



PATIENT

Meow Nelson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

7.25 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany Pet IQ

REFERRING VET

Dr. Nelson

DATE

4/4/23

Invoice

43690

PRESENTING CLINICAL SIGNS

History: -QAR -6-8% dehydrated -BCS 3/9 -Pulse 150 -Resp 40 1 month long hx of clay-like, pale stool and intermittent vomiting, starting with food but now only liquid. Weight, muscle coverage, appetite and energy continually declining. seems to struggle to swallow or use tongue. Mild borborygmus on abd palpation. Possible 1" mass central, cranial abd under rib cage. Current Medications 250mg sucralfate slurry q8hrs, 1/2t 16mg cerenia SID Radiographic Findings elongated focal gas and fluid accumulation in small bowel as well at stomach gas accumulation in large bowel Filling defect at pylorus and jejunum barium retained in upper esophagus 2.5 hrs post barium Primary Question/Differential to Be Answered in This Exam Is there a blockage that can be surgically removed with a fair-good prognosis and/or survival time > 1year?
Abnormal PE/Chem/CBC/UA Results: fPLI + Na 191 Cl 100 Glu 191 CBC and remainder of bloodwork 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 3.47 cm. The right kidney measured 3.53 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 0.34 cm and the right adrenal gland measured 0.27 cm.

Spleen

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

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



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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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The upper **gastrointestinal tract** was dilated as was the stomach. The stomach was non-peristaltic consistent with ileus. Dilated small intestine was followed by empty small intestine, which is consistent with an obstructive pattern. The ileocecal junction was unremarkable and empty. A 1.0 x 2.0 cm jejunal lesion was noted in this patient and appears to be the cause of obstruction. The lesion appears resectable. Dilation of the small intestine was noted prior to the thickening followed by empty small intestine. It appeared to form a mass that measured 2.0 x 1.5 cm. Reactive mesentery was noted associated with the dilated upper gastrointestinal tract.

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Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour. Some level of inflammation is likely.

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Free Abdomen

A slight amount of free fluid was noted between the liver lobes and the pylorus.

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ULTRASONOGRAPHIC FINDINGS

Annular, obstructive intestinal mass, appears resectable.

IMAGING PERFORMED BY

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Slight region of peritonitis.

Minor pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Resection to approximately 6-8 cm of intestine is recommended upon surgical approach. Chest radiographs are warranted to rule out comorbidities. Intestinal carcinoma versus lymphoma or granulomatous disease.

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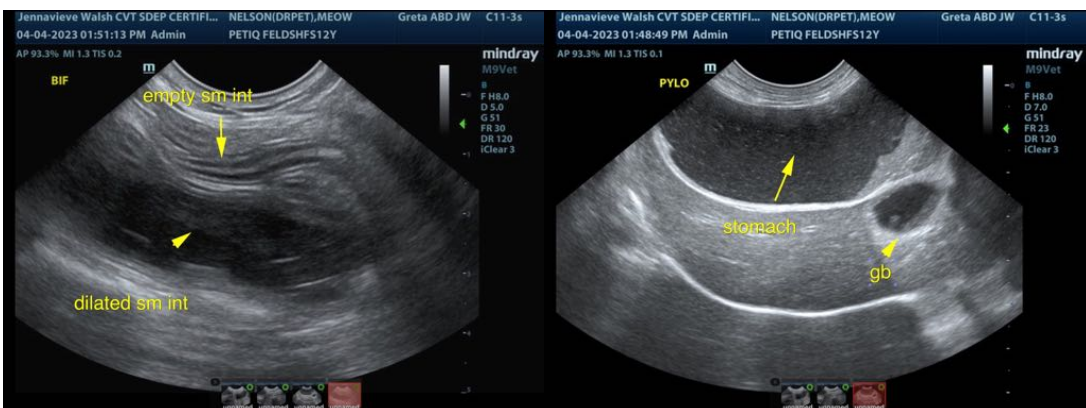
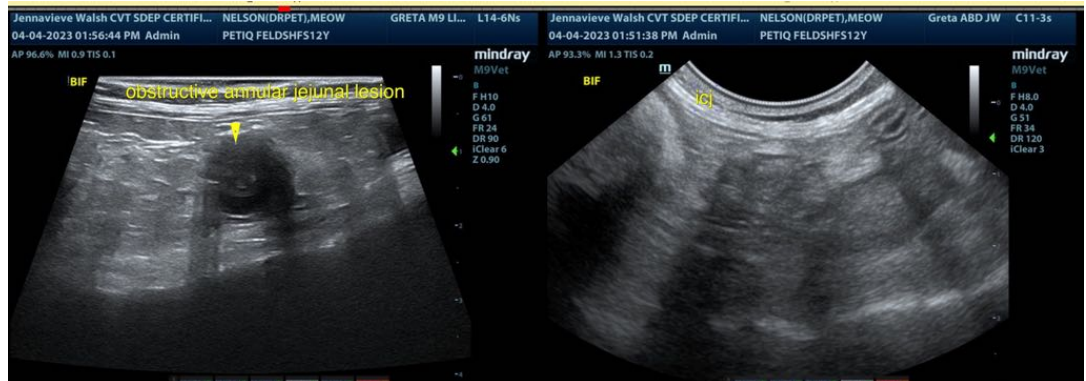
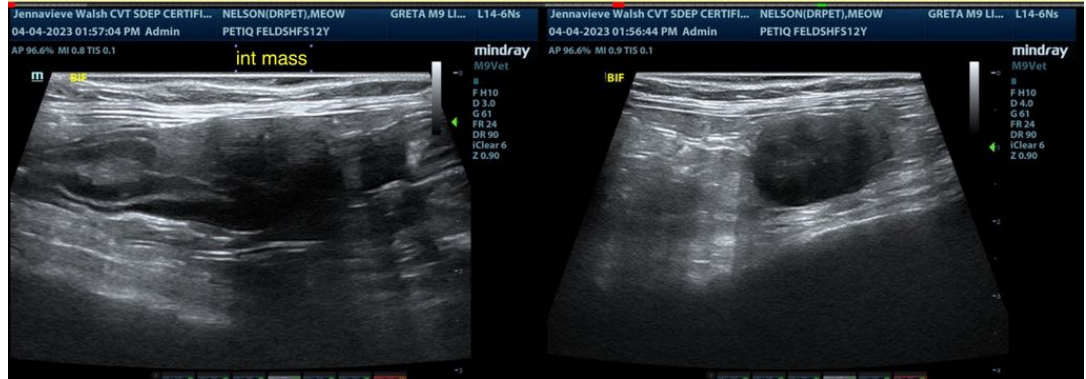
Dr. Nelson

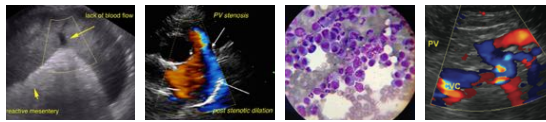
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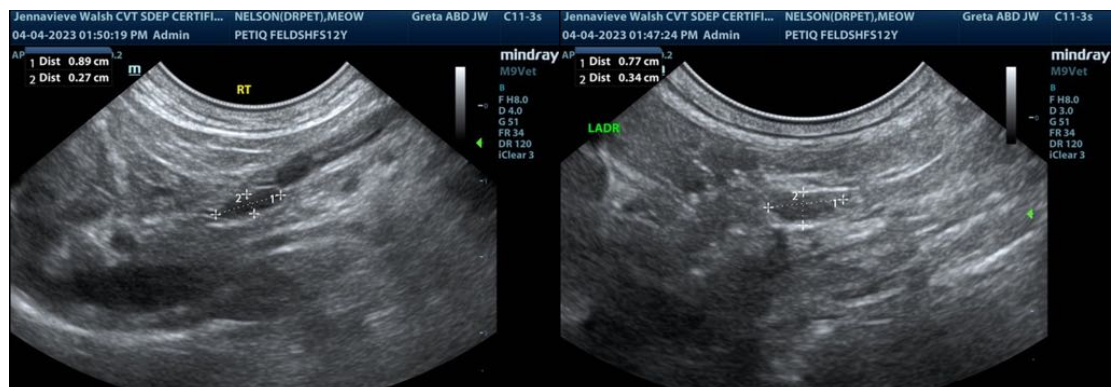
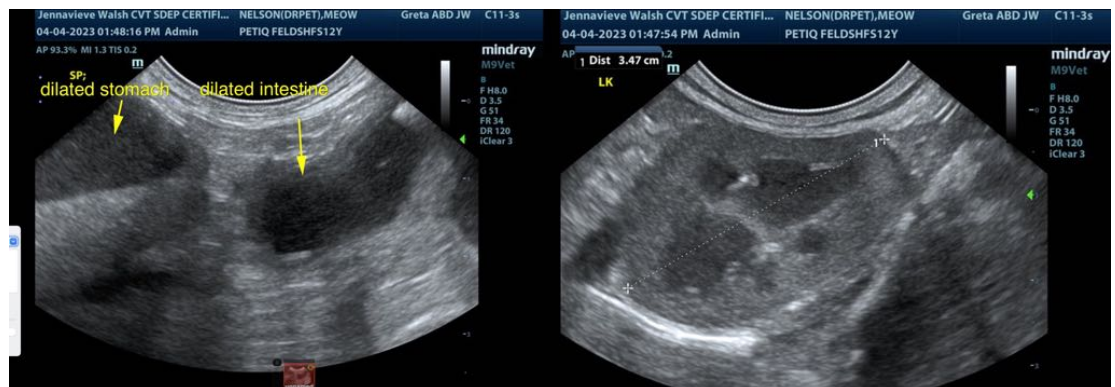
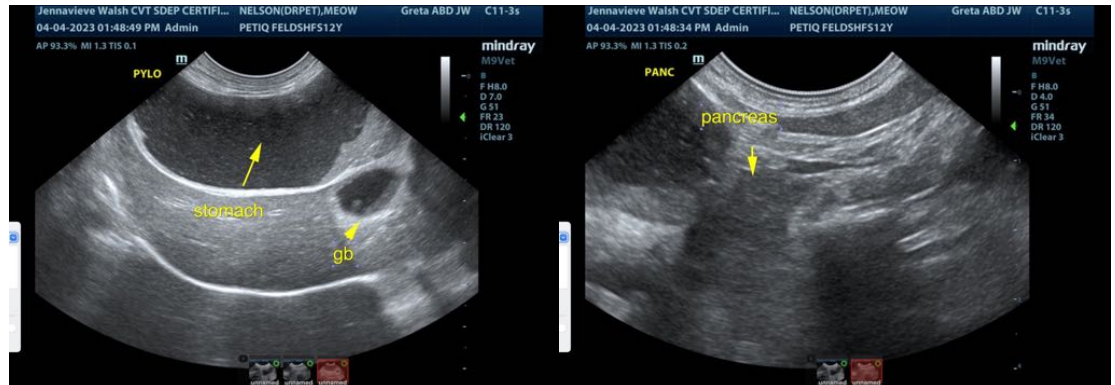
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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