

**DATE PRESENTING CLINICAL SIGNS**

12/28/21

PATIENT

Luna Payne

History: Anorexia/vomiting beginning around 12/15/2021. Initial examination showed no evidence of GI obstruction and blood chem was WNL, but cat does have a history of dietary indiscretion. Cat was treated symptomatically with fluids and Cerenia, Famotidine and some interest in food returned but not to a normal level. Cat again developed anorexia on 12/24/2021 and then vomiting 12/26. Physical examination N/R but radiographs show more gaseous pattern to the small intestines but no FB or obvious obstruction. Owners currently out of town with family emergency.

SPECIES

Feline

Current Medications: 12-17-2021: SQ fluids, 12-17-2021: SQ fluids, Cerenia (in clinic and dispensed), Pepcid AC (in clinic and dispensed).

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

DSH

Sedation: Not required for a full diagnostic ultrasound/declined.

Stat Report: Requested.

SEX

Spayed Female

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.

AGE

5/10/16

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 right kidney measured 4.24 cm. The left kidney measured 3.87 cm.

WEIGHT

14.7 Lbs.

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

The **left adrenal gland** was 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 0.43 cm.

IMAGING PERFORMED BYStephanie Pearce
RDCS, RVT

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

HOSPITAL NAME

Fork VH

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.

REFERRING VET

Dr. Doherty

INVOICE

13190

Gastrointestinal

The **stomach** itself was unremarkable. The distal small intestine revealed shadowing foreign matter with reactive surrounding mesentery. Dilated loops of small intestine noted with minor variable thickening. Reactive mesentery was noted associated with the small intestinal partial obstruction.

Pancreas

The **pancreas** was hypochoic and irregular, measuring 1 cm.

ULTRASONOGRAPHIC FINDINGS

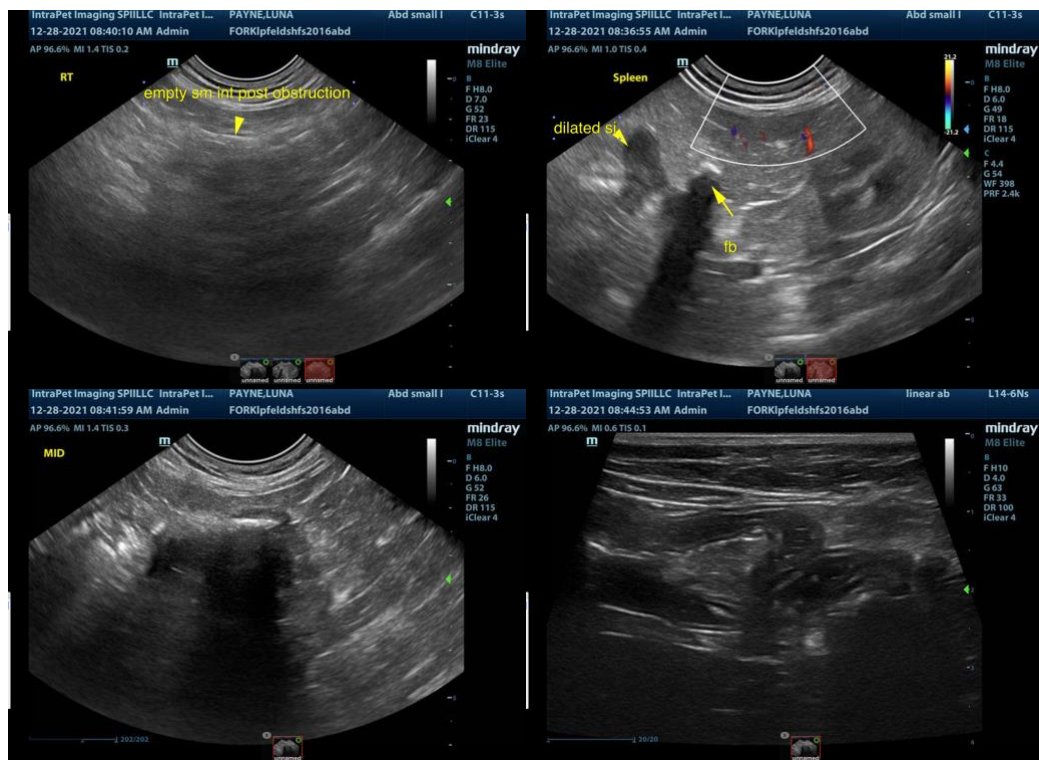
- Soft shadowing foreign matter in the distal small intestine, partial obstruction
- Volume contracted spleen
- Hypochoic pancreas

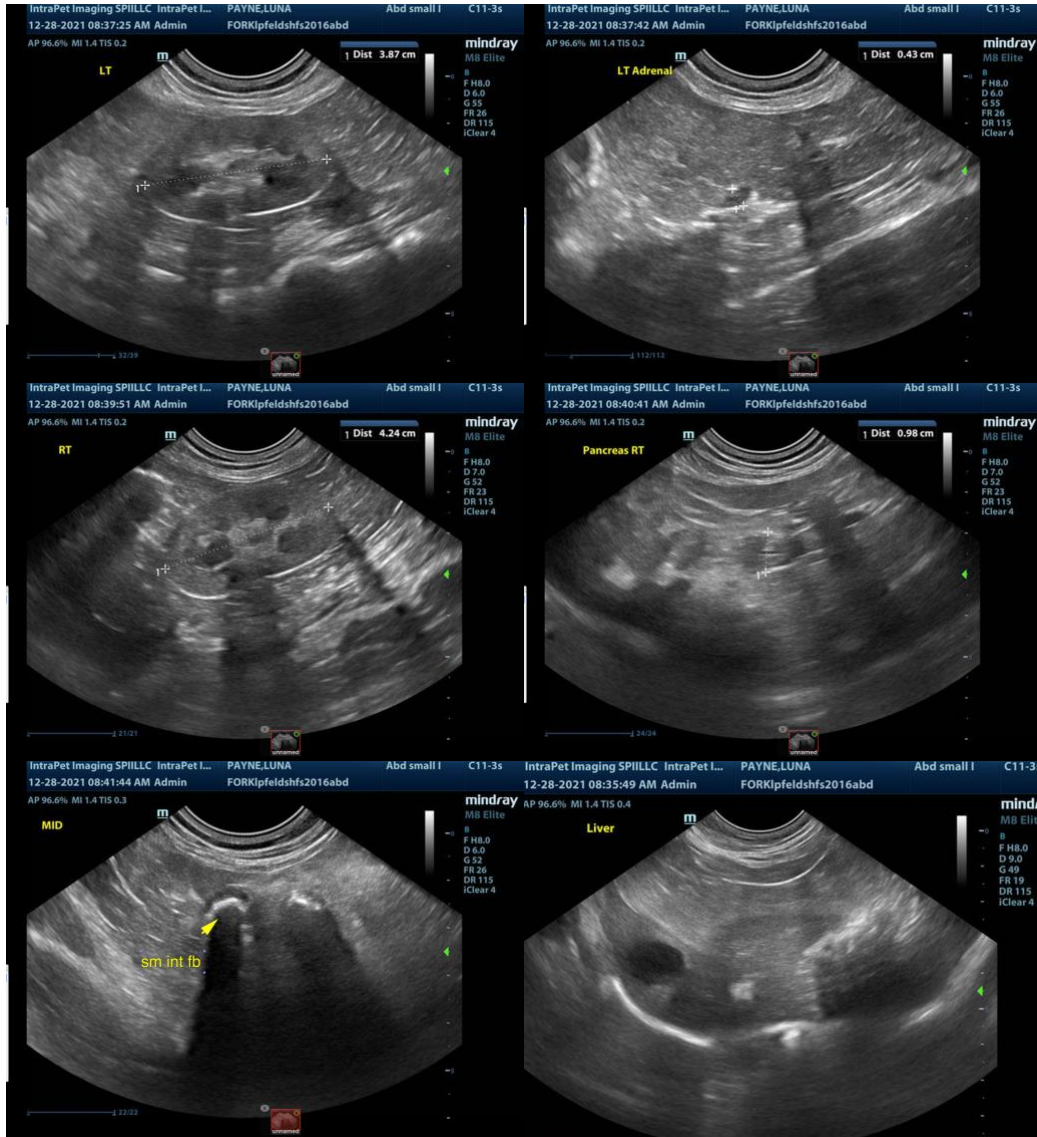
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empty small intestine also present, completing the obstructive pattern.
I recommend exploratory surgery with GI biopsies to rule out underlying disease.

GI Foreign Body Research

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.





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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