**DATE PRESENTING CLINICAL SIGNS**

11/11/22

Decreased eating, vomiting since 11/10/22.

Current Medications: Cisapride 0,5mL, Metoclopramide 1.8mL (5mg/mL), Lactulose 2.5mL, Cerenia 16mg ½.  
Lab Results: NSF.**PATIENT**

Minerva Conrad

Radiographs: Full stomach despite not eating, bunching of intestines, dual-population bowel.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Ragdoll

**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.**SEX**

Spayed female

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. Hyperechoic medullary rim sign was noted. The right kidney measured 3.32 cm. The left kidney measured 3.17 cm.**AGE**

1/11/22

**WEIGHT**

7 lbs

**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.**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Mengers

**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.**INVOICE**

42450

**Gastrointestinal**The **gastrointestinal tract** revealed luminal material that continued from the pyloric outflow to the mid to distal small intestine with secondary intussusception formation. Minor upper GI stasis was noted followed by empty small intestine. This is consistent with foreign body obstruction. Regional inflammation was noted. A slight amount of free fluid was noted.

### **Pancreas**

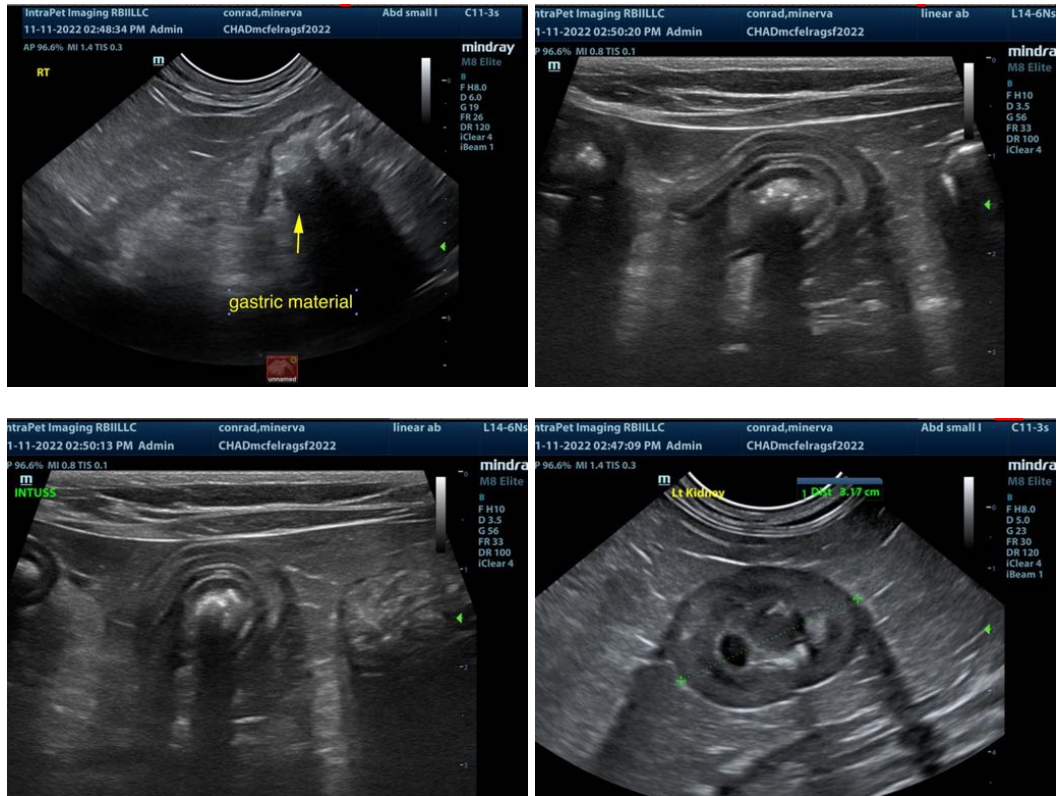
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

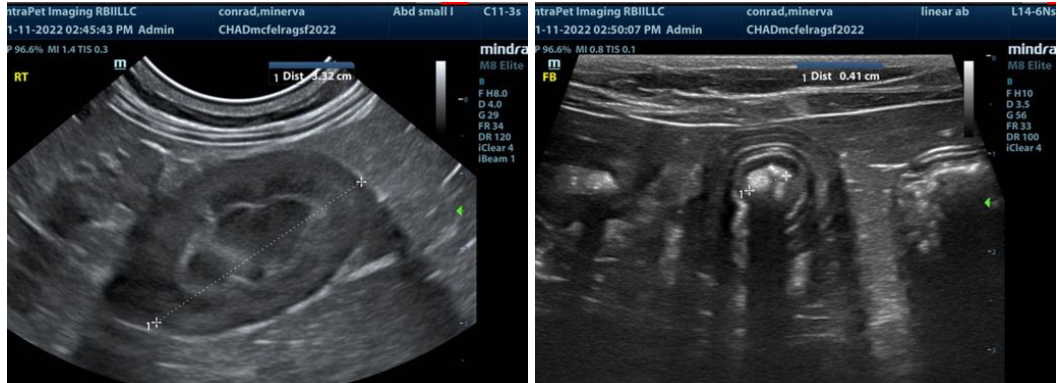
### **ULTRASONOGRAPHIC FINDINGS**

GI foreign body with free fluid.

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

Immediate exploratory surgery is warranted. GI biopsies are indicated to rule out underlying disease. The intussusception is likely manually reducible. This is likely carpet, string or similar material. This is a surgical emergency.





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  
Eric.Lindquist@SonoPath.com