

**DATE**

12/14/21

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating; Drinking Less; Vomiting; Painful. Date: 12-12-2021 Notes: pc: not eating, not drinking, vomiting, painful ATO: normally very active; got castrated on Friday. No abnormalities up until this am at 3:30--vomited and began crying. No foreign material was in the vomit; began as bile, and foamy. Hasn't eaten or drank. Crying has increased, seems uncomfortable, move vomit as the day went on. Assessment: Acute vomiting, abdominal pain. Plan: Reviewed history with owner, elect to start with xrays. Reviewed xrays, concern for plication of small intestine indicative of linear FB. I recommend hospitalization, IV fluids, pain management, repeat xray in 8-12 hours and may need to proceed to surgery if still abnormal gas pattern.

PATIENT

Izzy Roach

Current Medications: Buprenex, Unasyn, Cerenia.

SPECIES

Feline

Lab Results: Attached separately.

BREED

Siamese Mix

Radiographs: Xray Abdomen 2 View Lat and V/D abdomen- stomach empty but small intestines very bunched to possibly plicated, concerned for linear FB. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

8/12/21

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.

WEIGHT

6.84 lbs

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 3.7 cm. The right kidney measured 3.98 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

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 NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Goessling

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

94610

Gastrointestinal

The **gastrointestinal** lumen was empty. The curvilinear patterns were maintained. Slight areas of muscularis hypertrophy was noted. Soft stool was noted in the colon. Epigastric lymph node was slightly enlarged and measured 0.97 x 0.7 cm. The mesenteric lymph node was enlarged and measured 1.4 x 0.85 cm. this is consistent with a reactive pattern.

Pancreas

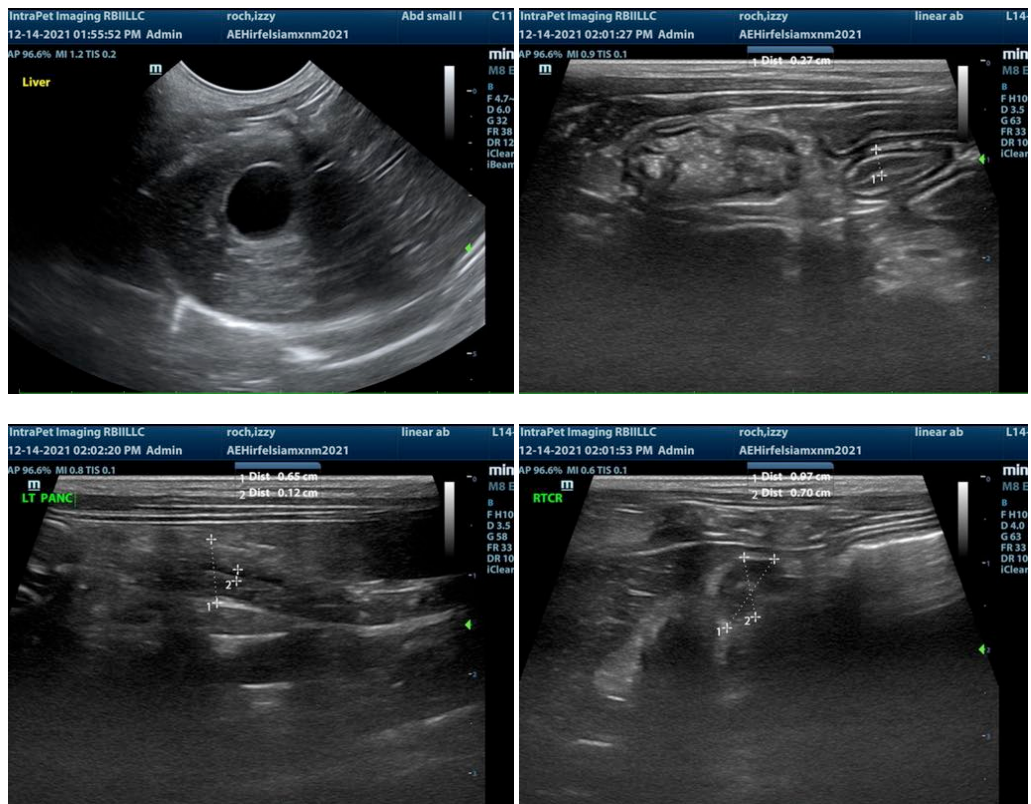
The **pancreas** was normal in size and measured 0.65 cm with minor duct dilation that measured 0.12 cm.

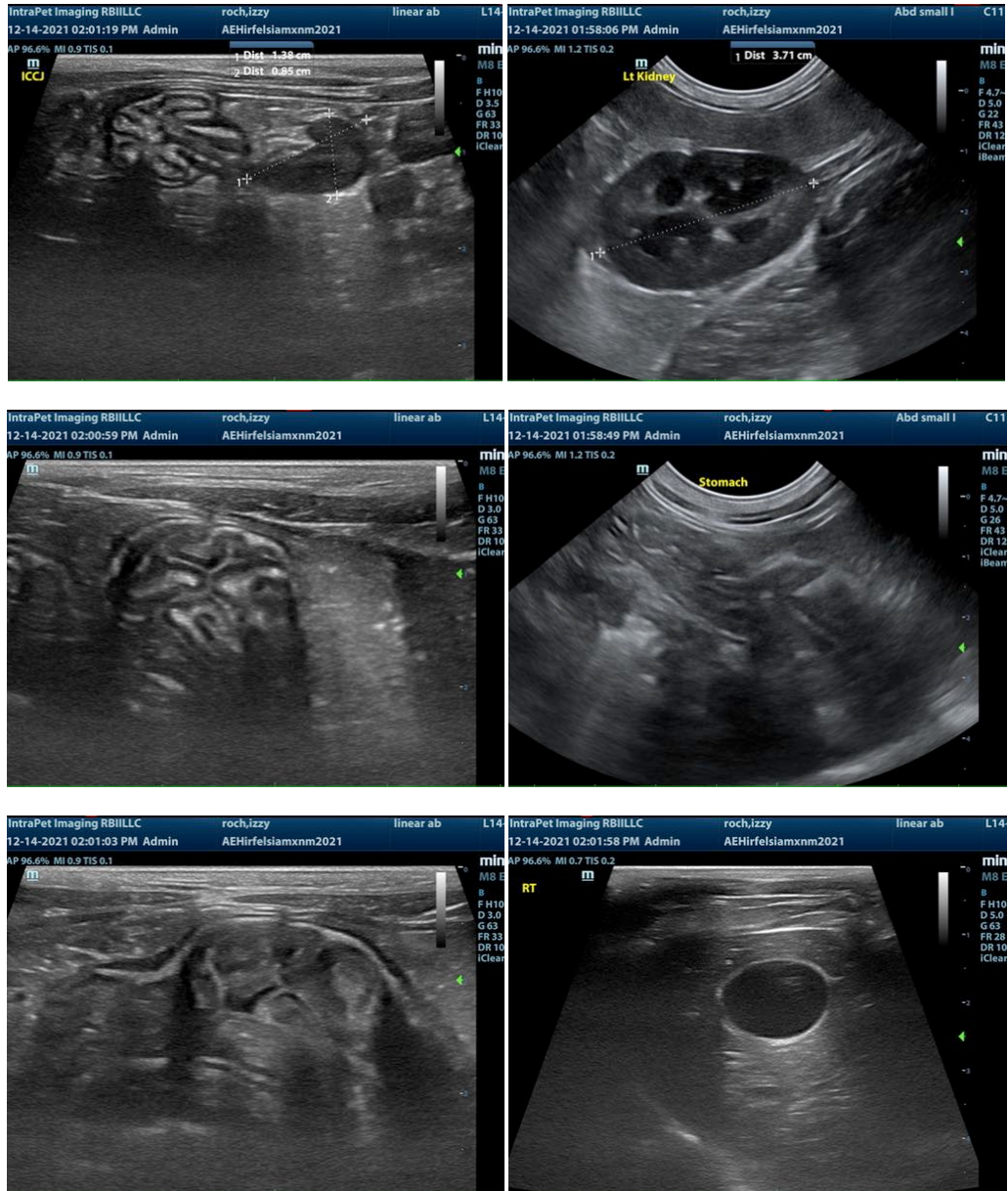
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening.
- Mesenteric and epigastric lymphadenopathy.
- Inflammatory bowel with reactive lymph nodes is likely.
- Irregular pancreas, suggestive for pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying parasitism, food intolerance or similar should be considered. Irregular pancreas would suggest pancreatitis. There was no evidence of foreign body. Infectious agents such as Bartonella and Toxoplasmosis should be considered. IV fluid support, pain management and broad spectrum antibiotics are indicated. Anti-parasitic protocol is also 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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