**DATE**

1/26/23

PATIENT

Paddington Vogt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5/25/20

WEIGHT**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME****REFERRING VET****INVOICE****PRESENTING CLINICAL SIGNS**

Vomited string he ate off of curtains and pieces of wicker basket. 2 days ago. Concerned for blockage as his appetite is not normal. Vomited large amounts past few days DI: - Curtains- cord - String - Wicker basket No defecation since Sunday evening Diet: Paddington Eats Purina Pro Plan Sensitive Stomach Lamb & Rice Or Turkey & Oat Varieties. We Go BackAndForth Because He'S Super Picky. He'LI Also Eat Instinct Freeze Dried Chicken Food. He Refuses Wet Food Lately Treats: Occasionally Petco'S Whole Hearted Treats And Churu Tubes But His Stomach Is Sensitive So Not Often Or Recently AEH 5/20/22 Ingested string mask FB- induced vomiting with dexmedetomidine- very sleepy- gave antisedan, gave maropitant, monitored for GI signs. Current Medications: None listed.

Radiographs: stomach thickened and small, possible fragments of material in stomach Stool in colon- possible foreign material in colon GIT- no major plication or evidence of foreign material- do not like SI bubbles in cranial abdomen on lateral Cannot rule out obstruction Recommended IVF, repeat xrays - o declined 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. The left kidney measured 3.76 cm. The right kidney measured 4.18 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. The left adrenal gland measured 0.51 cm and the right adrenal gland measured 0.49 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Intestinal wall thickness measured up to 0.31 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measured up to 1.22 cm.

Pancreas

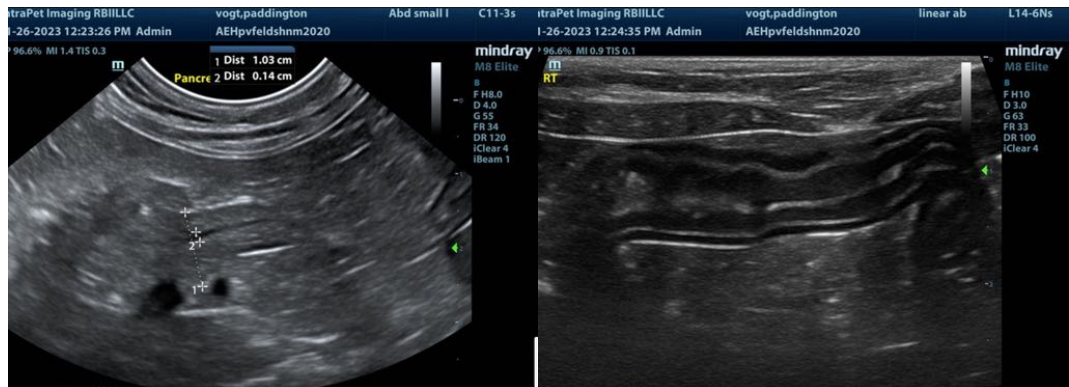
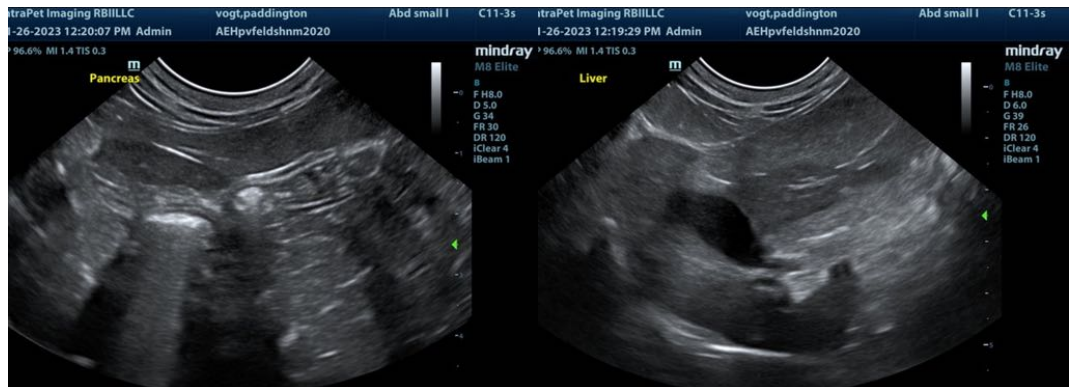
The **pancreas** was prominent in the right limb with a dilated duct that measured 0.22 cm. The pancreas measured 1.07 cm in width. The right pancreatic limb measured 1.03 cm. Subxiphoid palpation is recommended.

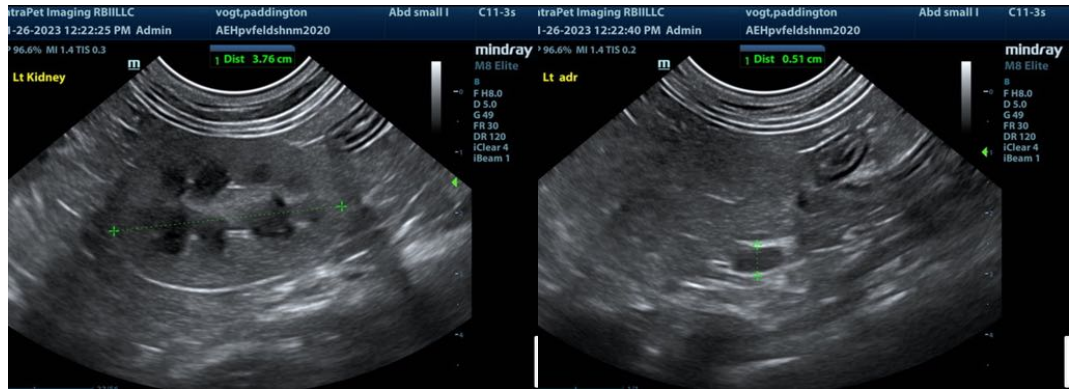
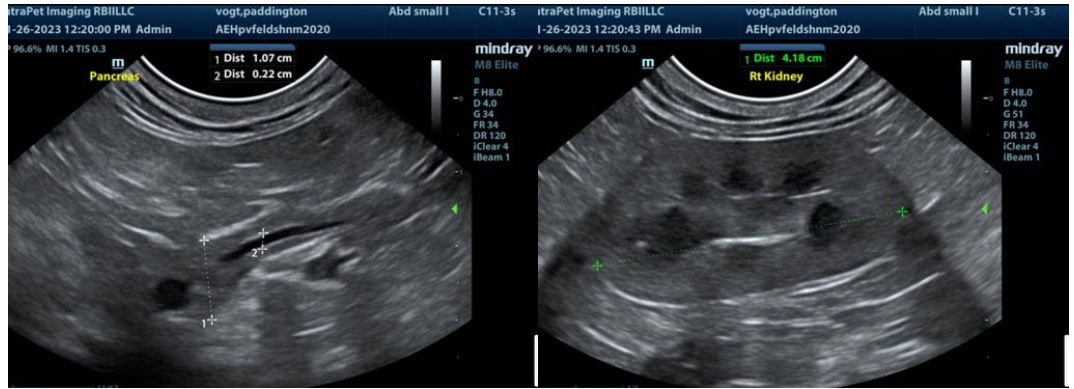
ULTRASONOGRAPHIC FINDINGS

Mild intestinal thickening, no evidence of foreign body or neoplasia.
Prominent pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory bowel with low-grade pancreatitis is likely in this patient. Supportive care should prove effective. Subxiphoid palpation is recommended. Long term management with hydrolyzed diet may be in this patient's best interest. Fecal exam 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.

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