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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

6/5/22

PATIENT

Twilight Michaelian

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2010

WEIGHT

10.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Willer

INVOICE

38405

PRESENTING CLINICAL SIGNS

Presenting Complaint: Vomiting With Blood. Not Eating.

History: Date: 06-04-2022 Notes: yesterday morning- ate normally at 11am- about 2 hours later- vomited with a hairball/food; owner had not been concern- by that evening- found lethargic, not eating; this morning- found she had vomited again- clear fluid with small amount of blood indoor only not aware of getting into anything no change in diet no new treats no new plants just saw RDVM last month for skin lesion very sensitive to drugs- had reaction to long lasting steroid injection gets miralax daily for constipation issues did use the box yesterday- but owner does not know what she did in the box (if she peed or pooped or both)

Assessment: vomiting, anorexia and lethargy.

Current Medications: Oral Buprenorphine 0.3mg/ml, Buprenorphine 0.6mg/mL, Pantoprazole (Protonix), and Potassium Chloride 2mEq/mL.

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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. Tortuous cystic duct noted, normal variant. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was overdistended with echogenic chyme to nearly 6.0 cm. The gastric stasis continued into the gastroesophageal inlet. Esophageal reflux is likely. The upper duodenum was dilated with a 1.0 cm sharp foreign body. The distal small intestine was empty, creating an obstructive pattern.

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.

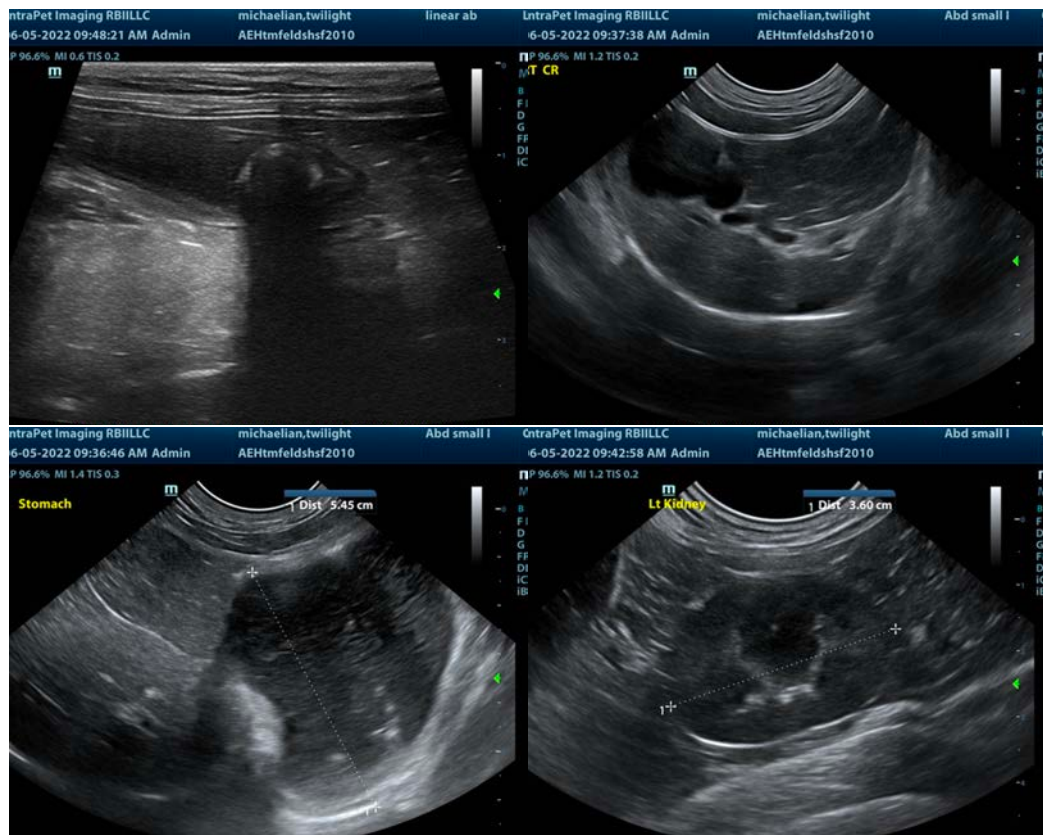
ULTRASONOGRAPHIC FINDINGS

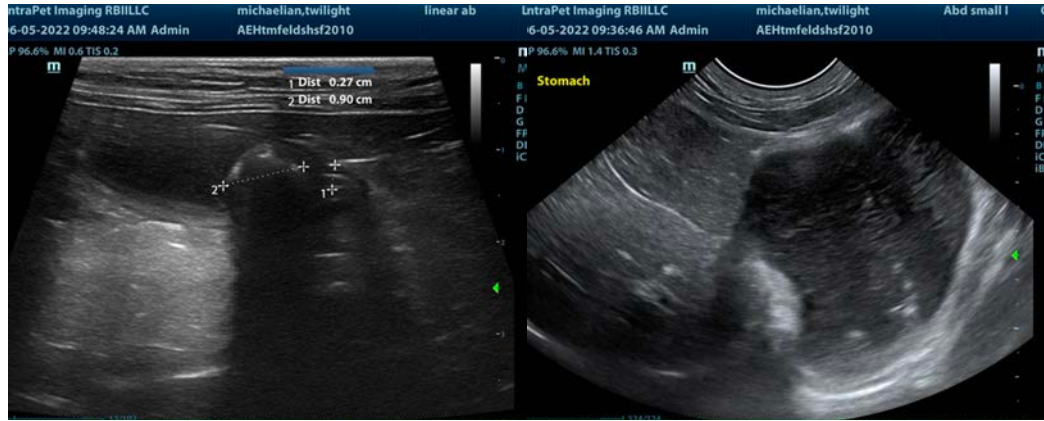
- Distal duodenal foreign body obstruction with severe gastric stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Decompression of the stomach recommended prior to anesthesia to avoid reflux. GI biopsies warranted to rule out underlying disease, even though structurally the gastrointestinal tract was unremarkable.

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.





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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