



**PATIENT PRESENTING CLINICAL SIGNS**

**Blue Morris** History: PERTINENT CLINICAL HISTORY: Severe lethargy lack of appetite and weight loss started a week ago, been doing poorly since have kittens a month ago, palpable tubular structures in the abdomen, BW showed significant neutrophilia ad mild azotemia, Radiographs was performed

**SPECIES** Intussusception vs Uterine abnormalities vs Chronic FB vs Other LEADING DIFFERENTIAL/DIAGNOSIS: Intussusception vs Uterine abnormalities vs Chronic FB vs Other suspect free abdominal fluid

**Feline**

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

**Urinary System**

**SEX** 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 was noted. Ureteral papillae were normal.

**Intact female**

**AGE** The right ovary was uniform and measured 0.55 cm. The left ovary measured 0.35 cm. The left uterine horn revealed a cystic dilation at the apex that measured 1.3 cm. This appears to be part of the horn and not the ovary.

**1 years**

**WEIGHT** 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.73 cm with slight pyelectasia. The right kidney measured 3.76 cm.

**2.3 kg**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 1.13 x 0.4 cm.

**IMAGING PERFORMED BY**

Kacie Edwards

**HOSPITAL NAME**

Boren VMTH

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

Dr. Pillai

**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.

**INVOICE**

47836

**DATE**

6/20/23



**PATIENT**

**Gastrointestinal**

Blue Morris

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The distal small intestine revealed two separate intussusception formations. They appear to be potentially reducible as minimal inflammation is associated with the intussusceptions. One of which appears to be at the mesenteric root. Stasis was noted in the distal small intestine prior to the intussusception, which is indicative of partial obstruction. . The mesenteric lymph nodes were mildly enlarged and reactive.

**SPECIES**

Feline

**BREED**

**Pancreas**

Domestic Shorthair

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.

**SEX**

Intact female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

1 years

Two separate intussusceptions or separate images of the same intussusceptions at two separate positions. This is causing partial obstruction. No evidence of foreign bodies.

Cystic dilation at the apex of the left uterine horn.

**WEIGHT**

2.3 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Surgical intervention is recommended with manual reduction. Resection is unlikely to be necessary; however, the surgeon should be prepared for this potential. Ovariohysterectomy can be performed at the time of surgery. GI biopsies are warranted to rule out underlying disease.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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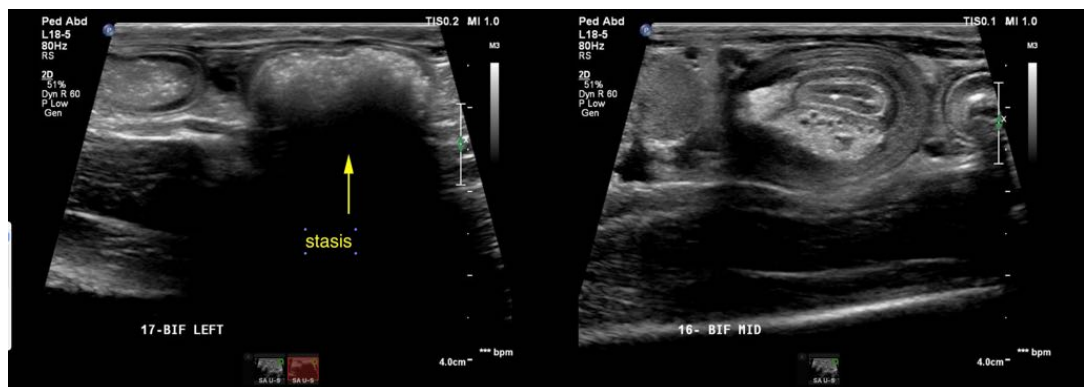
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**SEX**

Intact female

**AGE**

1 years

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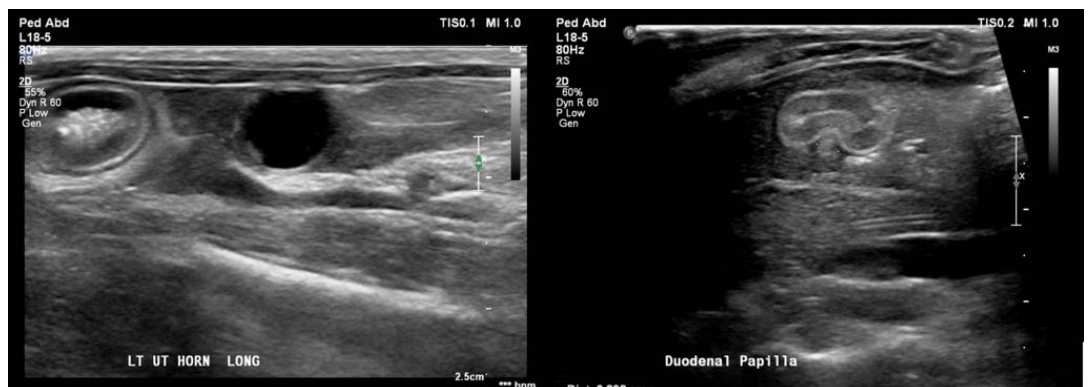
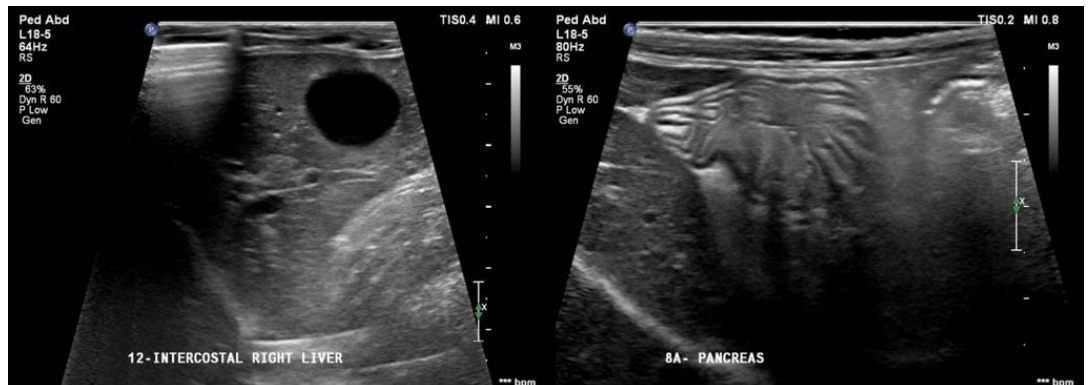
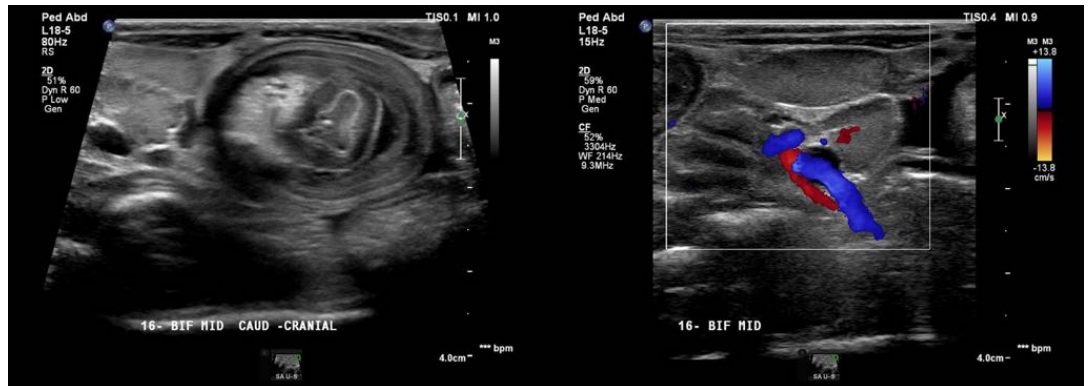
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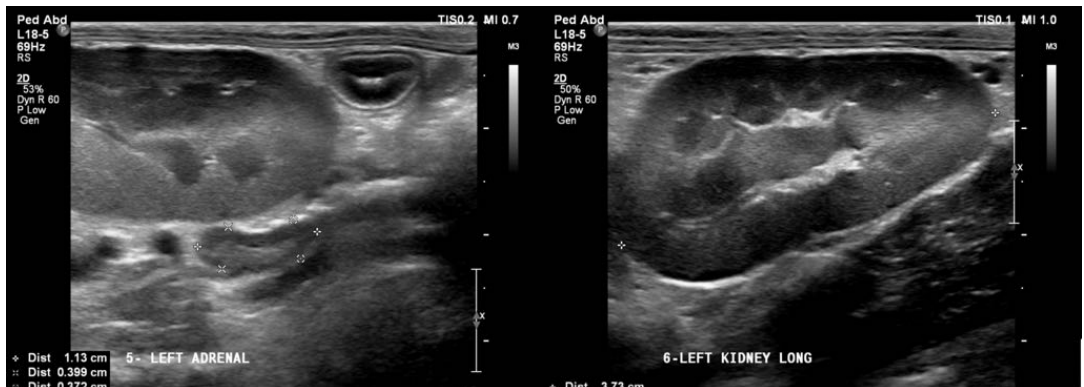
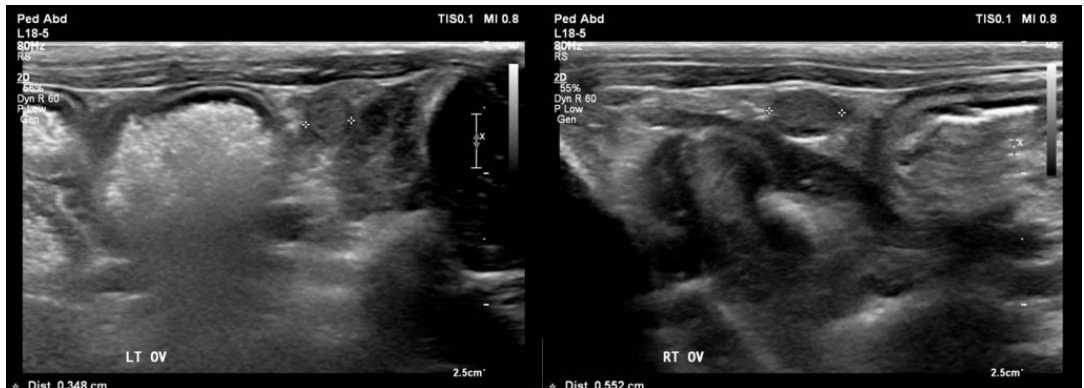
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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