



PRESENTING CLINICAL SIGNS

PATIENT

Monet Farris Vazquez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

6.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. VanNieuwal

INVOICE

76103

DATE

7/13/23

History: Patient presented for vomiting dark red blood at 5pm today. He last ate 3pm. He was not interested in food after that. No Diarrhea. Patient has a history of dietary indiscretion. He had a linear foreign body a few years ago. O found a thin, decorative wood stick broken and is unsure if he consumed any. He also broke a vase earlier today. There is renovations in the home and he could have eaten insulation. These are all possibilities and no known ingestion was noted. There is also a possibility her O could have dropped medication on the floor. She is on blood pressure medication and several others. No actual known ingestion. O also mentioned there are rats in the home, but was adamant that there is no way P could have been exposed to bait, or any dead rats.

Abnormal PE/Chem/CBC/UA Results: ##Initial Diagnostics:## Bloodwork: - CBC: NEU%: 83.4, LYM%: 10.3, Mono%: 0.9, HGB: 15.5, PLT: 64 - Manual blood smear showed a few howel jolly bodies, platelet clumping and large platelets - Chemistry: GLU: 256, ALT: 166, - EPOC: pO2: 56, O2SAT: 86.3, BE: -6.1, GLU: 240 - fPL: abnormal - COAG:APTT: 128.4s Radiographs. 3 radiographs centered over the thorax and abdomen dated July 11, 2023 are available for interpretation. The cardiac silhouette is normal in size and shape. The pulmonary vessels are normal in size and taper appropriately. There is a mild diffuse broncho-interstitial pulmonary pattern. The trachea and mediastinal space are normal. There is no evidence of thoracic lymph node enlargement or pleural space disease. The liver is normal in size and shape. The stomach contains gas and amorphous material and is mildly distended. There is a segment of small bowel within the mid ventral abdomen that is mildly distended with amorphous material. The remaining small bowel is mildly distended with gas and fluid. There is gas and fecal material within the colon. The kidneys, spleen, and urinary bladder are within normal limits.

Conclusion 1. Amorphous intraluminal small intestinal material is most consistent with foreign material, less likely passing ingesta. Gas and fluid dilation of the remaining small bowel may represent mechanical obstruction or a paralytic ileus associated with passing foreign material. 2. Nonobstructive amorphous material within the gastric lumen also may represent foreign material and/or normal ingesta. 3. Mild diffuse broncho-interstitial pulmonary pattern may represent bronchitis (feline asthma or infectious bronchitis) and should be clinically correlated. Recommendations 1. If the patient is clinically stable, supportive medical management followed by repeat fasting radiographs to monitor for transit could be considered. 2. Exploratory laparotomy may ultimately be indicated.

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 was 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 4.5 cm. The right kidney measured 4.6 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



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unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Both adrenal glands measured 0.3 cm.

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Spleen

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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 was noted. The spleen measured 0.7 cm.

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Liver

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The **liver** revealed increased portal markings and coarse architecture. 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.

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Gastrointestinal

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The stomach revealed an empty lumen and mild, mural hypertrophy. There was no loss of mural detail. The pylorus was free of evident pathology. The small intestine revealed mild variable areas of hypertrophied muscularis and reactive mesentery.

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Pancreas

The **pancreas** was slightly hypoechoic to the surrounding fat with slight, irregular contour. Minor enhanced surrounding fat was noted. This is suggestive for low-grade inflammation.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

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Non-specific gastroenteritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria was noted at the time of the sonogram. Supportive care should prove effective if the clinical signs persist. A recheck sonogram is recommended in 7-10 days to assess for potential emerging neoplasia/round cell neoplasia.

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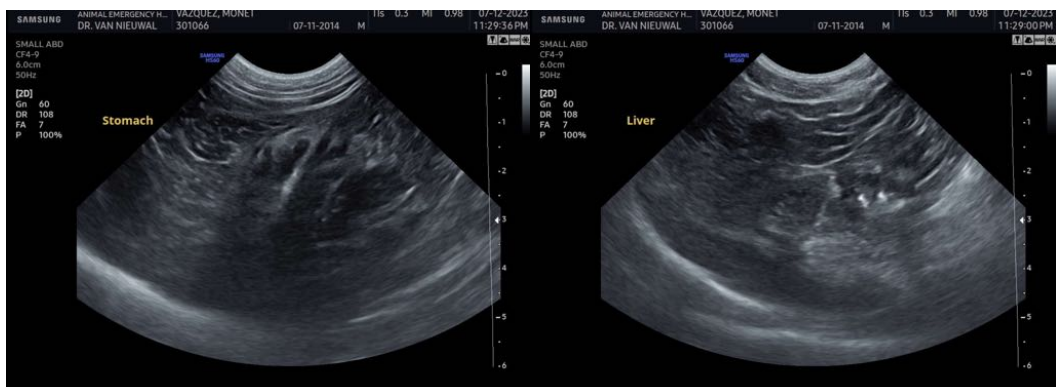
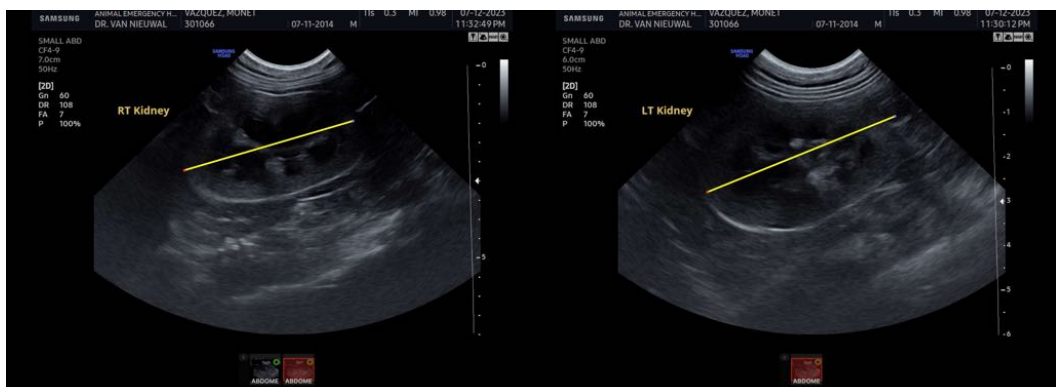
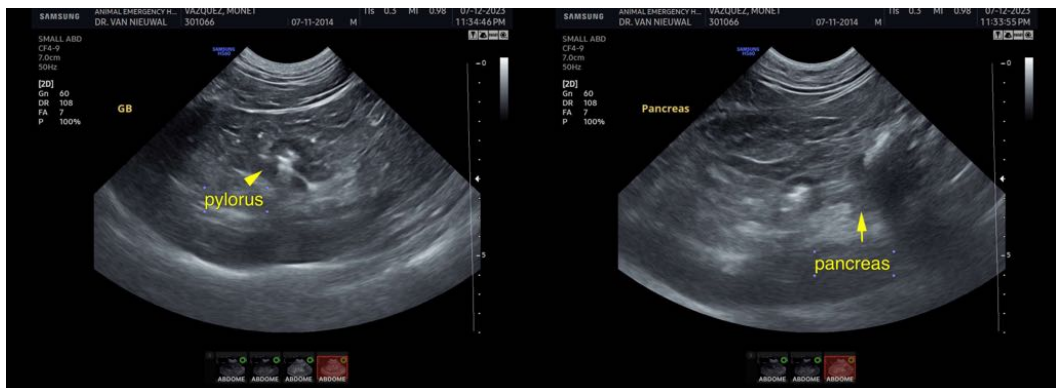
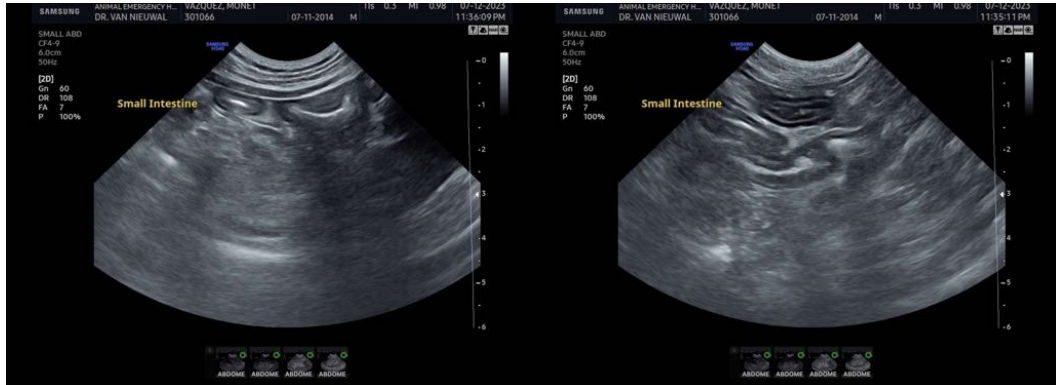
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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