



**PATIENT PRESENTING CLINICAL SIGNS**

Ash Peterman presented 1/25/23 for vomiting, lethargy and constipation. Recheck on 2/3 for not eating, lethargy, decreased BMs still. He was drinking a lot of water and even drinking from the toilet. He vomited after drinking from the toilet. They are syringe feeding him food as he won't eat. He is keeping the syringe fed food down. They feel Ash did well for about 3 days after the cerenia injection. 2 Radio-opaque intestinal rectangles on rads. Giving fluids at home because cannot go to surgery due to cost. Was 7.2lbs when all started and now 5lbs.

**SPECIES**

Feline

**BREED**

DSH

Abnormal PE/Chem/CBC/UA Results: 1/23/23- BUN 84, Cl 95, Creat 1.5, Phos 8.4, Na 143, PSL lip 46, HCT 50%, WBC 21k, USG1.045, 2+ pro, felv/fiv/hw neg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

MN

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1.0 cm. 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**

8 months

The kidneys revealed enlarged size with bilateral hyperechoic medullary rim sign noted. Loss of corticomedullary detail was present. The cortices were thickened and hypoechoic. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

**WEIGHT**

5

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 were noted.

**IMAGING PERFORMED BY**

Melissa Pascucci

**Liver**

**HOSPITAL NAME**

American Animal  
Hospital

The liver images submitted revealed mildly enlarged liver size, with normal 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.

**REFERRING VET**

Vogel

**Gastrointestinal**

**INVOICE**

12937ag

The upper gastrointestinal tract was dilated, followed by an empty small intestine creating an obstructive pattern. Reactive mesentery was noted associated with the variable areas of intestinal thickening.

**Pancreas**

**DATE**

02/13/2023



**PATIENT**

Ash Peterman

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.

**SPECIES**

Feline

**Free Abdomen**

Mild free fluid noted. Mesenteric lymph nodes were enlarged and reactive, measuring up to 2.0 cm x 0.6 cm.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Partial obstructive GI pattern with free fluid and variable intestinal thickening
- Medullary rim kidneys
- Mesenteric lymphadenopathy
- Mild hepatomegaly

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8 months

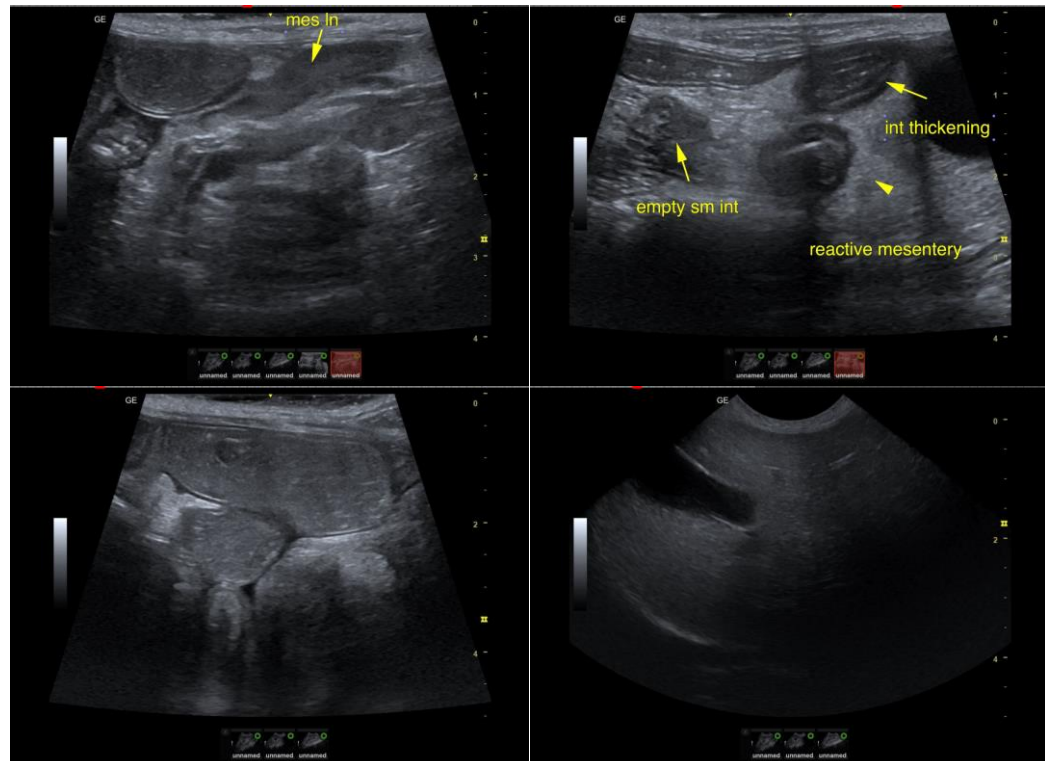
Strong concern for underlying FIP in this patient. The cause of the obstruction is not clear with no overt foreign body noted however adhesions and regional dysfunctional bowel are possible causes as well as non-visible foreign matter. Recommended exploratory laparotomy with the objective of GI, lymph node and renal biopsies and inspection of the GI tract for cause of obstruction assuming no pathology on three view chest radiographs. Underlying lymphoma or other neoplasia are minor potentials.

**WEIGHT**

5

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**DATE**

02/13/2023



**PATIENT**

Ash Peterman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

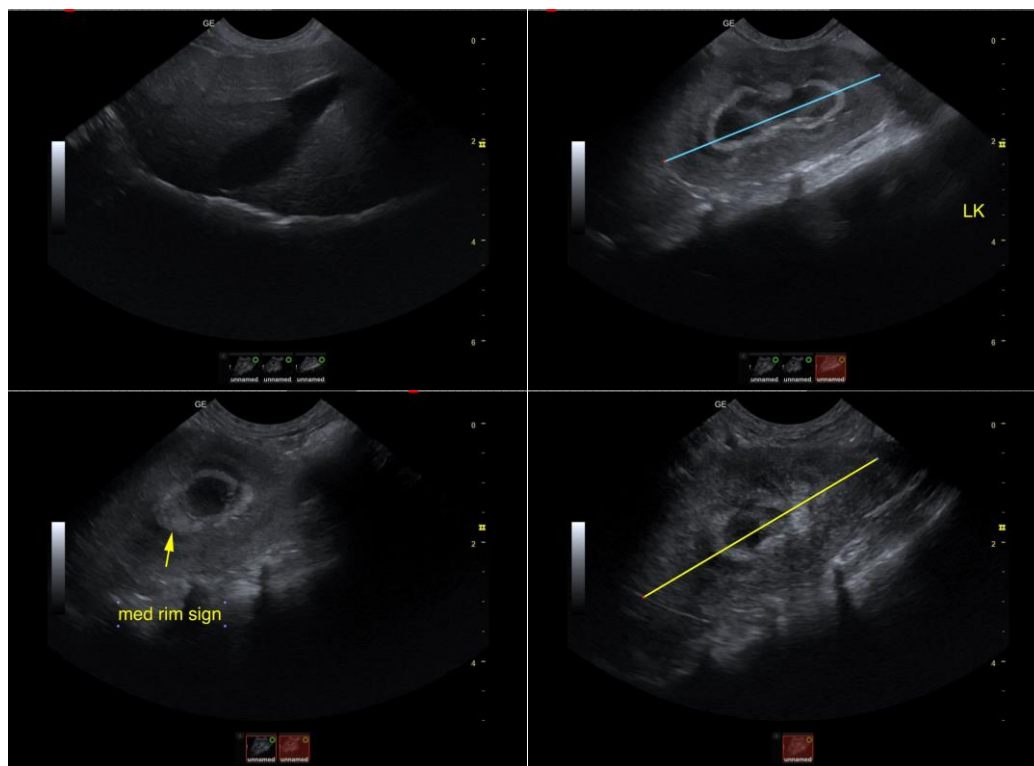
MN

**AGE**

8 months

**WEIGHT**

5



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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.

**IMAGING PERFORMED BY**

Melissa Pascucci

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**REFERRING VET**

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02/13/2023