

**DATE PRESENTING CLINICAL SIGNS**

4/30/23

**PATIENT**

Luna McDonough

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2019

**WEIGHT**

8.1 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Martinoli

**INVOICE**

22234

Presenting Complaint: Vomiting. Foreign Body. History: Date: 04-29-2023 Notes: Owners adopted her last July. Soon after adoption she was vomiting; went to rDVM. Soon after that she vomited up 10 foam ear plugs. They also started her on a Sensitive Stomach diet around that time. Still vomits occasionally but at this point usually not more than once a month. Last weekend they made some Easter baskets up using the plastic grass, however they were very careful to keep contained to one room and outside, and they didn't think any escaped, however 2-3 days ago she was chewing on some and owner pulled it out of her mouth, so she may have eaten some. Seemed ok until today, when she has been lethargic, laying around, not coming to eat and not following owners around like she normally does. Did vomit this morning.

Assessment: Problems: Vomiting. Inappetence. Dietary Indiscretion. Lethargy.

DDX: FB vs Gastroenteritis vs Pancreatitis vs IBD

Current Medications: Alfaxalone 10mg/mL 0.75, Alfaxalone 10mg/mL 0.75, Butorphanol 10mg/mL (Per mL) 0.11, Ondansetron 2mg/mL Injection (Per mL) 0.5, Oral Buprenorphine 0.3mg/ml 0.2333, Gabapentin Tablets 50mg 1 Ondansetron 2mg/mL Injection (Per mL) 0.5, Oral Buprenorphine 0.3mg/ml

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IM: Alfaxalone.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, 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 3.3 cm. The right kidney measured 3.66 cm. A cortical infarct was noted at the cranial pole of the left kidney. No evidence of active inflammation.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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 **upper gastrointestinal tract** was unremarkable. The colon was dilated with fluid. Minor colonic wall thickening was noted.

### ***Pancreas***

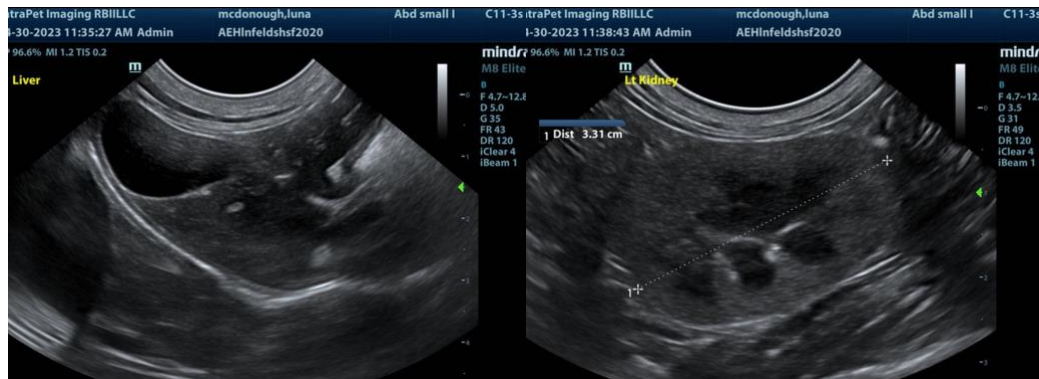
The **pancreas** was prominent, hypoechoic and irregular in contour, measuring 1.03 cm in the right limb. Hypoechoic, irregular tissue was also noted in the left limb.

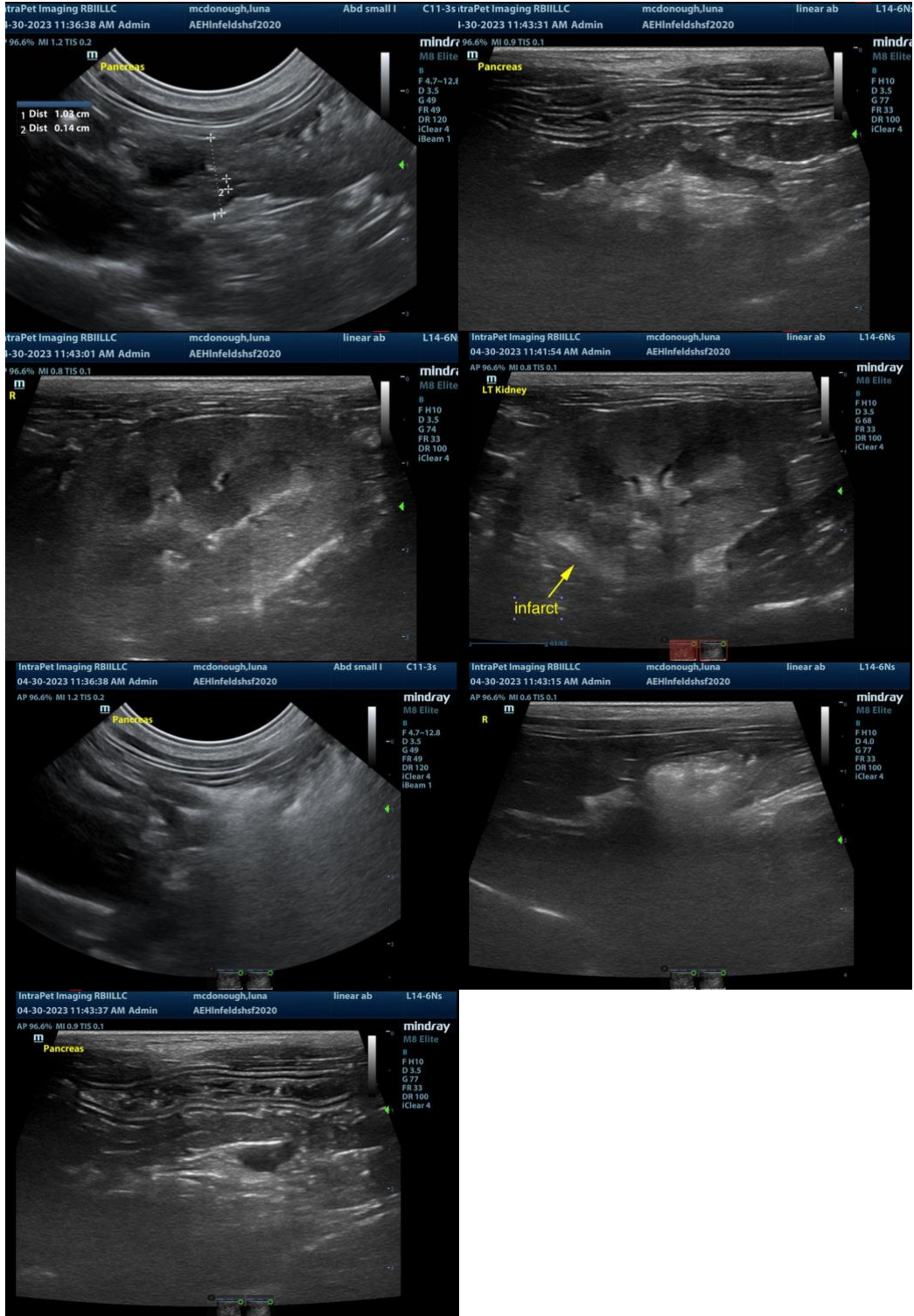
## **ULTRASONOGRAPHIC FINDINGS**

- Enterocolitis pattern
- Prominent irregular pancreas – possible low grade active pancreatitis
- Left renal infarct, stable

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of foreign bodies. Supportive care should prove effective.





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.

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