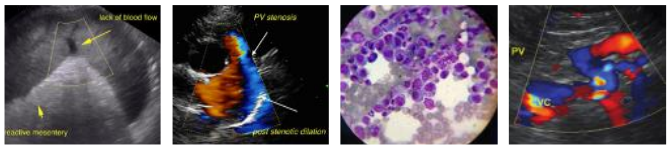
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Binx Bruecken-Blaum

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 Years

WEIGHT

8.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Klauer

INVOICE

16950

DATE

8/20/22

PRESENTING CLINICAL SIGNS

History: Presented to regular DVM Wednesday for vomiting, not eating. Thursday still not eating. RDVM gave SQ fluids and inj Cerenia. Yesterday returned to RDVM still not eating- owner was syringe feeding. No vomiting but drooling. Was given another inj of Cerenia and sent home with Mirtazapine. Presented this morning very lethargic, no improvement in appetite-Owner force fed 5ml a/d last night and no vomiting just heavy drooling. Hypothermic, almost non responsive at times. BG 40mg/dl at time of arrival. Started on IVF with 5% dextrose and transferred to emergency center. NPO since last night dinner time.

Abnormal PE/Chem/CBC/UA Results: BUN 117, CRE 3.2, IP >15, ALB 4.0, GLU 168-after dextrose, TCHO 228, ALT 146, TBIL 1.8, Na 137, K 2.6, CL 88. Currently hospitalized on IVF with 5% dextrose and KCL additive, continued cerenia. Nasogastric tube placed. 373mls brown fluid aspirated from NG tube. Rads: dilated stomach, poss cranial abdominal mass. Questioning possible FB. Does play with hair ties.

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 3.98 cm. The right kidney measured 4.0 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 0.47 cm. The right adrenal gland measured 0.47 cm.

Spleen

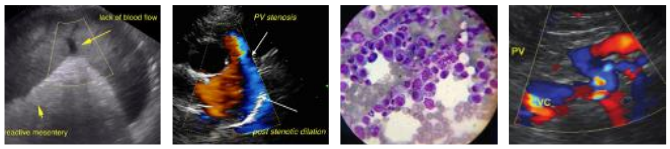
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed slight increased portal markings yet nonspecific. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed a severe amount of gastric stasis with echogenic fluid. The upper duodenum was dilated, followed by a 1.5 cm shadowing foreign body in the deep small intestine/jejunum. The foreign body obstruction was followed by empty bowel, creating an obstructive pattern.



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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

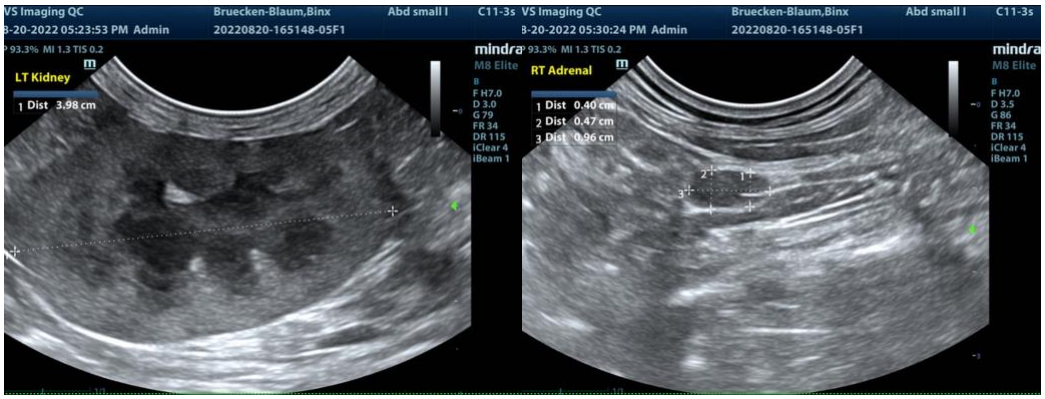
- Distal small intestine foreign body obstruction
- Minor increased portal markings in the liver
- Volume contracted spleen

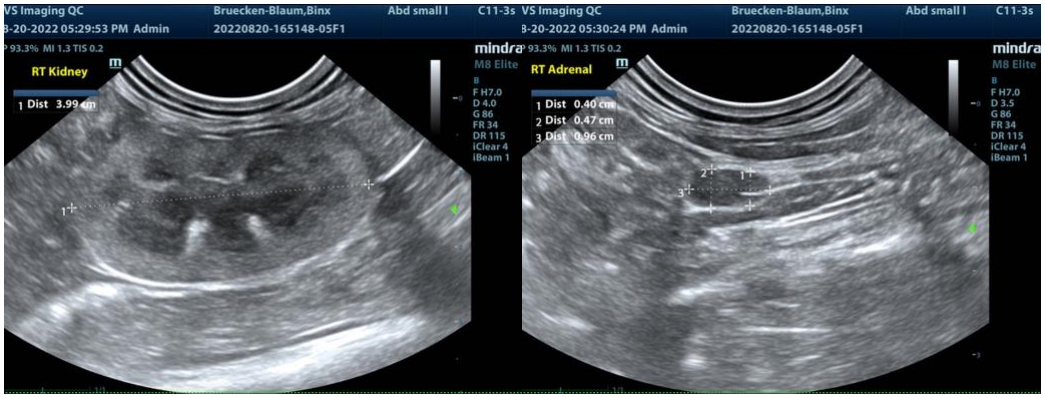
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The azotemia is secondary to obstruction. Reassessment of the bilirubin values is warranted to ensure this is not artifactual, as structurally the liver appears unremarkable, yet sepsis may be an issue. Medical management to help stabilize the azotemia, followed by an exploratory enterotomy and GI biopsies.

GI Foreign Body Research

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.





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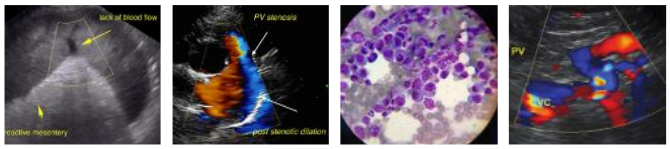

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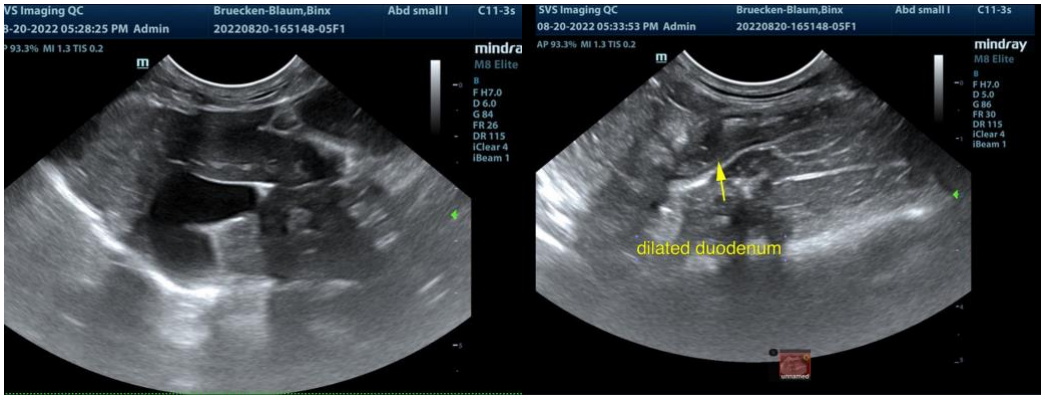

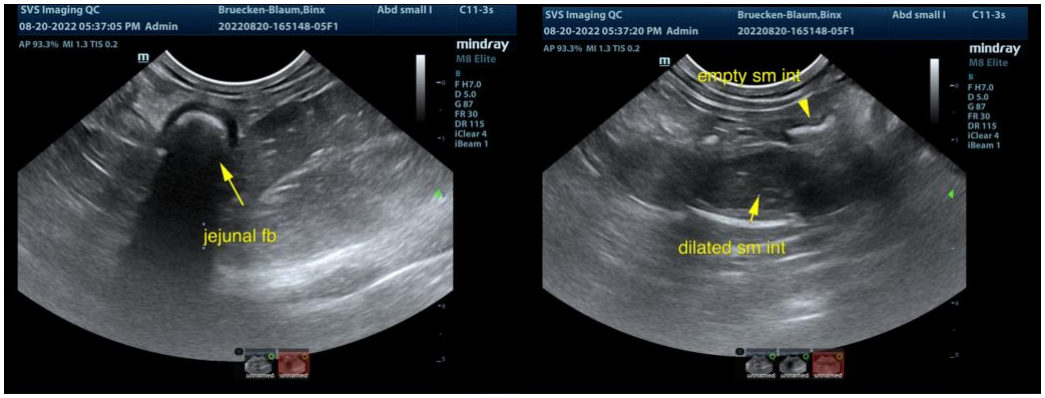

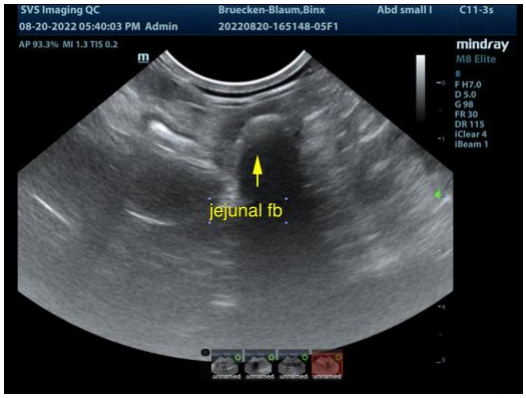

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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