



PATIENT

Paisley Knisley

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

10 Years

WEIGHT

5.34 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

43146

DATE

12/3/22

PRESENTING CLINICAL SIGNS

P started vomiting last night and throughout the day. Vomited approx 5-6 times. First time vomited food and then water/bile. O reports normal stool this am. Not eating as of this am, did not want treats which is very unusual for p

Abnormal PE/Chem/CBC/UA Results: CBC - mild lymphopenia Chem/lytes - AST 83 Pcv/TS: 47/7.6 BP 90 mm hg Abd xrays: on presentation - dilation of SI loops with ill defined soft tissue density in caudal abdomen; no obvious FB Repeat at 5am - large amount of the SI gas has resolved but ill defined soft tissue density persists.

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged at 1.0 cm with slight scalloping contour. Uniform parenchyma. The stomach was severely overdistended with anechoic fluid.

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.

Gastrointestinal

The **stomach** itself was unremarkable. The upper duodenum was dilated with fluid with regional hyperechoic omentum. A progressively shadowing distal jejunal foreign body noted in this patient with variable intestinal thickening and reactive mesentery.

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.



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Free Abdomen

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Free fluid noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Distal small intestinal hairball obstruction or other foreign matter with variable intestinal thickening and regional peritonitis.
- Enlarged, scalloping spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery indicated. Intestinal biopsies indicated to rule out underlying disease.

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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.

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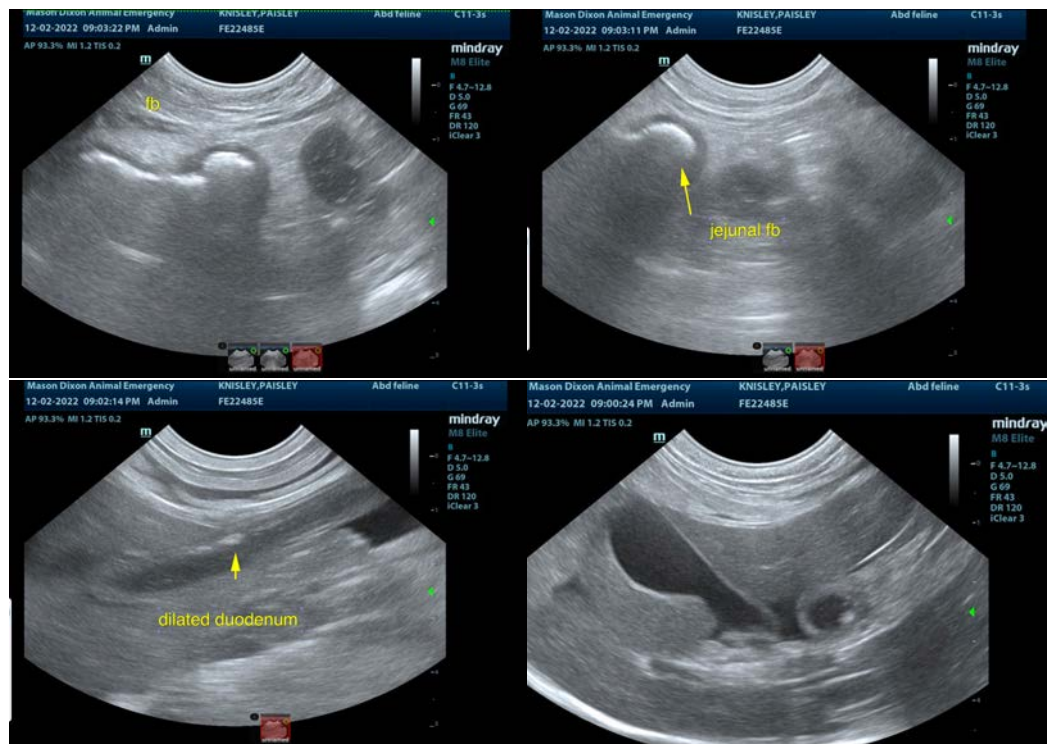
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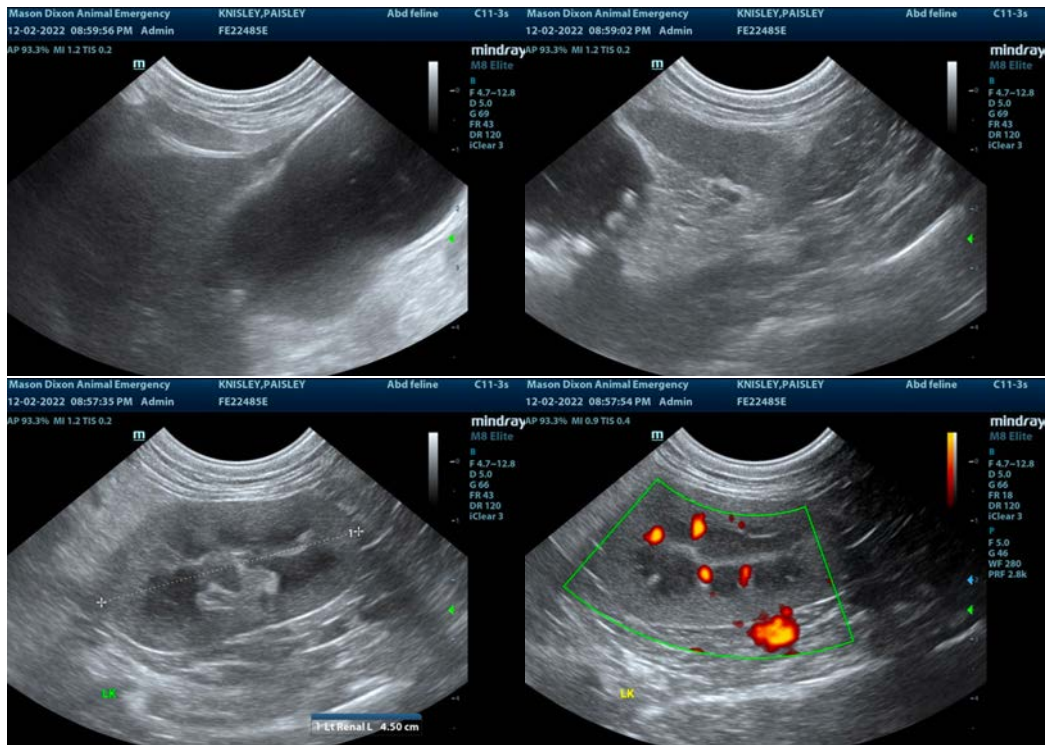
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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