

**PATIENT**

Leroy Calderon 56239

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 6 Months

**WEIGHT**

4.29 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison VS -  
Dr. Maller**INVOICE**

44573

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

Leroy presented to the MVS Emergency Service on Jan 27, 2023, at 12:40pm, for evaluation of possible foreign body. Over the last 7 days Leroy has had a decreased appetite. Yesterday morning he refused to eat and the little bit that owner coaxed him to eat he vomited back up with some pieces of string. Leroy vomited 2 more times during the day yesterday and last night owner offered wet food that Leroy ate but then vomited up after about 30 minutes. Leroy is known to eat things he shouldn't.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Mildly tense and uncomfortable on abdominal palpation; thickened loops palpated HCT 53.1, remainder of chemistry and CBC WNL

**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 2.0 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 3.53 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.33 cm.

**Spleen**

The **spleen** was mildly enlarged (1.05 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Mild enlargement owing to sedation is also possible.

**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 **stomach** was dilated with fluid, as was the upper duodenum. The jejunum revealed a shadowing 1.0 cm x 1.2 cm foreign body with other material, followed by empty small intestine. Smaller foreign bodies also noted. The portion of intestine of intestine where the foreign body is located revealed reactive

**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Leroy Calderon 56239

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 6 Months

**WEIGHT**

4.29 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison VS -  
Dr. Maller

**INVOICE**

44573

**DATE**

1/27/23

mesentery in the region, concerning for emerging peritonitis. Minor areas of thickened bowel noted. Reactive mesenteric lymph nodes noted, measuring 1.3 cm x 0.41 cm.

**Pancreas**

The **pancreas** presented mild irregular contour, hypoechoic. Normal width at 0.50 cm. No overt evidence of inflammation.

**Free Abdomen**

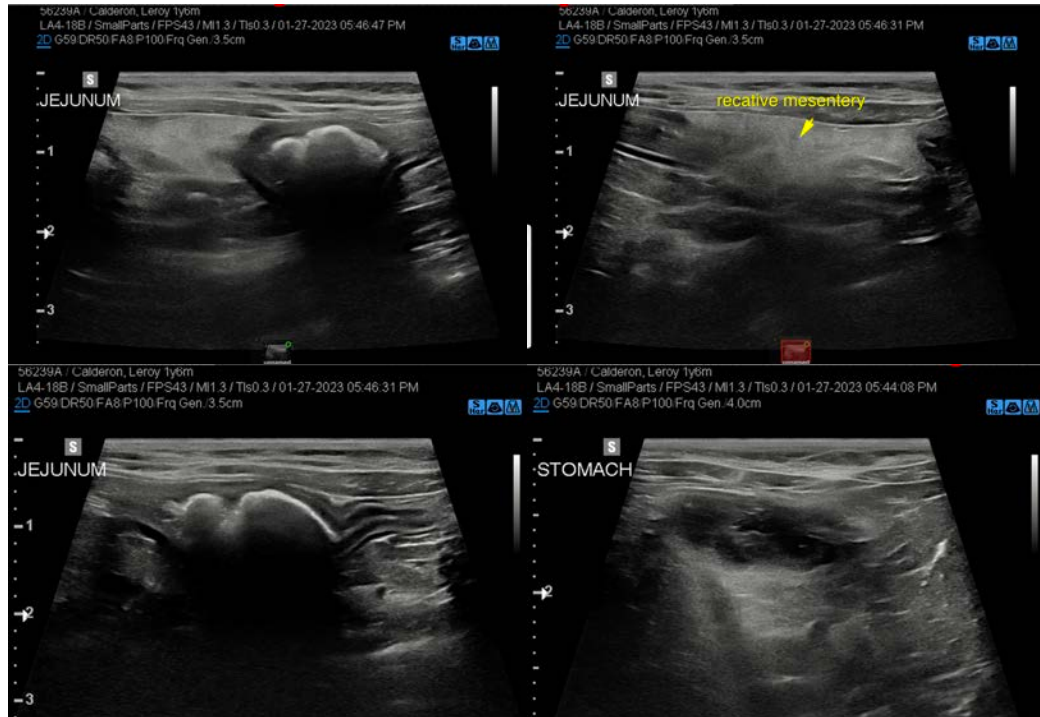
Minor amount of free fluid noted in the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Jejunal foreign body obstruction with variable small intestinal thickening
- Slight regional reactive mesenteric lymph nodes.
- Possible low-grade pancreatic inflammation, yet changes were minor
- Mild splenic enlargement
- Minor free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Enterotomy, intestinal biopsies, lymph node biopsy all indicated. Inspection of the pancreas warranted.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Leroy Calderon 56239

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 6 Months

**WEIGHT**

4.29 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

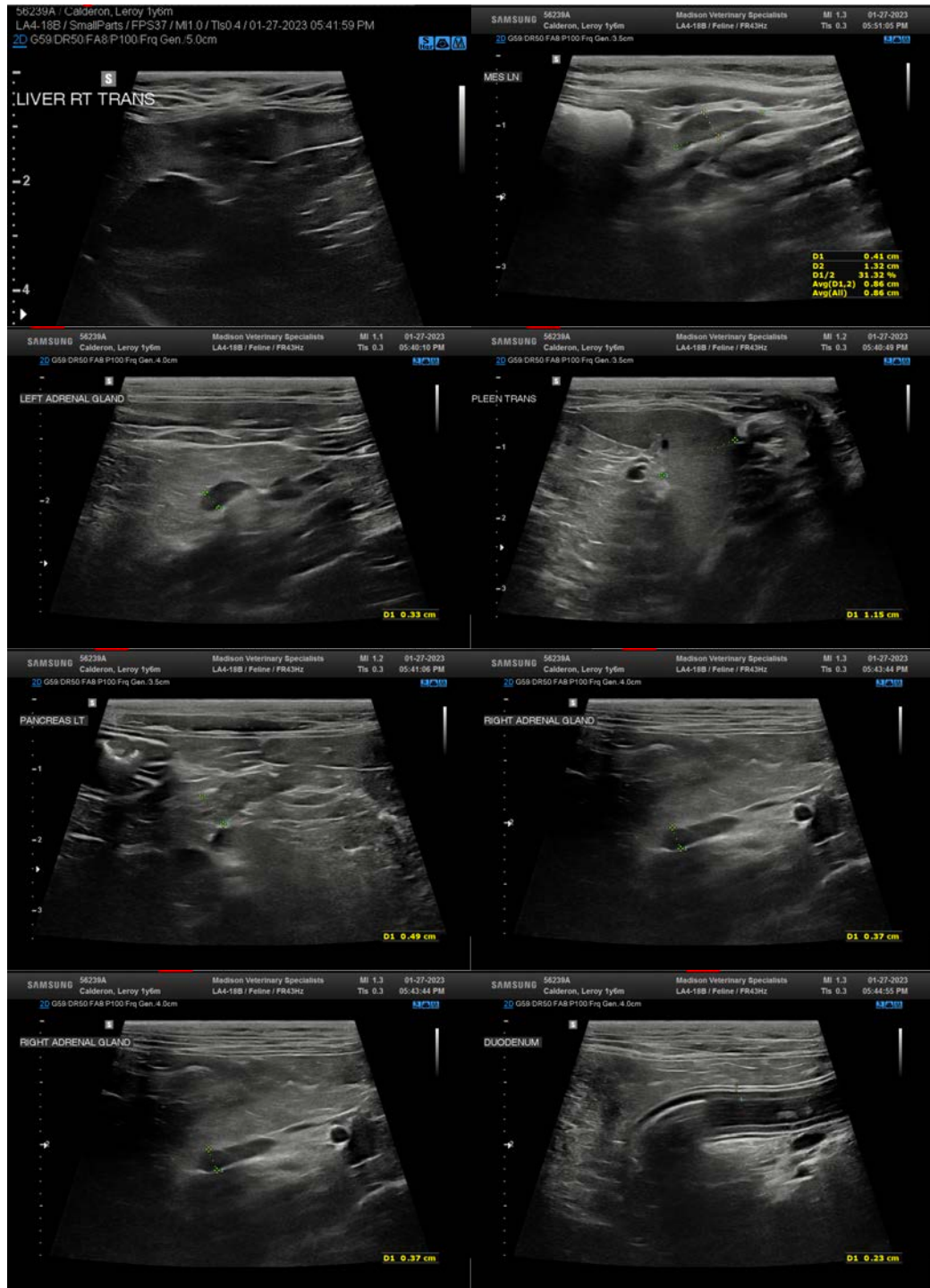
Madison VS -  
Dr. Maller

**INVOICE**

44573

**DATE**

1/27/23



**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Leroy Calderon 56239

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 6 Months

**WEIGHT**

4.29 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison VS -  
Dr. Maller

**INVOICE**

44573

**DATE**

1/27/23



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

[info@SonoPath.com](mailto:info@SonoPath.com)