



**PATIENT**

Avery Prevette

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

13.11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Evanna

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

33301

**DATE**

12/6/21

**PRESENTING CLINICAL SIGNS**

possible gastric FB vomited large piece of packing tape and seen on Rads (large stomach) also potential CRD

Abnormal PE/Chem/CBC/UA Results: Glu-211 Neu-10.57

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Blood flow appeared to be subnormal on power doppler assessment. The left kidney measured 3.84 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

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

**Spleen**

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

**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** was overdistended with echogenic fluid. Upper duodenal dilation also noted. The mid abdomen revealed empty small intestine.

**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 obstructive pattern



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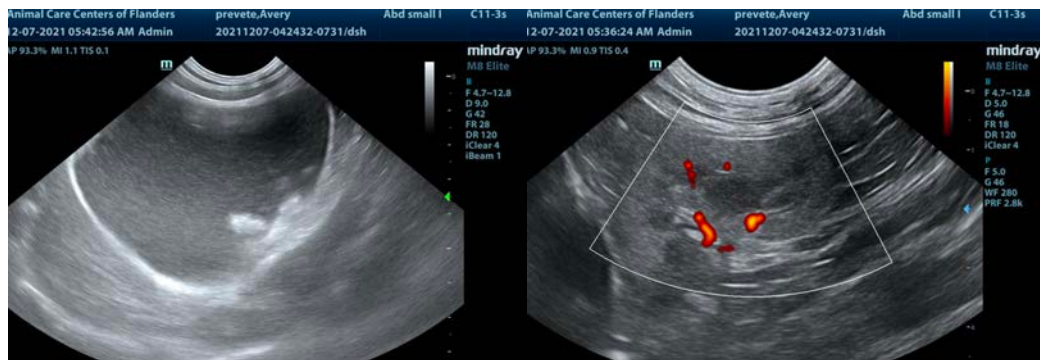
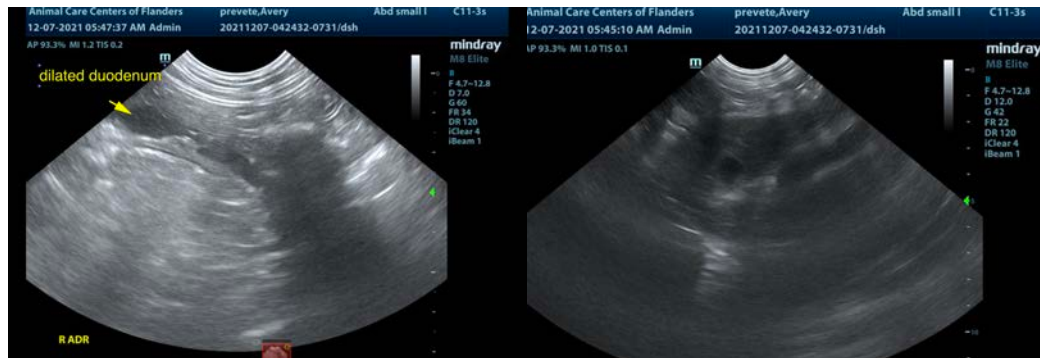
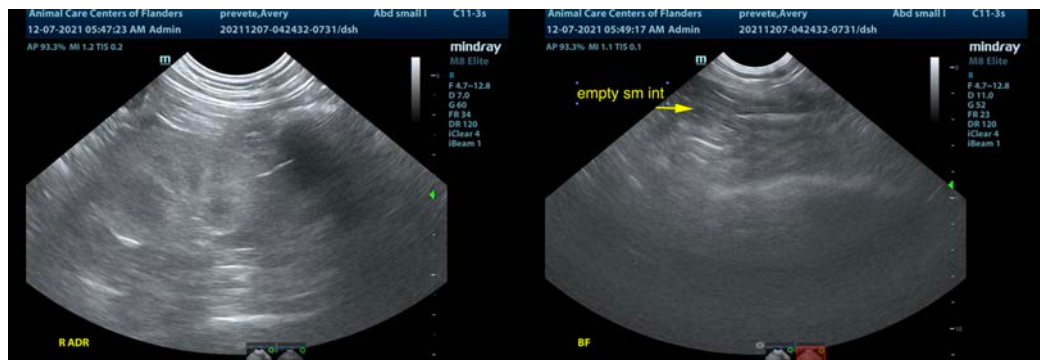
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The GI presentation comprises an obstructive pattern. However, the exact cause is unclear, which may represent foreign body, stricturing mass, focal non-neoplastic dysfunctional bowel, intestinal rotation or torsion. Recommend exploratory surgery if IV fluid support does not abate the clinical signs. Conservative therapy with IV fluid support over a 24 hour period and recheck sonogram in 18 hours could be considered to assess if supplemental hydration will allow for better peristalsis of the GI tract. However, at the time of the sonogram, obstructive pattern was evident.





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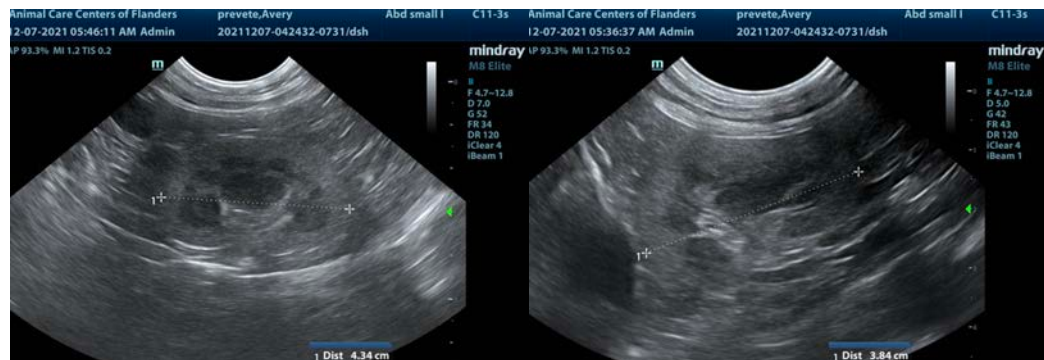
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)