

PATIENT

Sophie Moseley

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

5 ½ years

WEIGHT

4.44 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Wellington VS

REFERRING VET

Dr. Kamaitis

INVOICE

42297

DATE

11/24/22

PRESENTING CLINICAL SIGNS

History: Inappetent and vomiting off and on for past 3+ weeks. Had coughed up multiple hairballs two weeks ago. Severe dental disease/stomatitis Bloodwork and radiographs performed - bloodwork changes possibly just stress related. Radiographs abnormal (Dec.8/22) - plication of intestines observed. Possible linear foreign body; intestinal wall also thickened - IBD? O did not want to proceed with further diagnostics at that time, wanted to treat for IBD with steroids, aware this increased the risk of perforation in case it was a foreign body Dec.20/22 - appetite improved for 5 days, followed by recurrence of inappetence for past 4 days. Dehydrated Gave SubQ fluids O agreed to abdominal ultrasound. Administered Convenia, refilled Cerenia and prednisolone
Abnormal PE/Chem/CBC/UA Results: Elevated T.Protein and Globulin. Elevated RBCs, HCT, HGB.

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 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 4.0 cm. The right kidney measured 3.98 cm.

Adrenal Glands

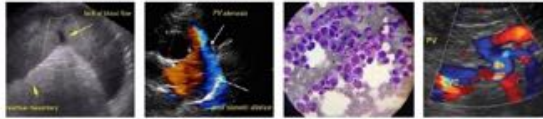
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.47 cm. The left adrenal gland measured 0.28 cm.

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 was 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



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Sophie Moseley lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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A linear foreign body was noted in this patient. This may be attached to the base of the tongue. Accordion pleating was noted in the small intestine with reactive mesentery. The pylorus was hypertrophied. An obstructive distal small intestinal pattern was also noted with dilated bowel. A minor amount of free fluid was 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

Linear foreign body with obstructive distal small intestinal pattern.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated. Gastrotomy and enterotomy is necessary. Once the patient is sedated examination of the base of the tongue is indicated.

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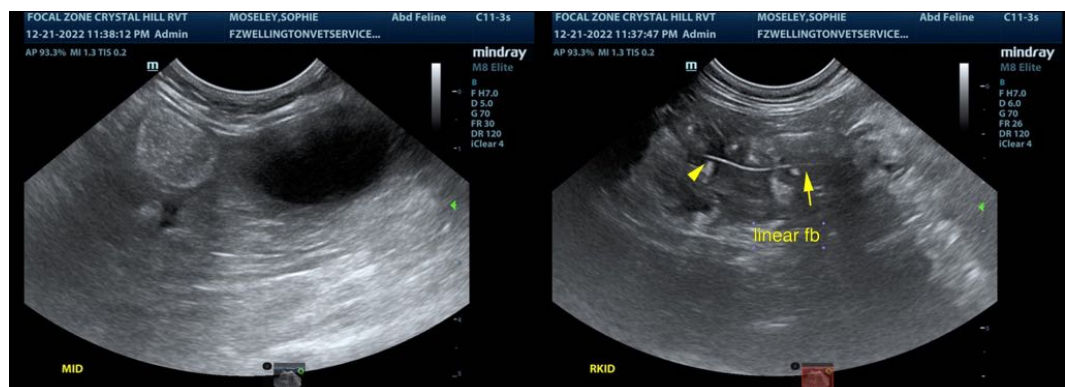
Dr. Kamaitis

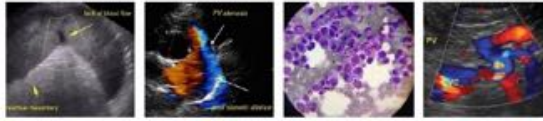
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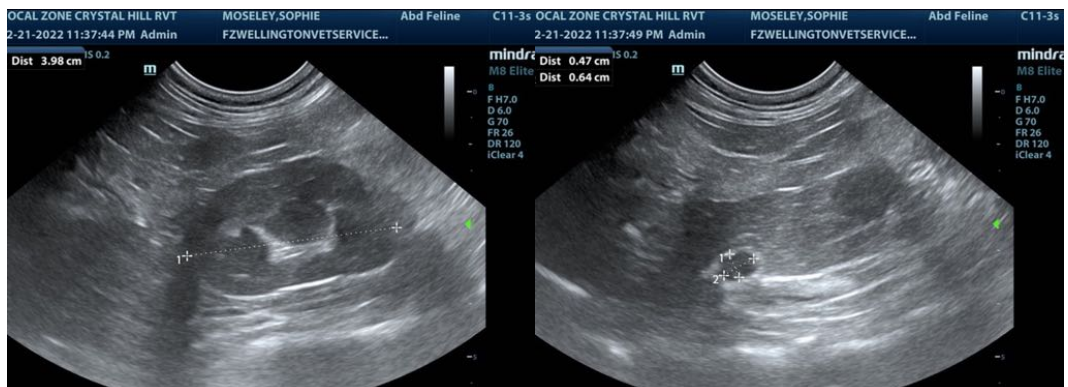
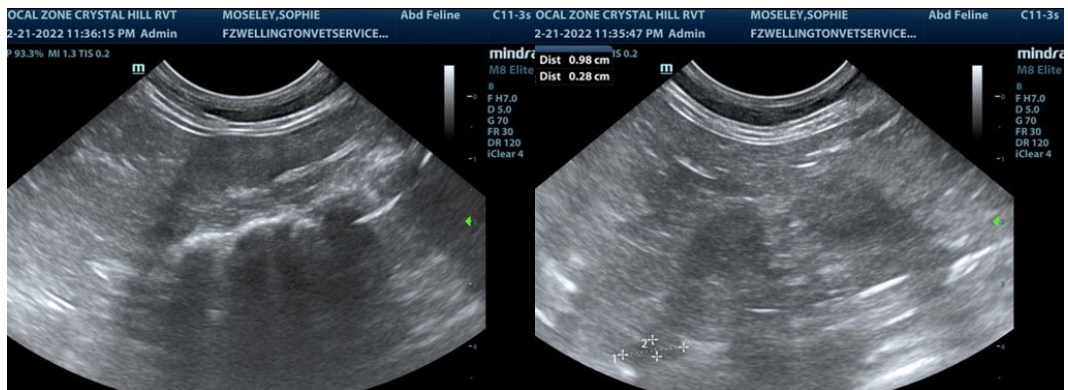
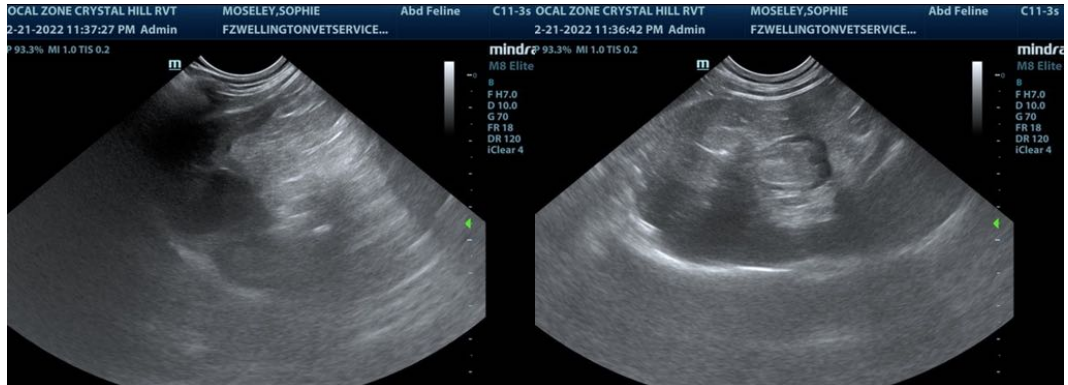
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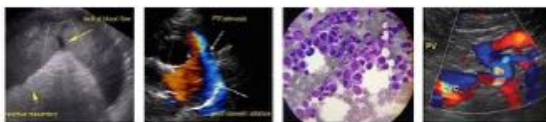
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com

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