

**DATE PRESENTING CLINICAL SIGNS**

7/13/23

PATIENT

Hope Roberson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3/3/16

WEIGHT

7.9 Pounds

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

Dr. Kalwa

INVOICE

23326

History: Went to RDVM yesterday for Vomiting. Vomiting/not eating. Vomited at least 8 times within an hour this morning. It was a reddish/pinkish color and then eventually became clear. Would not eat in the morning. No known ingestion of fb cat did not vomit yesterday vomit was pink-tinged liquid at first, now clear liquid/foam cat did not eat breakfast yesterday. O says cat has not been eating well for "a while" cat is given c/d stew, UR canned, UR dry, rarely table food (lick of butter) cat seems to be eating the dry okay but some days won't eat the canned activity and behavior normal cat is difficult/impossible for O to medicate O says cat is "shedding a ton". Rarely has hairballs no plants in house Cat has been known to lick/nibble plastic bags RDVM did baseline BW- NSF Xrays- Gastric dilation, abnormal gas pattern No improvement since being at home Lethargic, vocal, anorexic.

Current Medications: Cerenia, Omeprazole, Gabapentin, Ondansetron, Vitamin B12, Protonix.

Lab Results: See attached.

Radiographs: Gas filled stomach and intestines.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV: 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 3.5 cm. The right kidney measured 3.83 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 0.5 cm. The right adrenal gland measured 0.4 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

The **gastrointestinal tract** revealed muscularis hypertrophy, hyperperistalsis, and various intestinal thickening throughout the GI tract. A particular portion of stasis was noted in the distal small intestine with early loss of mural detail- this area should be monitored carefully. A large amount of gas was noted in the colon. Some echogenic luminal material was noted in this patient, may be reminiscent of the worm burden. I recommend a fresh fecal smear and fecal floatation analysis.

Pancreas

The **pancreas** was enlarged, hypoechoic and irregular, measuring up to 0.94 cm in the left limb.

Free Abdomen

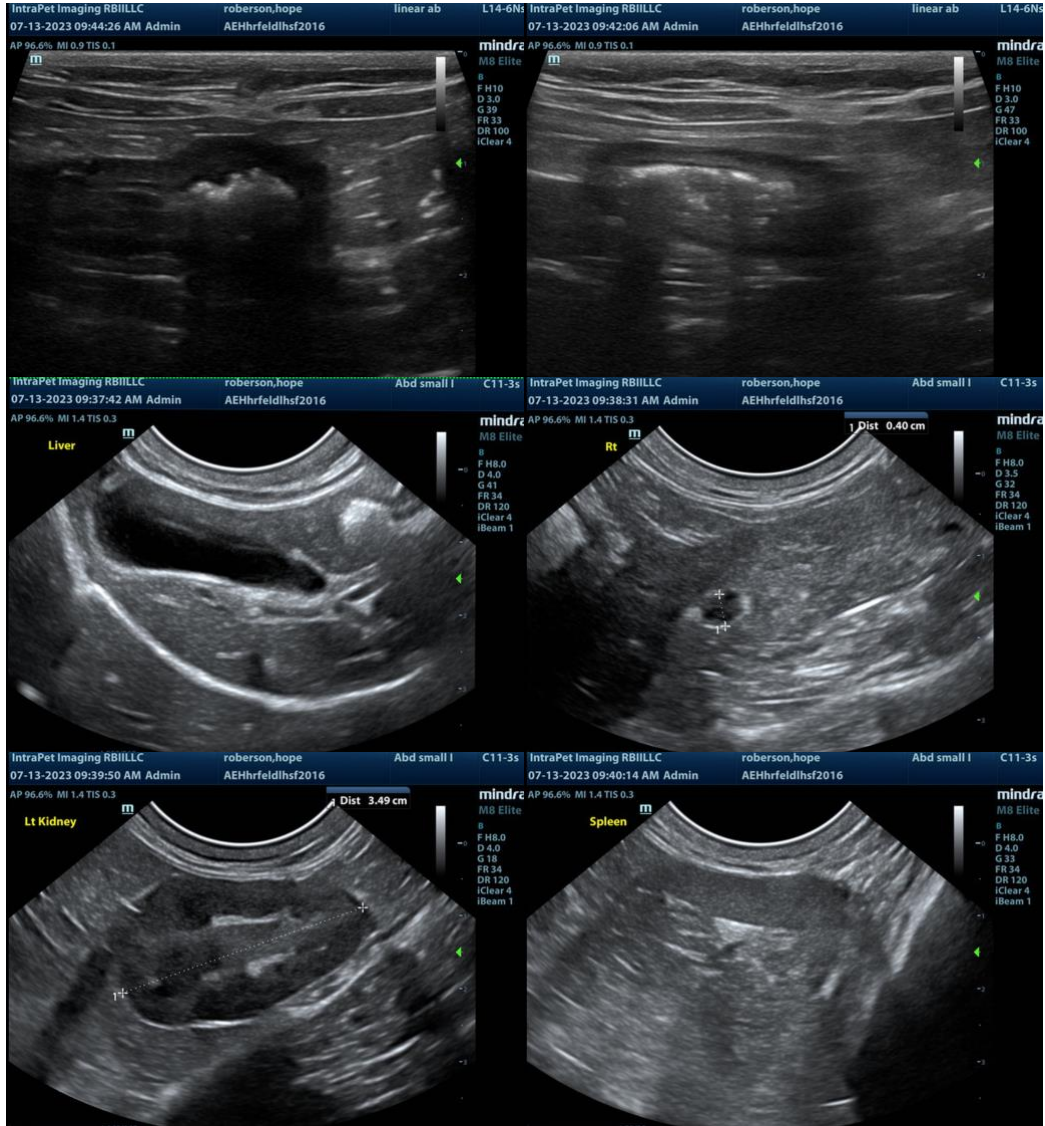
The mesenteric **lymph nodes** (1.42 cm x 0.4 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

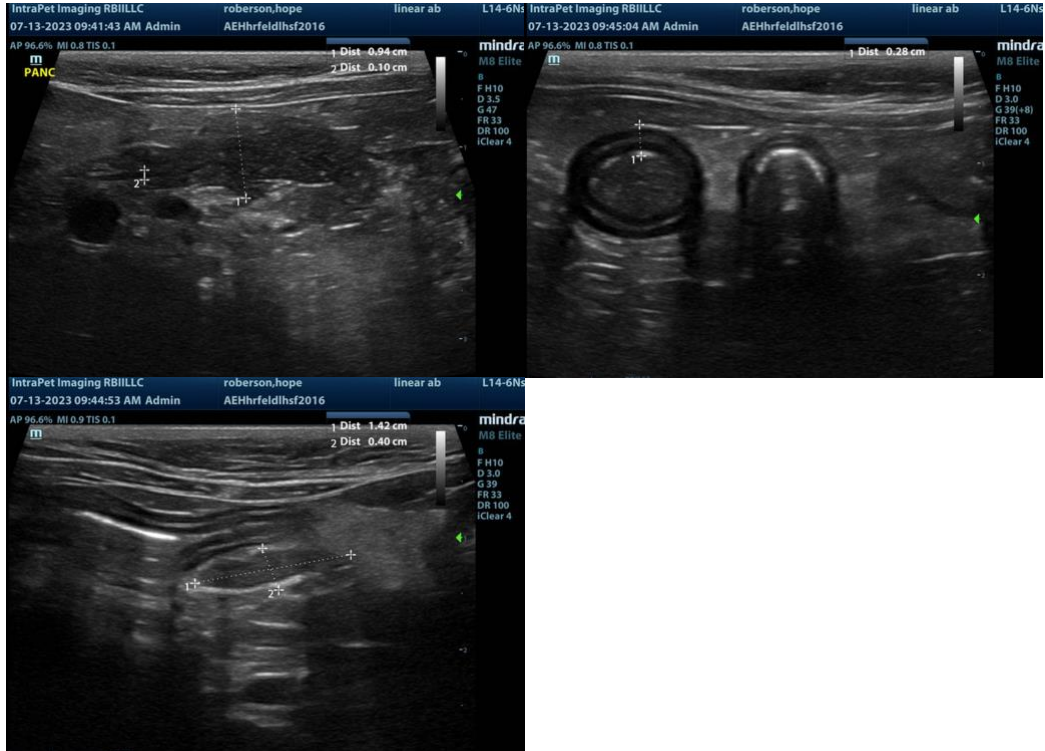
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis presentation
- Enlarged, hypoechoic and irregular left limb of the pancreas
- Reactive mesenteric lymph nodes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A particular portion of stasis was noted in the distal small intestine with early loss of mural detail- this area should be monitored carefully. Follow up ultrasound over the next 48-72 hours, IV fluid support, GI protectant protocol and pain management are warranted. No overt neoplastic criteria were met by the small intestine, however, regional intestinal dysfunction was noted with variable thickening. An emerging neoplastic event is possible, however, acute on chronic inflammatory bowel with regional intestinal dysfunction is likely. No obvious foreign matter is noted. I recommend a fresh fecal smear and fecal floatation analysis. Worm burden can also be playing a role.





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
info@SonoPath.com