

**PATIENT PRESENTING CLINICAL SIGNS**

**BREXIT CORMACK**  
O called Christmas day after cat stopped eating and started vomiting violently- fluid. This persisted into Boxing day and then took x-rays (didn't see surgical lesion at the time when reviewed by radiology) as well as a CBC and Chemistry and a snap FLP (all were within normal limits) Is indoor cat with no hx of vomiting or cough. stopped vomiting after being given Cerenia that night- still hasn't vomited almost 48 hrs later, but still wont eat and is lethargic. not febrile, tachycardic on exam today and possibly a bit nauseous Concern for FB v enteritis

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Tachycardic, possibly nauseous, not febrile, bright and alert, pink moist mm CBC CHEM snap fpli wnl on boxing day.

X-Rays Conclusion 1. Suspect enteritis due to nonspecific etiologies. Systemic disease such as pancreatitis can cause bowel atony resulting in a similar radiographic change. 2. Constipation. 3. Hypovolemia in an otherwise unremarkable thorax.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

7.5 Years

**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.

**WEIGHT**

7.5 kg

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 kidneys measured 4.0 cm each.

**INTERPRETED BY**

Eric 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. The left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.40 cm.

**IMAGING PERFORMED BY**

Dr. Laura Field

**Spleen**

**HOSPITAL NAME**

Westview Vet Hospital

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 were noted.

**REFERRING VET**

Dr. Laura Field

**Liver**

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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.

**DATE**

12/28/22



**PATIENT**

Brexite Cormack

**SPECIES**

Feline

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DLH

**SEX**

Neutered Male

**AGE**

7.5 Years

**WEIGHT**

7.5 kg

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**Gastrointestinal**

The **stomach** was empty. Macroscopically, the gastric wall was unremarkable. Portions of small intestine were dilated and hyperperistaltic. Reactive mesentery noted associated with the portions of dilated small intestine. The distal small intestine revealed a luminal foreign body (approx. 1.3 cm) with thickened bowel and some areas of loss of detail. Dilated bowel was followed by empty small intestine, which verifies an obstructive pattern. Localized free fluid and enhanced mesentery, suggestive of peritonitis.

**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.

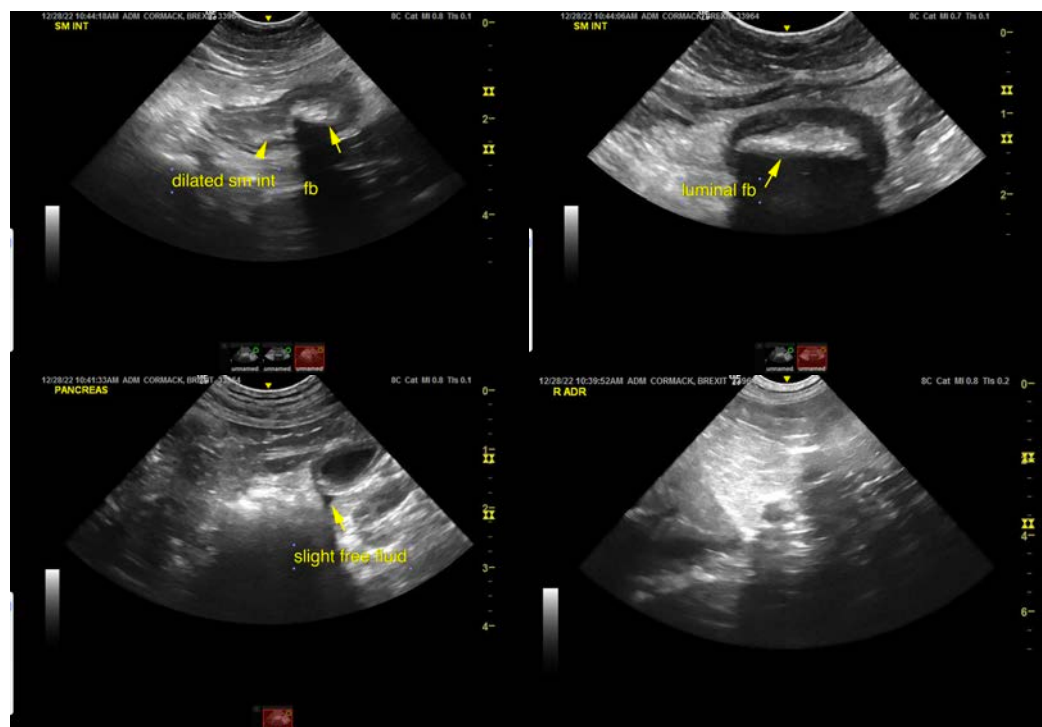
**ULTRASONOGRAPHIC FINDINGS**

- Distal small intestinal foreign body obstruction with variable intestinal thickening, reactive mesentery, and localized peritonitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate exploratory surgery indicated with concurrent intestinal biopsies.

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.





**PATIENT**

Brexit Cormack

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

7.5 Years

**WEIGHT**

7.5 kg

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**HOSPITAL NAME**

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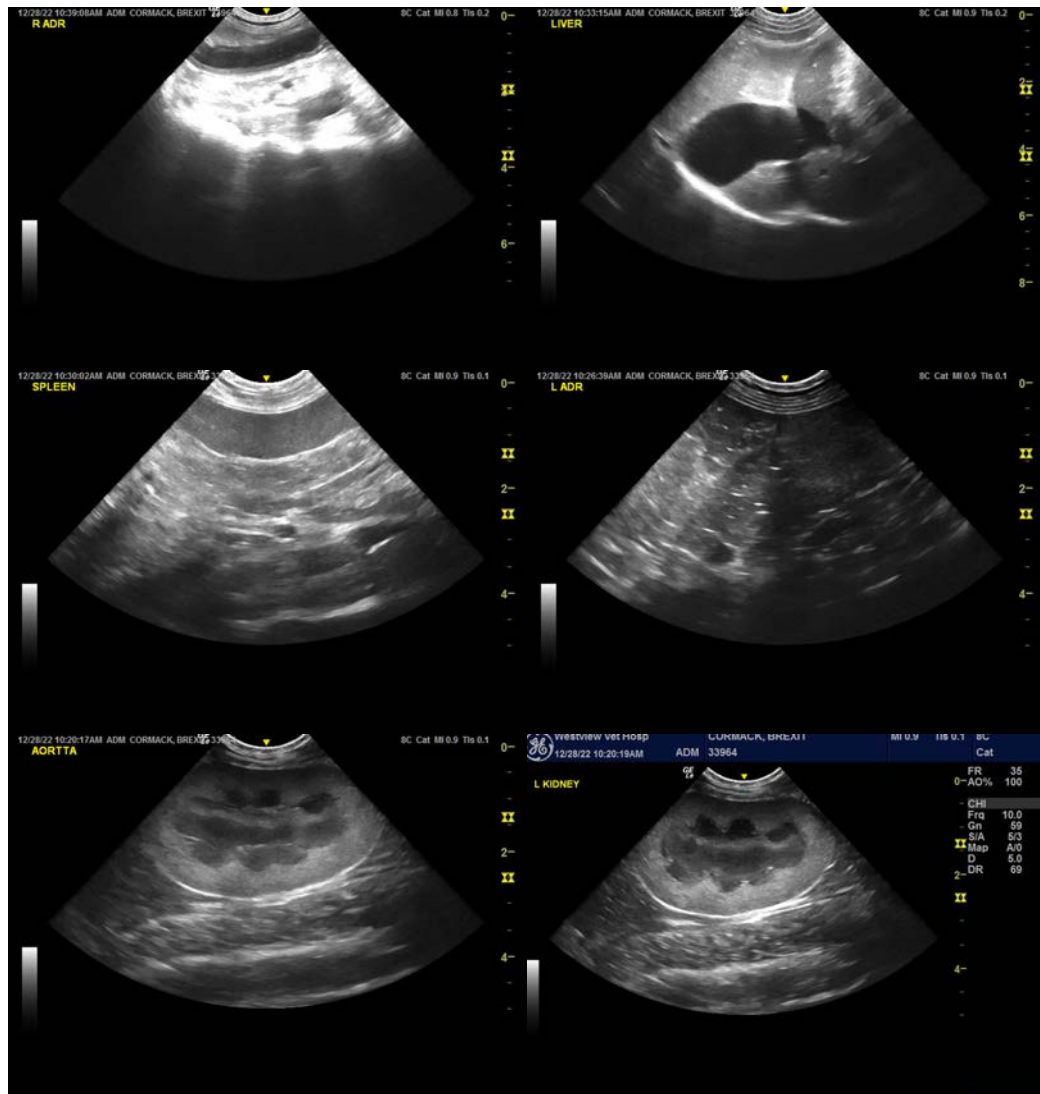
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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