

**DATE PRESENTING CLINICAL SIGNS**

8/20/21 History: Not eating since discharged  
 Patient had endoscopy on 8/18 to remove large gastric hairball. Patient now has generalized GI gas distension, not eating. Known diabetic.

**PATIENT**

Piper Millman Date of Previous IntraPet Ultrasound: No previous  
 Sedation: utilized for AUS  
 Stat Report: not requested

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

Main Coon

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.

**SEX**

Spayed Female

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.

**AGE**

2010

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.7 cm. The left kidney measured 4.4 cm.

**WEIGHT****Adrenal Glands**

22 Pounds

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

**Spleen****INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUS

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.

**HOSPITAL NAME**

Animal Emergency H

**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.

**REFERRING VET**

Dr. Goessling

**Gastrointestinal****INVOICE**

12648

The **stomach** was overdistended with fluid as was the duodenum until the point of obstruction in the proximal jejunum. The upper small intestine was dilated. A distal small intestinal foreign body was noted, measuring 1.37 cm followed by empty small intestine. Reactive mesentery was noted around the obstructed portion of intestine.

**Pancreas**

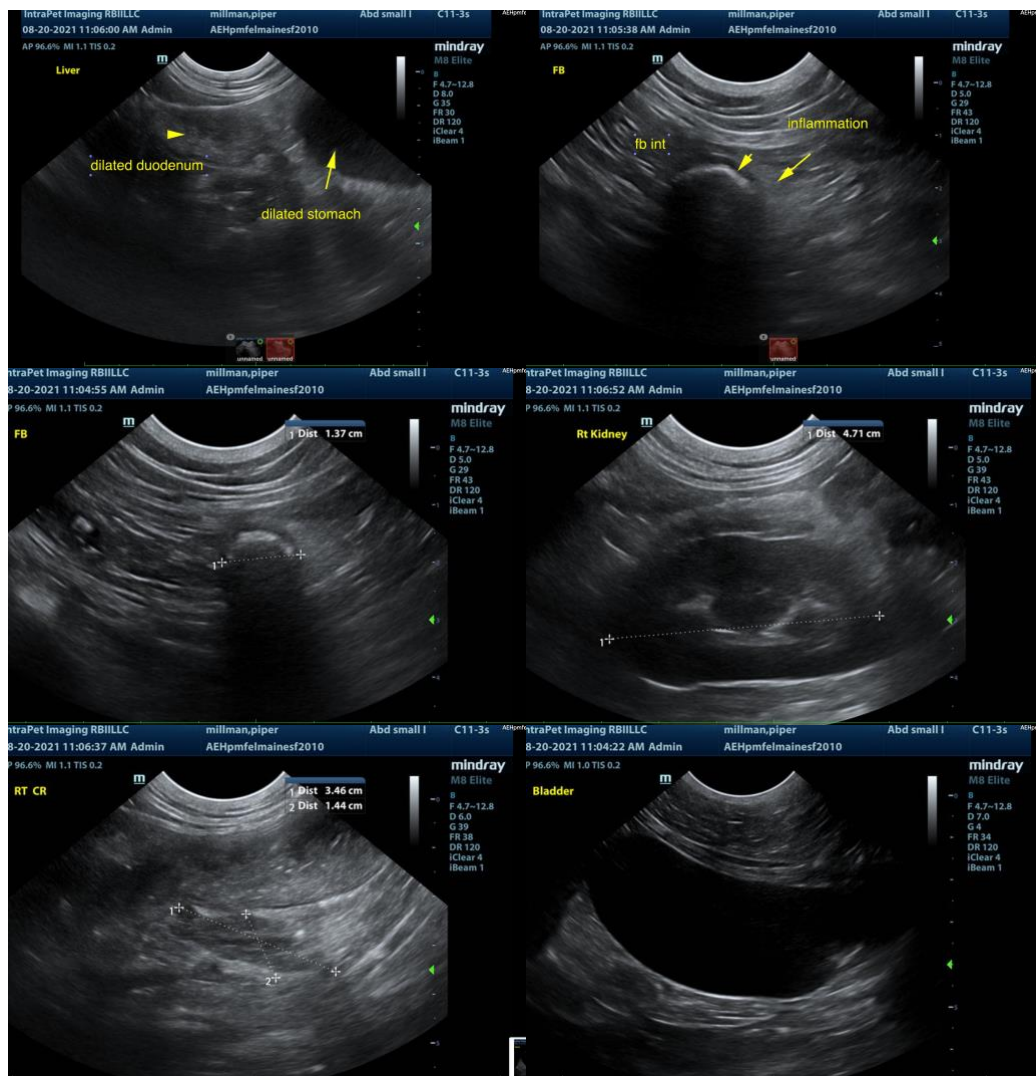
The **pancreas** was hypoechoic and irregular with undulating contour. The right limb measured 1.44 cm in width. Enhanced surrounding mesentery noted, suggestive for inflammation. Concurrent pancreatitis likely.

### ULTRASONOGRAPHIC FINDINGS

- Small intestinal soft shadowing foreign body obstruction
- Concurrent pancreatitis likely

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention recommended. GI biopsies warranted to rule out concurrent disease. The obstruction at the time of the sonogram was in the caudal abdomen just cranial to the urinary bladder. Hard hair ball or similar type material suspected.



**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.

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