



PATIENT

Palermo Pavlova

SPECIES

Feline

BREED

Maine Coon

SEX

Intact Male

AGE

9 Months

WEIGHT

6.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

39626

DATE

7/18/22

PRESENTING CLINICAL SIGNS

Presented originally at our hospital 7/15 for started V+ and the 4th pile has parts of a toy in it (foam handle). Owner thinks the piece vomited was as big as the missing piece. Patient has not had a BM in 2 days and is usually playful but is not currently. Then seen at our hospital for Recheck 7/17- O came rushing in with P, P was lethargic, having tremors BG: 179, O thought possible seizure, tremored for about 30 min, was drinking some fluids last night after visit here. Previous Health Concerns: here last 2 days Current Medications: cerenia 24mg- unsure if got today Appetite/When did they eat last: not eating

Abnormal PE/Chem/CBC/UA Results: 7/15 2V Abd Rads – no obvious foreign material (may not be able to see foam), no obvious obstructive pattern, normal feces in colon, possible early plication 7/16 Radiographs – possible foreign material (foam) in R caudal abd on v/d, no sig fluid or gas distension, stomach empty 7/17 CBC/Chem/EPOC – moderate azotemia, hemoconcentration/dehydration, severe hyperphosphatemia, hyponatremia, hypochloremia, hyperlactatemia, hyperlactatemia ProBNP – normal 2V Abd Rads – irregular swelling at cranial abdomen (liver vs intestinal loops)

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. Minor amount of debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** were enlarged with thickened cortices. Corticomedullary definition maintained. The left kidney measured 5.16 cm. The right kidney measured 5.76 cm. The size of the kidneys may be normal for this breed.

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. 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 **stomach** was overdistended with anechoic fluid. Dilated upper gastrointestinal tract present with empty small intestine, creating an obstructive pattern. Some shadowing material was noted in the small intestine, consistent with foreign body.



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Pancreas

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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.

SPECIES

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PRIMARY FINDINGS

- GI obstructive pattern

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SECONDARY FINDINGS

- Enlarged kidneys – may be normal for this breed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery recommended.

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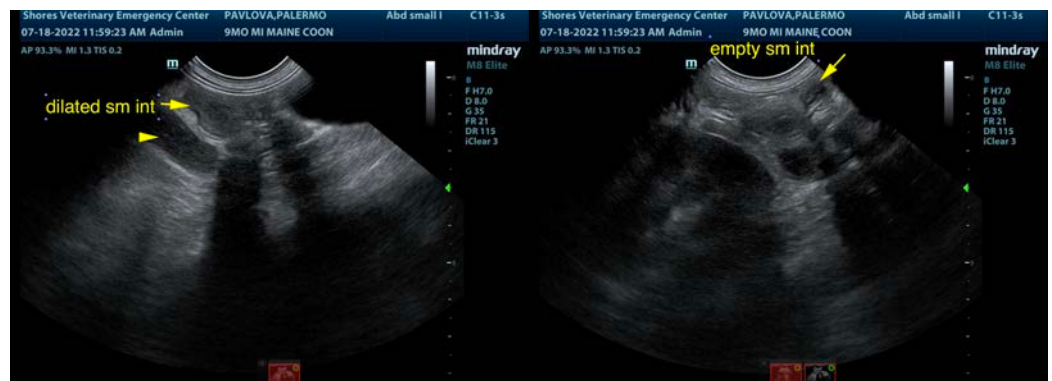
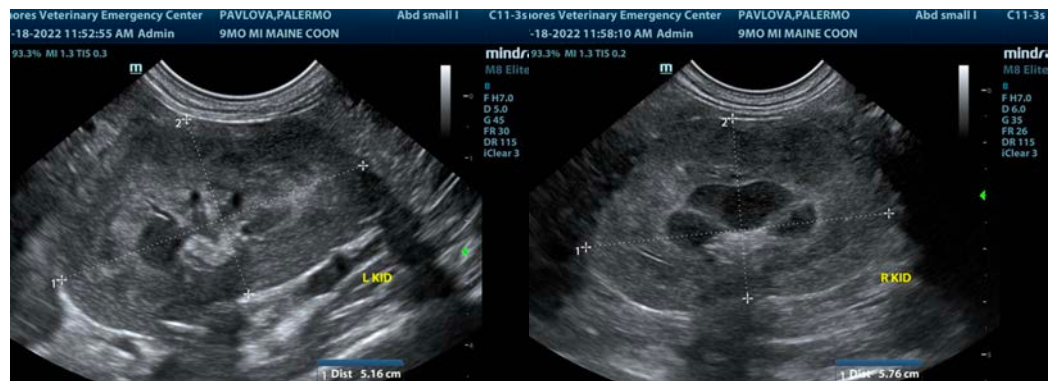
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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