



PATIENT

Misty Bowles

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

22 Months

WEIGHT

3.19 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Justin Mergl

HOSPITAL NAME

Niagara Falls AMC

REFERRING VET

Dr. Justin Mergl

INVOICE

40649

DATE

8/20/22

PRESENTING CLINICAL SIGNS

Started vomiting overnight. Total of 7-8 times overnight consisting of green bile. Not eating or drinking. No history of FB ingestion but cannot rule out 100%.

Abnormal PE/Chem/CBC/UA Results: - ~5-7% dehydrated -Painful on caudal abdominal palpation and a palpable round/sausage-like firm mass. Pain/vocalization was observed with pressure over the suspected intussusception/abnormal region over the caudal abdomen. Mild neutrophilia, moderate lymphopenia, mild hypokalemia

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 3.5 cm. The left kidney measured 3.22 cm.

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 empty. Jejunal intussusception noted in this patient with reactive surrounding mesentery. Intussusception measured approximately 1.5 cm just cranial to the urinary bladder, may be manually reduceable, and resection may be avoidable. The intussusception does not appear to be obstructive at this time. However, some inflammation noted.



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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.

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ULTRASONOGRAPHIC FINDINGS

- Jejunal intussusception

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention recommended with GI biopsies to rule out underlying disease. No evidence of foreign body.

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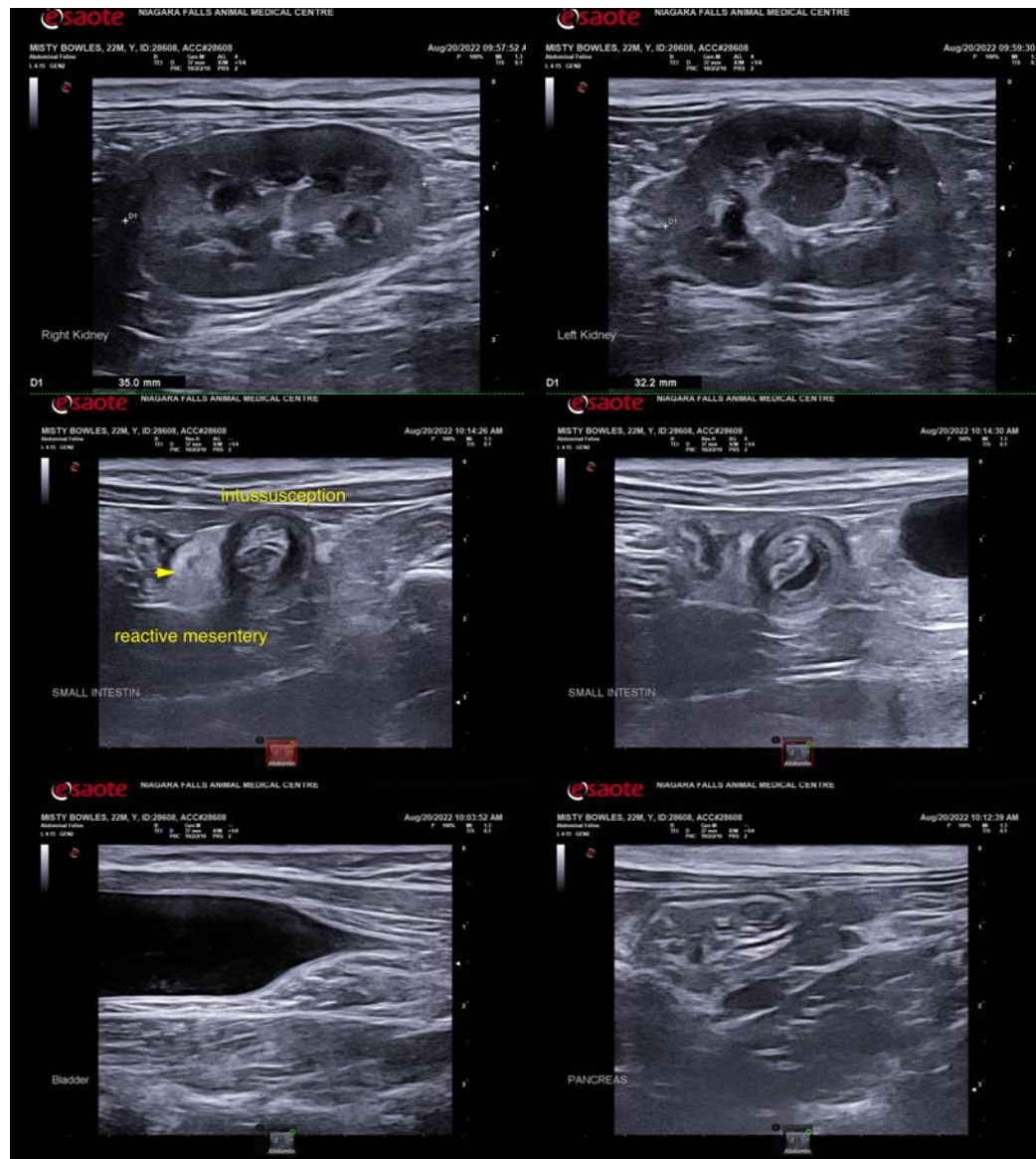
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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

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