



PATIENT

Kitty Purry Russell

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

1 Year

WEIGHT

7.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Erica Harmon

INVOICE

25315

DATE

9/10/21

PRESENTING CLINICAL SIGNS

Pt ingested a plastic bag on Friday, began to have bloody vomit on Monday. Was seen at Salem ER on Monday - did rads and ultrasound, no signs of obstruction at that time. Given convenia injection and sucralfate, seemed to improve and was doing fine up until today. Pt hasn't wanted to eat today and started vomiting dark brown fluid today. Pt has been shakey/trembly and vocal. Pt did have an episode of blow out diarrhea last night, no further episodes seen. P non painful on palpation, no FB noted under tongue recheck rads 9/9-late PM CONCLUSIONS: - Heterogeneous gas and fluid opacity within the small intestinal loops. These findings could be compatible with the transit of soft tissue material, even though there are no overt signs of complete obstruction at this time. Gastroenterocolitis should also be considered. The mild heterogeneous granular mineralized content within the colon suggests previous dietary indiscretion which could contribute to the reported clinical signs. RECOMMENDATIONS: Given the persistent clinical signs, a followup abdominal ultrasound would be indicated. Alternatively, fluid therapy and radiographic followup of the abdomen in 12-24 hours, according to the clinical status of the patient, might be considered to follow the evolution of the gastrointestinal pattern and exclude the development of an occlusive pattern. P was hospitalized overnight on fluids, rads rechecked at noon FINDINGS: The images are compared to the exam acquired approximately 12.5 hours prior on the same date (Case #7056606-15). Peritoneal and retroperitoneal serosal detail remains within normal limits. The stomach is similar in size to previous, and continues to contain a mild amount of gas. The pyloric antrum incompletely fills with gas on the left lateral view. The small intestines remain within normal limits for size, and are again predominantly fluid/soft tissue opaque. The colon again contains admixed with granular, mineral foci. The liver, spleen, and kidneys remain within normal limits. The urinary bladder is increased in size from previous, but remains homogeneously fluid/soft tissue opaque, likely due to conscious retention. The included portion of the caudal thorax remains within normal limits. Multiple open physes remain present, and are consistent with the young patient age. The superficial soft tissues and the remainder of the exam remain within normal limits. CONCLUSIONS: As before, there is no evidence of complete small intestinal mechanical obstruction. The presence of gastroenteritis is considered. The mineral colonic content is nonobstructive, and may be consistent with the patient's diet (if the patient is fed bones or eats prey) or may represent foreign material. RECOMMENDATIONS: Further treatment and diagnostic plans will be somewhat dependent upon your clinical assessment of the patient, and the clinical evolution of the case. Performance of an abdominal ultrasound could be considered for further evaluation of the GI tract and the reported clinical signs
Abnormal PE/Chem/CBC/UA Results: labs 9/9 PM on intake EPOC-WNL CBC- 53.9 %, HGB 17.4, No other remarkable findings CHEM 10- WNL

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 1.0 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.

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 adrenal glands measured 0.40 cm in width each.



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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 were noted.

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Liver

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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.

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Gastrointestinal

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Minor fluid filled **gastric** lumen present with slight mural hypertrophy. The small intestine and colon were unremarkable.

Pancreas

WEIGHT

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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.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with minor gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. Supportive care should prove effective.

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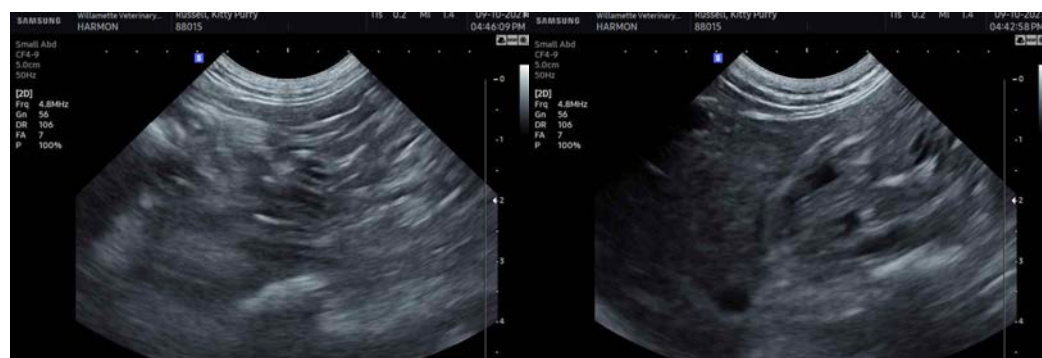
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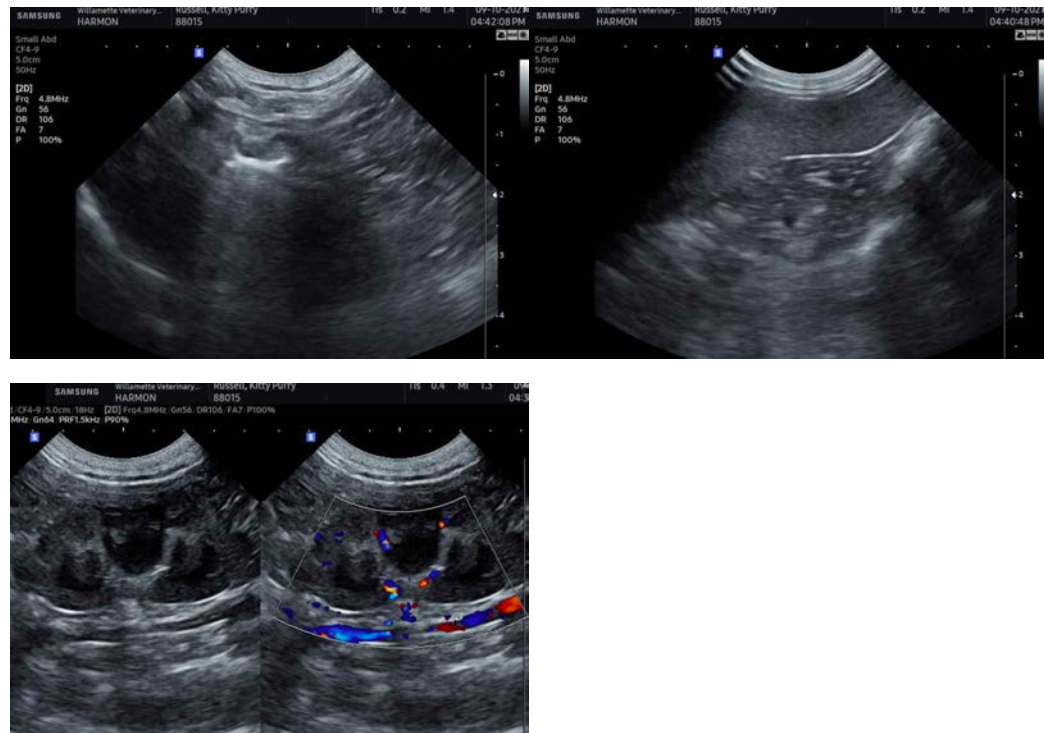
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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