

PATIENT PRESENTING CLINICAL SIGNS

Tulio Belifield Persistent weight loss and vomiting. WBC 26.3; Amylase 2300 *Sedated with dexdomitor

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline 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 **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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.53 cm with trace pyelectasia. The left kidney measured 3.31 cm with slight pinpoint mineralizations.

AGE 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 0.36 cm. The left adrenal gland measured 0.38 cm.

WEIGHT Spleen

The **spleen** spleen was folded upon itself caudally, yet 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 were noted.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING BY

Pamela Harrigan, RDCS

Liver

The **liver** presented slight coarse architecture and increased portal markings. Trace free fluid noted between the liver lobes. The gallbladder was unremarkable.

HOSPITAL NAME

East Boston AH

Gastrointestinal

REFERRING VET

Dr. Raman Chopra

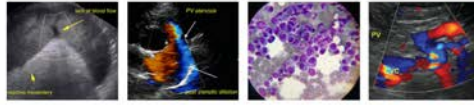
Gastric stasis was noted without structural detail. The pylorus was patent. The mid jejunum in this patient revealed foreign matter measuring approximately 1.5 cm with reactive surrounding mesentery associated with some areas of loss of mural detail. Minor stasis pattern noted prior to the obstructing material.

INVOICE Pancreas

26159 The **pancreas** presented minor heterogeneous changes, yet no significant level of pancreatitis.

DATE

10/9/21



PATIENT *Free Abdomen*

Tulio Belifield Trace free fluid noted adjacent to the spleen. Reactive mesentery noted in the mid abdomen that may be extending to the pancreas.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Feline
 - 1.5 cm jejunal foreign body with minor stasis pattern and unhealthy surrounding bowel with reactive mesentery

BREED

- Minor free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

SEX

Neutered Male

Recommend surgical intervention with expectation towards resection and anastomosis and GI biopsies to rule out underlying disease. However, ideally immediate sonogram would be performed just prior to surgery as the foreign body may have moved further distally. Regardless, intestinal are essential in this case. Underlying disease is suspected.

AGE

2 Years

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

WEIGHT

10.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS

IMAGING BY

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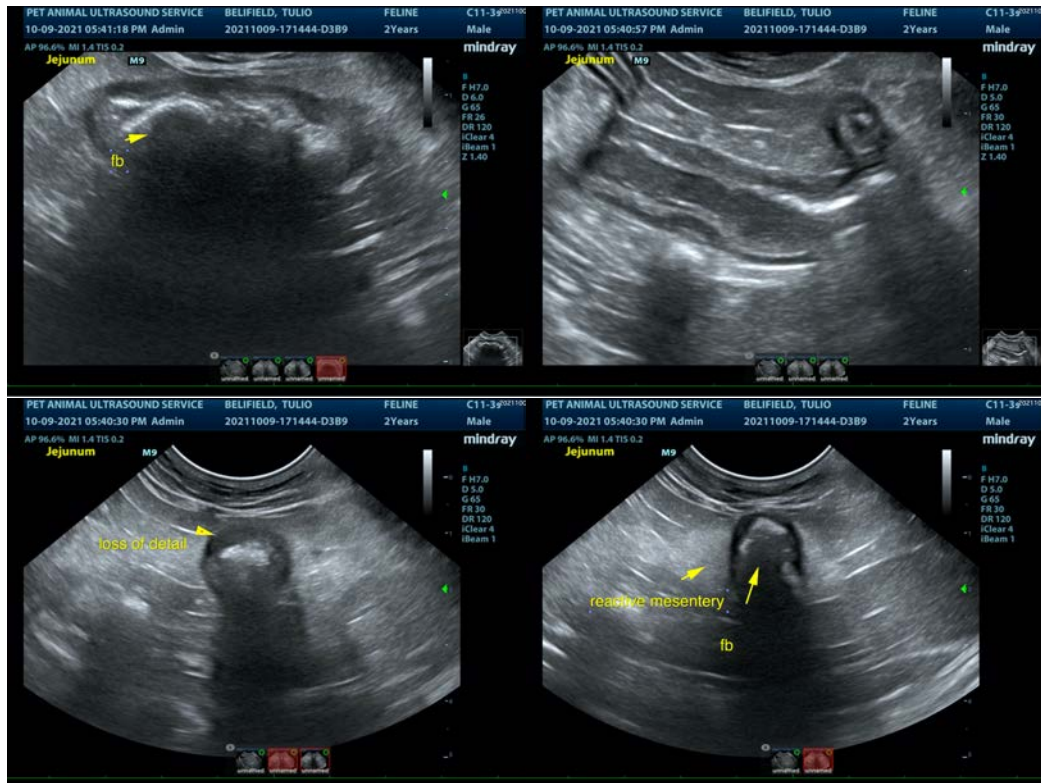
Dr. Raman Chopra

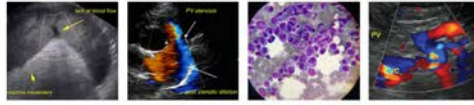
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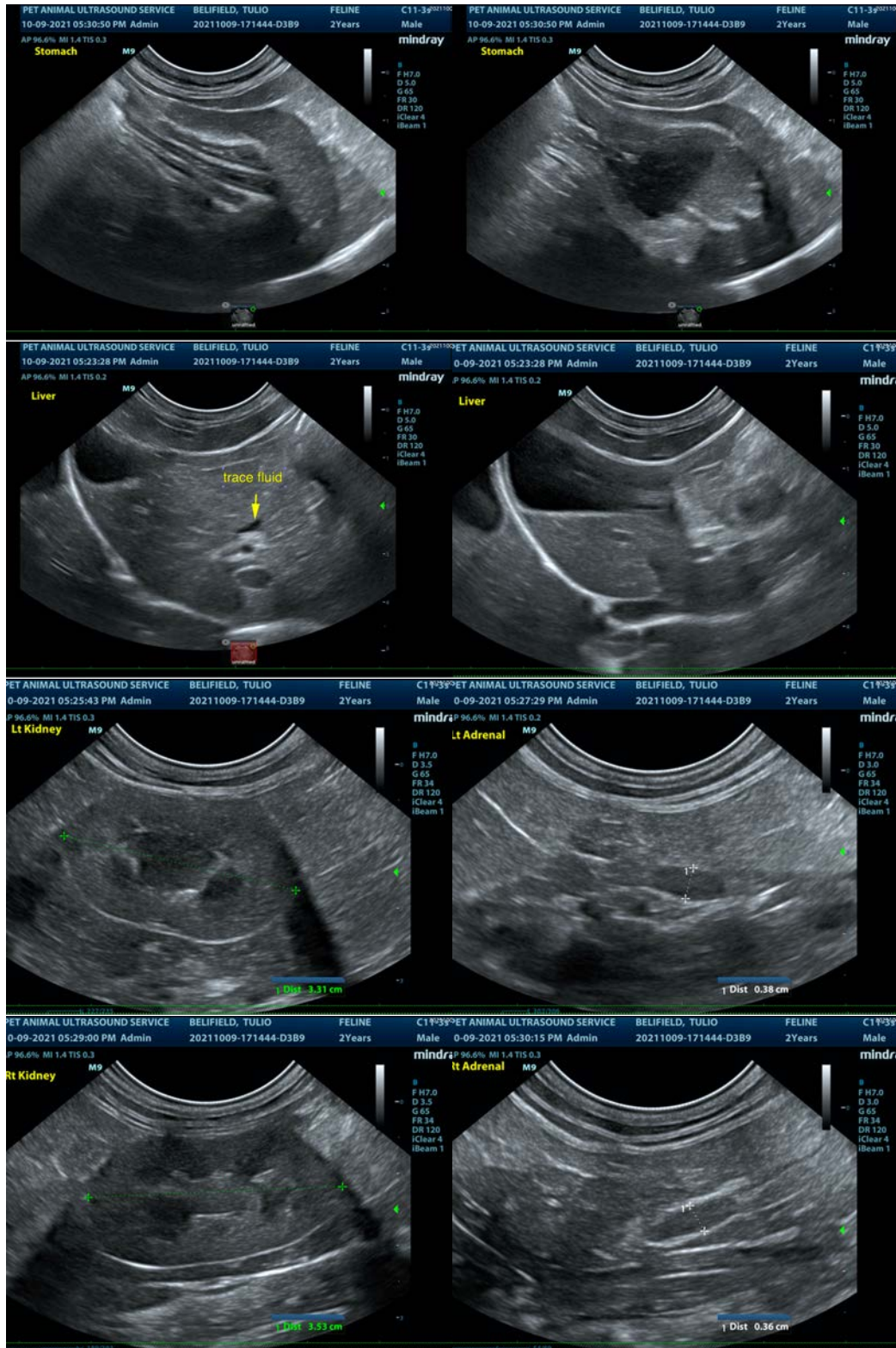
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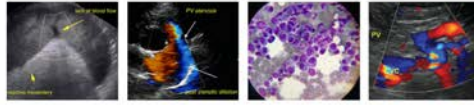
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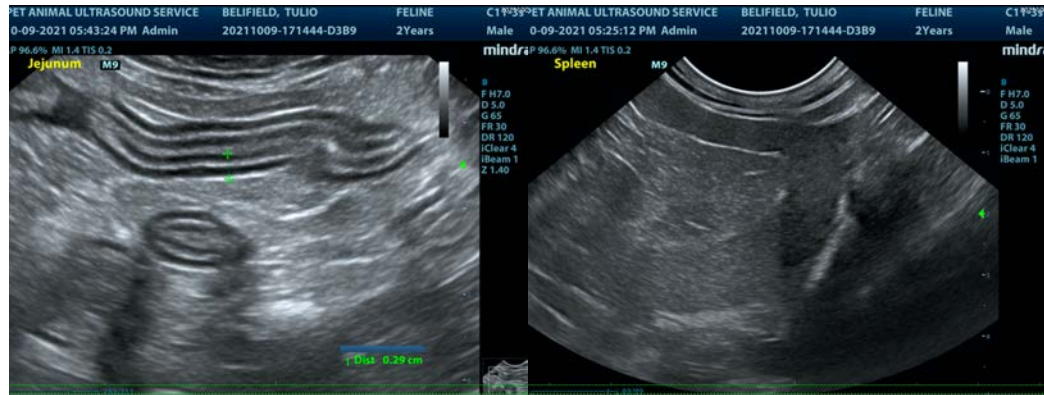
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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