



**PATIENT**

Chicken Spivey

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

18 Months

**WEIGHT**

4.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kathleen Byrnes, DVM

**HOSPITAL NAME**

Byrnes Veterinary  
Relief Services PC

**REFERRING VET**

AEC of High Country

**INVOICE**

22070

**DATE**

4/18/23

**PRESENTING CLINICAL SIGNS**

History: P presented on 4/17 for vomiting. P got outside on 4/14 for 30 minutes and has been vomiting since coming back inside. P not e/d over past 2-3 days. PE- BCS 4/9, mm- pink, tacky, moderately dehydrated, mildly tense and uncomfortable in abdomen with doughy texture X-ray suspicious for linear foreign body. P vomiting with Cerenia on board. P gagging during ultrasound.

Abnormal PE/Chem/CBC/UA Results: WBC 7.99 (2.8-17.02 Neu 1.67 (2.3-10.2) Bands suspected PLT 30 (151-600) PLT Aggregation detected Chem17 Glu 181 (74-159) Lytes NA 149 (150-165), CL 109 (112-129)

**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 3.54 cm. The right kidney measured 3.72 cm.

**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. The right adrenal gland measured 0.31 cm.

**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**

The **stomach** was overdistended with fluid. Some gastric stasis was noted. Mild gastric wall thickening was present. Some minor pyloric wall thickening was noted with echogenic mucosal changes. Stasis of



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the distal small intestine was noted with reactive mesentery, creating an obstructive pattern. Tortuous small intestine was present with linear foreign body and accordion pleating. The upper duodenum also revealed a linear foreign body.

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**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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**ULTRASONOGRAPHIC FINDINGS**

- Linear foreign body
- Reactive mesentery and localized peritonitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The proximal attachment was not evident; however, the small intestine has definitive linear foreign body with accordion pleating. Exploratory surgery is warranted. There is likely a pyloric attachment or base of tongue attachment to the linear foreign body. Examination of the oral cavity is indicated to assess for base of tongue attachment. The surgeon should be prepared for both options.

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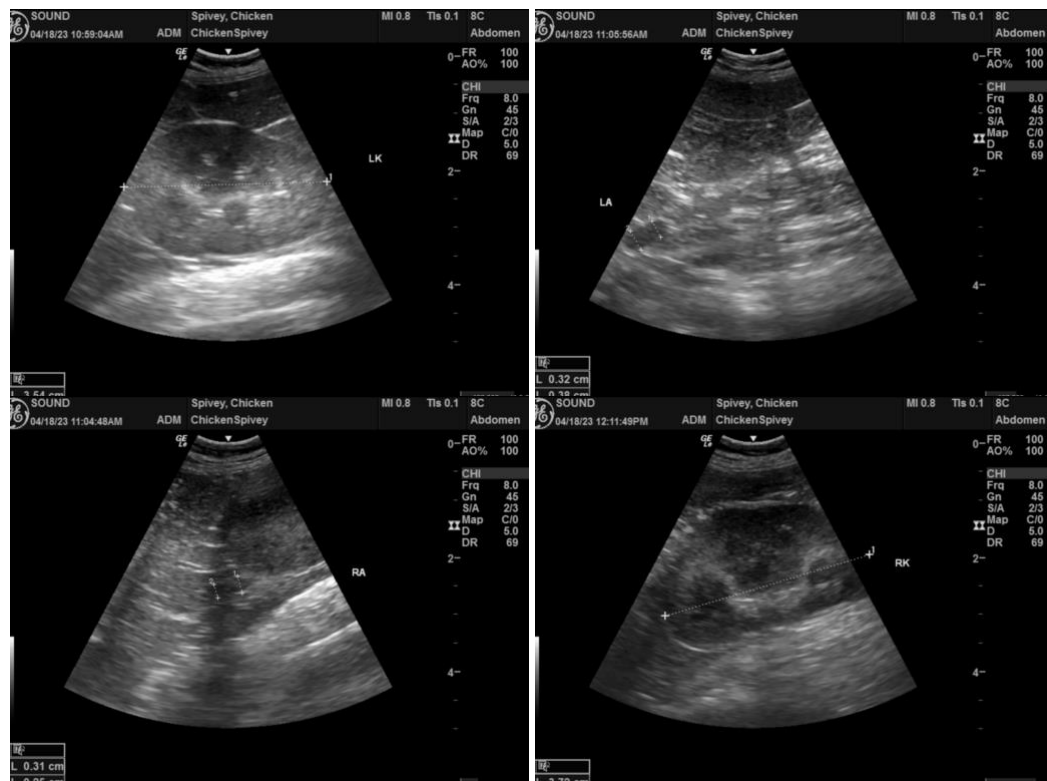
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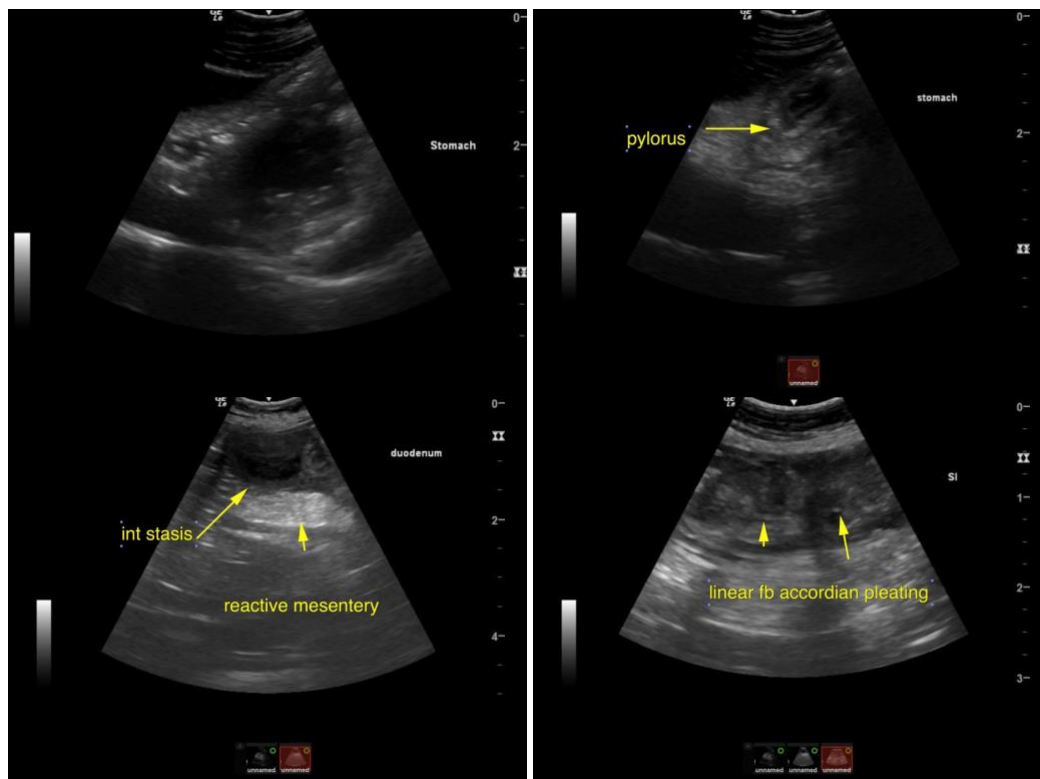
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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