon. Medications dispensed: Maropitant Fenbendazole Buprenorphine Ondansetron Metronidazole Owner having trouble giving meds. No vomiting or diarrhea. Has urinated but not defecated since going home.

Current Medications: Vitamin B, Omeprazole, Ondansetron, Gabapentin.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**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 was noted. Ureteral papillae were normal.

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. Slight pinpoint mineralization was noted. The left kidney measured 3.05 cm. The right kidney measured 3.28 cm.

**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.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** revealed slightly increased portal markings. The gallbladder wall was slightly echogenic.

**Gastrointestinal**

The **stomach** was severely over distended with dependent and suspended debris. Gastric dilation was noted and measured 6.0 cm in diameter. The upper gastrointestinal tract revealed severe gastric dilation with chyme that continued through the pylorus into the majority of the small intestine. The dilation was followed to a distal portion of small intestine that is presumed to be jejunum in which regional mixed echogenic adhesion pattern followed by empty small intestine. The pylorus was patent, yet filled with chyme. The colon was free of evident pathology. The ileocecal junction revealed reactive lymph nodes measuring up to 0.44 cm.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Free Abdomen**

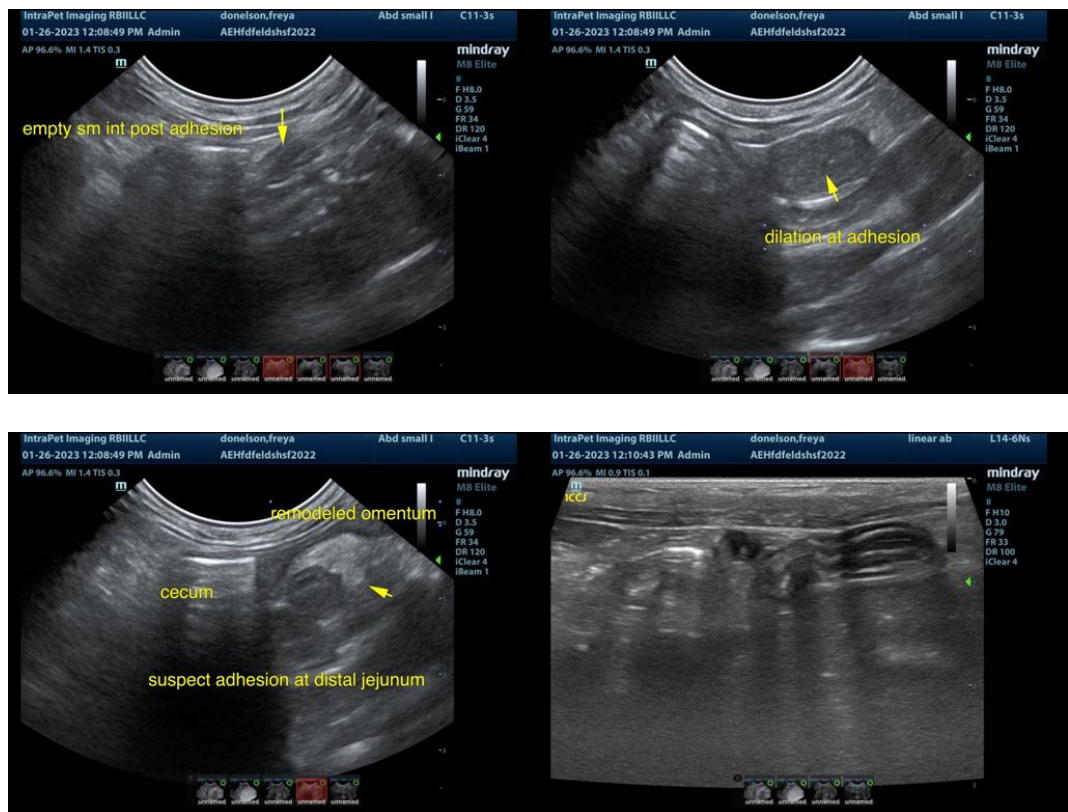
A trace amount of free fluid was noted.

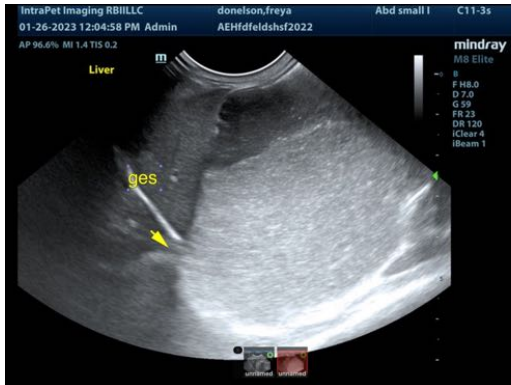
### **ULTRASONOGRAPHIC FINDINGS**

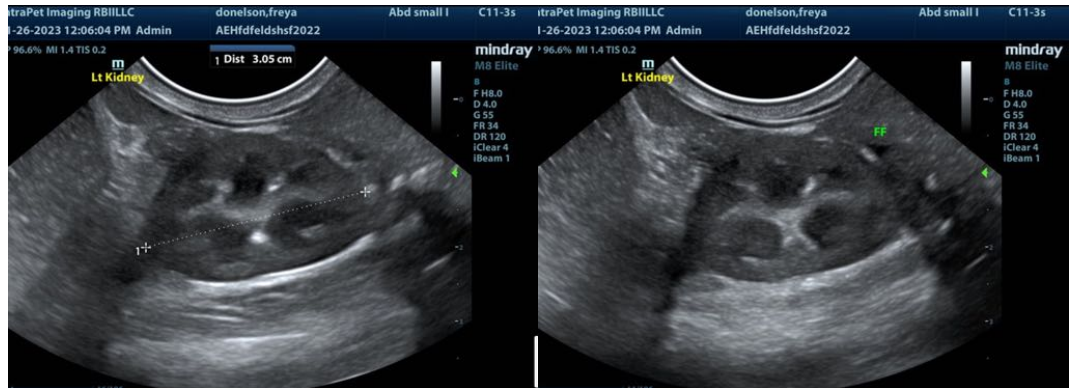
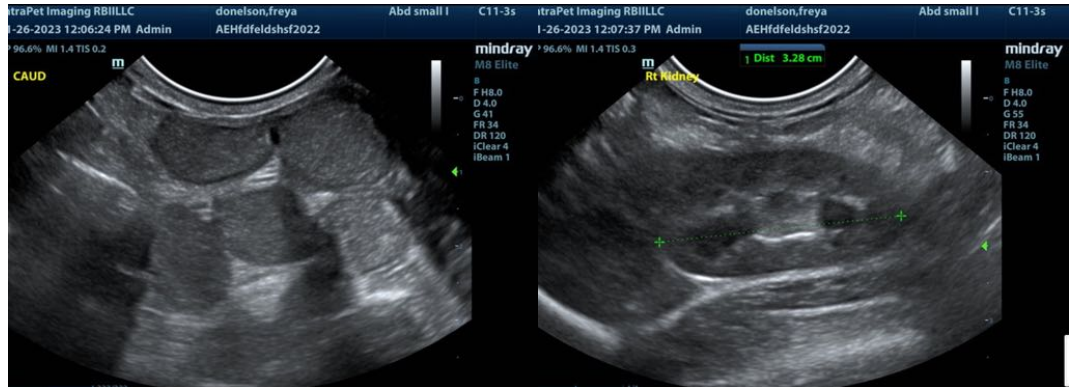
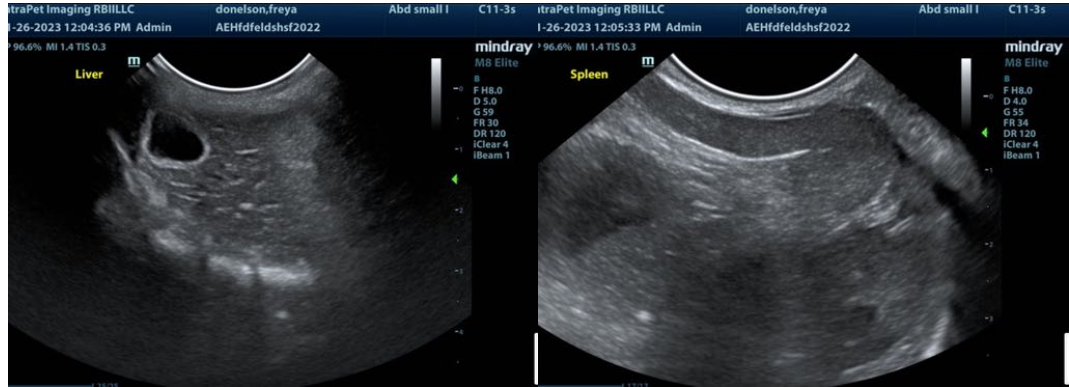
Obstructive small intestinal pattern, suspect adhesions.

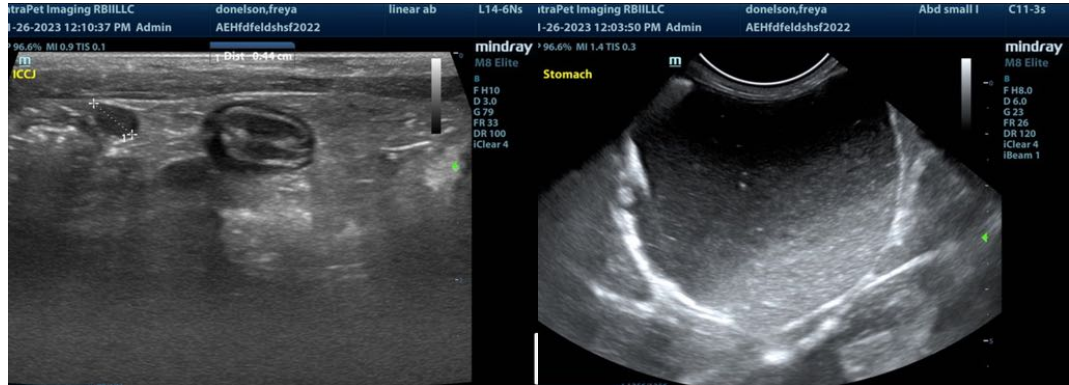
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt foreign body, but this cannot be completely ruled out. Surgical exploratory is recommended.









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  
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