DATE

03/28/26

PATIENT

Misty Moo Moo Lind

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

03/27/25

WEIGHT

7.1 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Campbell

INVOICE

14710

PRESENTING CLINICAL SIGNS

Patient History: Wednesday patient was fed later than usual and offered a (new wet food 4 days ago). Pt vomited at 11pm then Thursday morning vomited 6-7 times. Saw RDVM Thursday gave cerenia and vomited again that night and has not eaten since Wednesday night Rads were done- suspected FB. No diarrhea.

-Vomiting refractory to Cerenia - r/o gastrointestinal obstruction (foreign body, intussusception), inflammatory bowel disease, pancreatitis, dietary indiscretion
-Dehydration - r/o secondary to persistent vomiting
-Luxating patellas (historical finding)

Current Medications: Maropitant Citrate, Gabapentin, Ondansetron, Buprenoprhine.
Labwork Results: Labwork submitted. Reported as PCV/TS 47/7.6.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

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 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 left kidney measured 3.36 cm in length. The right kidney measured 3.43 cm in length.

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 0.38 cm width. The right adrenal gland measured 0.43 cm width.

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.

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

A .8 cm x 1.4 cm shadowing **jejunal** foreign body was noted with upper gastrointestinal obstructive pattern followed by empty small intestine. Reactive mesentery and slight free fluid was noted with concern for peritonitis. The stomach and colon were unremarkable.

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.

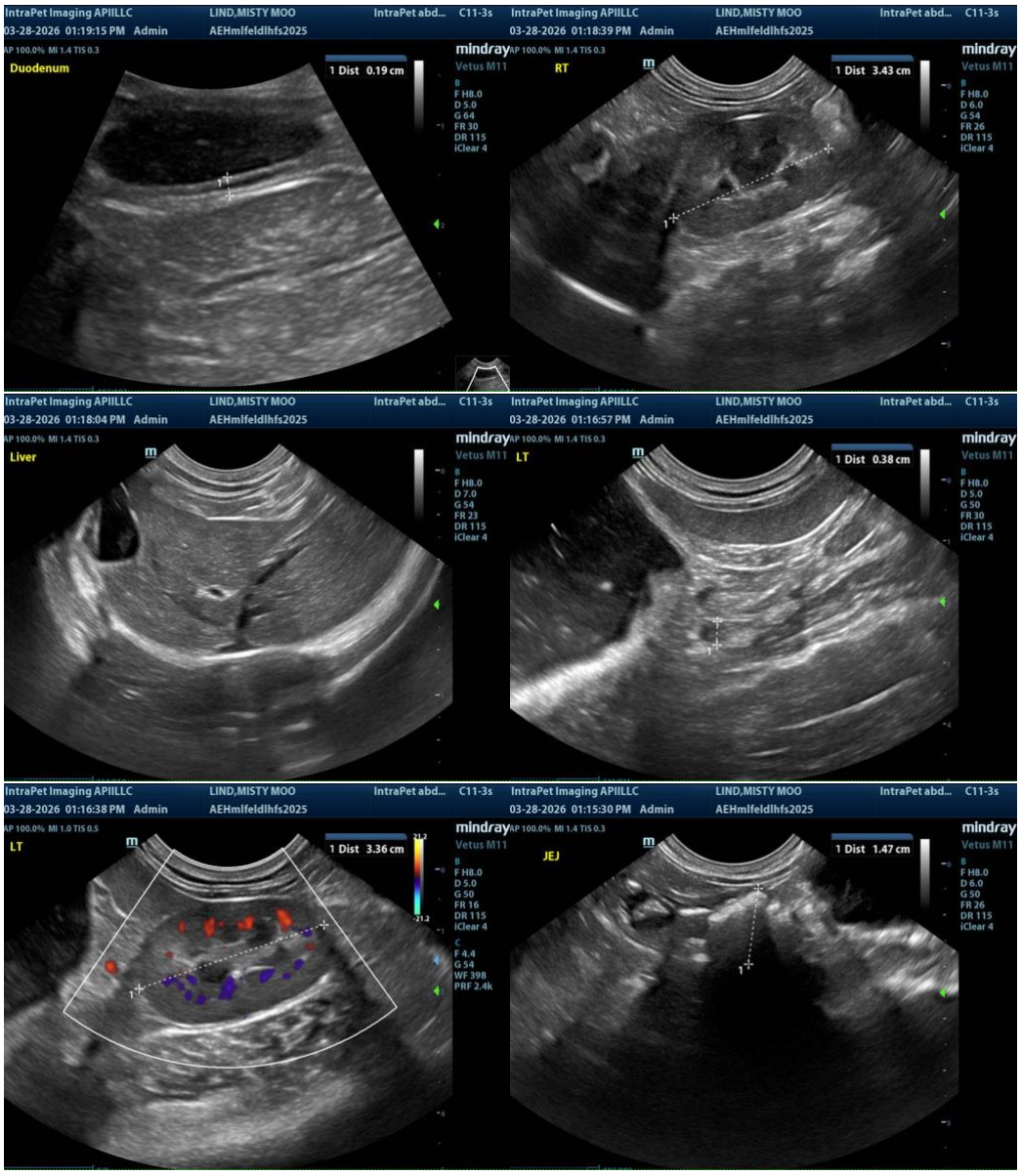
ULTRASONOGRAPHIC FINDINGS

- Intestinal foreign body obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend immediate surgical intervention. GI biopsies are warranted to rule out underlying disease.

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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Duodenum
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Liver
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JEJ
1 Dist 1.47 cm

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.

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