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DATE

5/25/22

PATIENT

Frida Evans

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6/5/21

WEIGHT

8.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

HOSPITAL NAME

Belvedere Vet Center

REFERRING VET

Dr. Eden

INVOICE

37914

PRESENTING CLINICAL SIGNS

Acute onset of multiple bouts of watery emesis. Painful abd cavity on palpation. Dehydrated on presentation. Routine rads- none obstructive pattern. CBC- haemoconcentration and elevated TS- dehydration and otherwise CBC/chem WNL. Follow up rads after barium PO 24hrs ago- scant contrast in the stomach. Well demarcated area of mottled barium in transverse and descending colon. Ro FB vs normal fecal material. None obstructive pattern.

Current Medications: Cerenia- single SC dose given 36hrs prior to abd US (Mon 23rd), 2ml lactulose PO Tues 24th, Barium PO 36hrs prior to abd US (Mon 23rd), 2 x SC fluid boluses 24hrs apart, Single low dose (0.3ml) onsior SC.

Lab Results: HT 51% (<45), TP 9.2 (<8.2), ALT 116 (<100), Gluc 183 (<150).

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

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 right kidney measured 3.69 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 right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.37 cm.

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

Minor anechoic **gastric** stasis present. The small intestine revealed stasis until a 2.0 cm linear foreign body noted with regional inflammation, consistent with early peritonitis. Localized free fluid present. Upper gastrointestinal dilation followed by empty small intestine noted.

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.

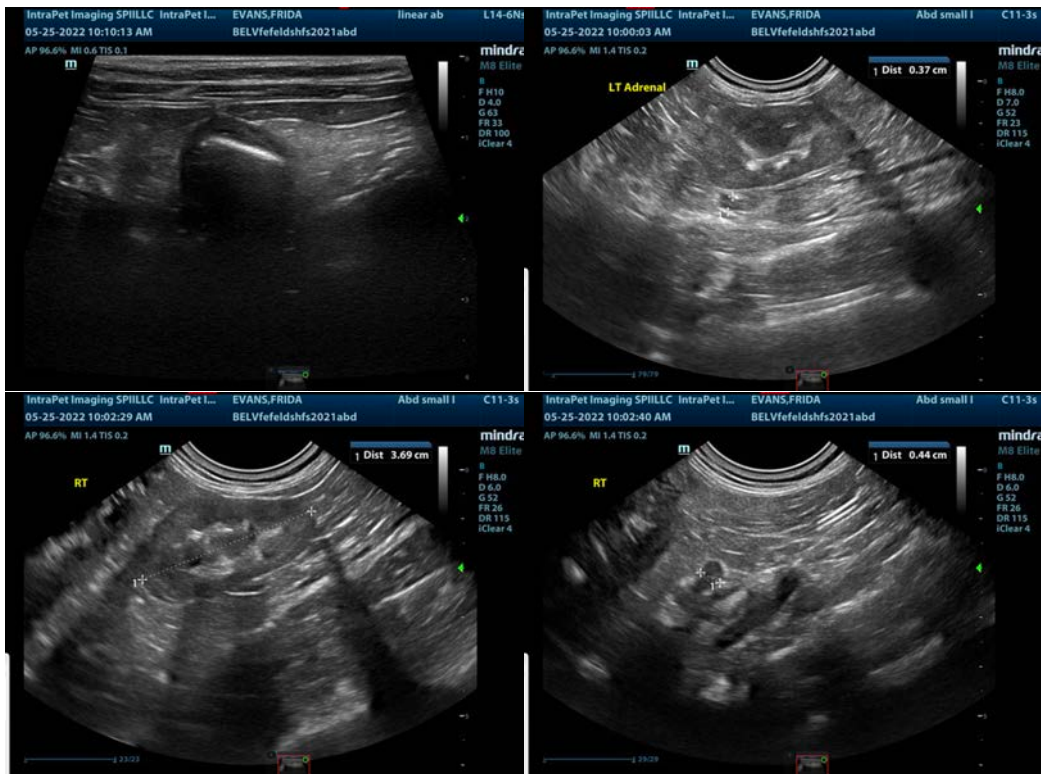
ULTRASONOGRAPHIC FINDINGS

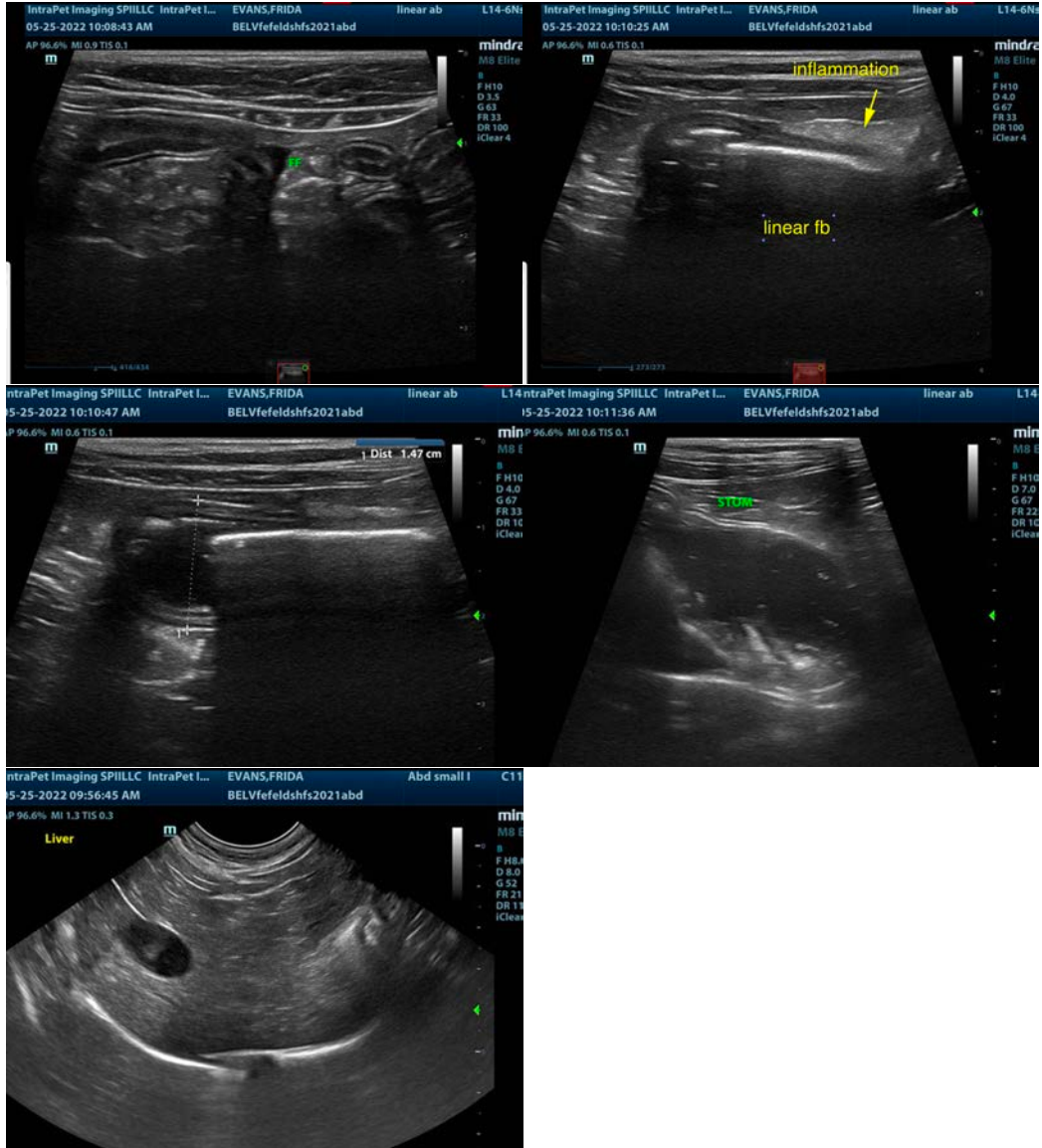
- 2.0 cm linear foreign body obstruction with early localized peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate enterotomy recommended. GI biopsies warranted to rule out underlying disease, though structurally unremarkable. Volume restitution recommended, given the volume contraction of the spleen. This is a surgical emergency.

Radiographs: Minor gastric mucosal barium noted. Colonic retention of barium noted.





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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