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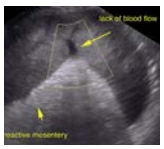
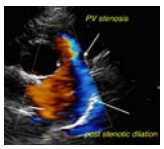
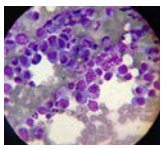
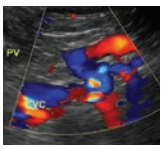
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Dino Stevens

SPECIES
Feline

BREED
DMH

SEX
Neutered Male

AGE
3 Years

WEIGHT
10.9 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Amanda Crook – SDEP Certified Sonographer

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Travis Gibson

INVOICE
41039

DATE
9/3/22

PRESENTING CLINICAL SIGNS

Patient ate a rubber band that had 6 (4-5 inch) ribbons attached to it about 2 to 3 days ago. On 9/1/22 patient began vomiting. Owner reports that patient ate his food in the morning but had no interest in food inthe evening or this morning (9/3). Patient has continued to vomiting today. Owner has not seen any stools from patient today. Patient has history of eating just about everything (ex. plastic bags, socks, hair ties and food if it is not picked up fast enough). Patient did vomit a piece of plastic on 9/1. In the past when patient has eaten things he should not he would normally vomit them up but the have found pieces of items in his stool. _ 9/3- mildly painful, did not handle fluids well over night

Abnormal PE/Chem/CBC/UA Results: BW: Dehydrated, normal values ECG: normal results, with sinus rythm BP: 120mmHg, 118mmHg, 118mmHg Rads on 9/2 - Material in the colon and in the small intestine irritations of the small intestine there does not appear to be any distended loops of bowel Recheck Rads from 9/3: Material in colon appears to have stayed in location. It Appears movement has taken place in the small intestine with new gas pattern forming

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.36	1.76	0.49	37	71
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE** (Sisson)	**LA** 2D 4-chamber long axis AS to FW (Sisson) (cm)		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.1	1.2	1.2		1.0	0.77	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

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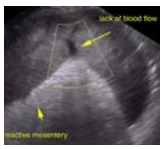
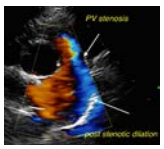
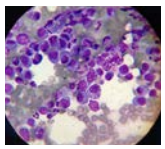
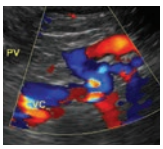

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Urinary System

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 left kidney measured 3.87 cm.

Adrenal Glands

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

Examination of the **gastrointestinal tract** revealed multifocal linear foreign bodies in the small intestine and colon with a partial obstructive pattern. Surgical intervention recommended. The structures measured up to 2.0 cm. Minor chyme noted in the stomach without overt foreign matter. However, some stasis present. Some reactive mesentery noted, suggestive for emerging peritonitis, yet no free fluid noted at the time of the sonogram.

Pancreas

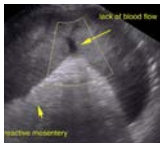
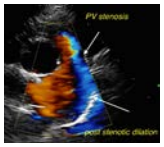
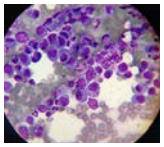
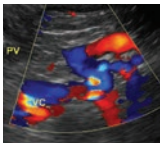
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Small intestinal/colonic foreign matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiac pathology or contraindication for anesthesia. Exploratory surgical intervention indicated. The colonic foreign matter can likely be massaged distally. However, the small intestinal

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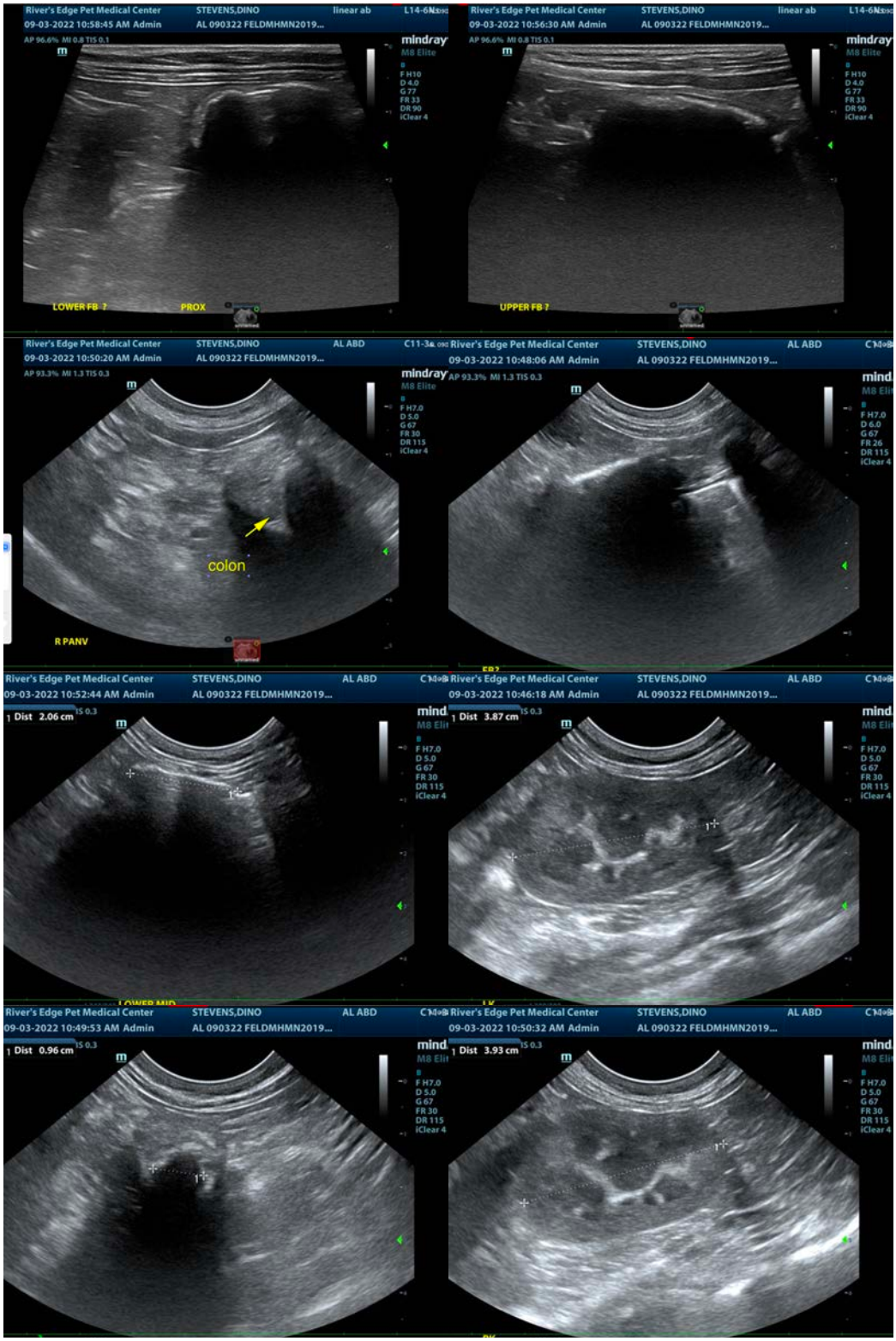
foreign matter would necessitate enterotomy. GI biopsies indicated.

Radiographs: Small intestinal and colonic foreign matter.



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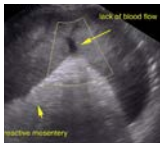
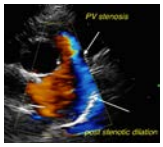
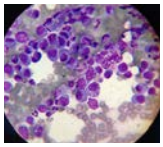
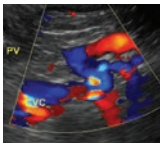

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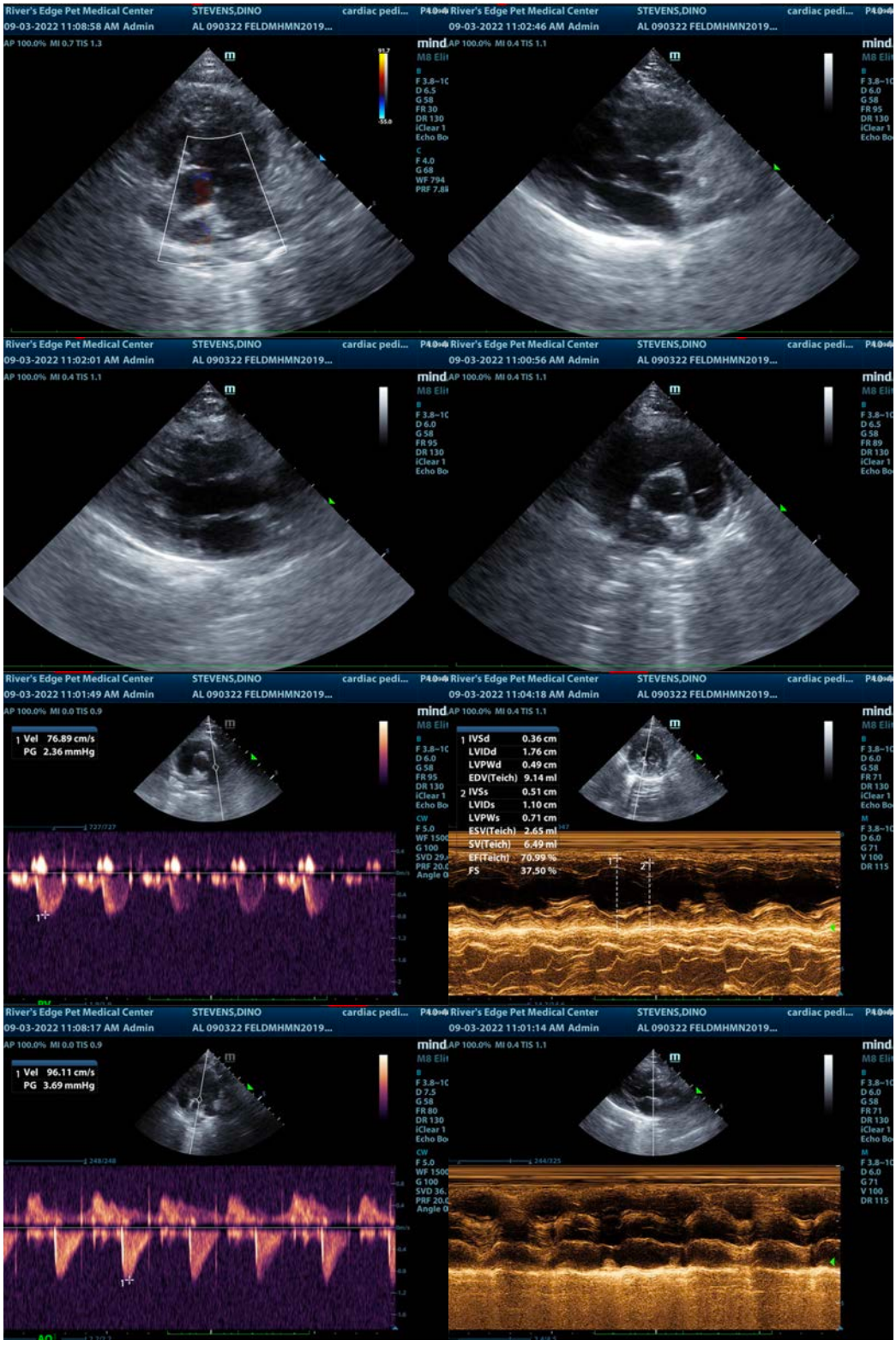

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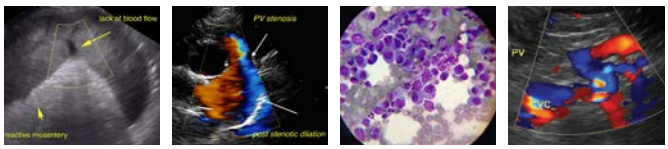

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com