**PATIENT**

Odin Finucane 52058A

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

5.4 kg

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

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Specialists Dr. Alucard**INVOICE**

31594

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Owners were out of town over the weekend. Pet-sitter let the owners know yesterday that he had vomited clear liquid all throughout the house. Owners came home to find 20+ piles of white foamy piles of vomit, some piles were orange tinged. One hairball was present, and had part of a rope/string from a toy (looked like the entire piece was there). The plastic ring part of the toy is missing, but owner thinks she may have thrown it out. He has not been interested in food. rDVM evaluated Odin and suspected obstructive pattern vs. plication. Bloodwork was reportedly normal per owners. He was transferred to MVS for supportive care, monitoring, and likely exploratory laparotomy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left kidney** measures 3.71 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right kidney** measures 4.02 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation No abnormalities observed.

Adrenal Glands

The **left adrenal gland** measures 0.35 cm at the cranial pole, 0.39 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

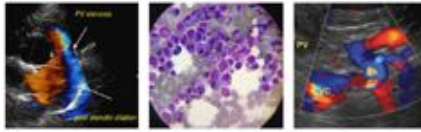
The **right adrenal gland** measures 0.39 cm at the cranial pole, 0.34 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size 10 mm (normal = 10 mm), echotexture, and echogenicity. mild scalloping of the capsule is observed. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. The surrounding mesentery is moderately hyperechoic.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

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The gallbladder wall is within normal limits in thickness and echogenicity. A trivial amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction. The CBD measures 0.28 cm.

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Gastrointestinal**BREED**

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A small amount of fluid is present within the lumen of the stomach (pylorus). The gastric wall is within normal limits in thickness and the wall layers are well defined. Subjectively, the submucosa and muscularis are more prominent than usual. No obvious abnormalities are observed with its peristalsis.

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The lumen of the proximal duodenum is filled with fluid and gas and is mildly corrugated. It is thickened, measuring 0.35 cm. The wall layers are less well defined and appear "hazy" in this region, and the submucosa (of the proximal duodenum) is thicker than usual. The duodenum transitions into a loop of bowel with a more normal appearance, i.e. definition of wall layers is well preserved, however, subjectively, the mucosa is slightly prominent and mild fogging is present. It measures 0.27 cm.

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Jejunum: wall thickness is within normal limits and mural detail is considered normal (0.26 cm, 0.27 cm), albeit at the high end of normal. No abnormalities are observed with the ileocecal-colic junction. Abnormally dilated loops of bowel are not observed. No obvious abnormalities are observed with the colon.

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Pancreas

The pancreas is mildly hypoechoic, however, its contours are smooth and regular. The mesentery immediately adjacent to the pancreas is not hyperechoic, however, it is hyperechoic in the region of the stomach. Severe signs of pancreatitis are not appreciated.

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ACVIM**Other****IMAGING PERFORMED BY**

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Lymph nodes

A few smooth, slightly hypoechoic gastric lymph nodes are mildly enlarged in the region of the stomach and proximal duodenum. The omentum surrounding the lymph nodes is hyperechoic. Examples of measurements: 0.46 cm in diameter x 1.00 cm in length; 0.68 cm in diameter x 0.46 cm in length

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The borders of one of the mesenteric lymph nodes is very mildly irregular, but within normal limits in size (0.47 cm in diameter x 1.69 cm in length). It is mildly to moderately hypoechoic.

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A slightly enlarged, smooth, elliptical mesenteric lymph node is noted in the caudal abdomen (0.62 cm in diameter x 1.01 cm in length).

The lymph nodes in the region of the ileo-cecal colic junction are mildly prominent, but not overtly enlarged or abnormally hypoechoic.

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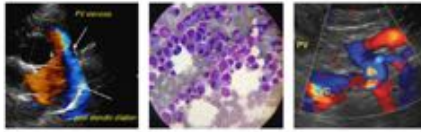
Abdominal effusion

A scant amount of anechoic effusion is present dorsal to the urinary bladder, as well as the spleen.

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ULTRASONOGRAPHIC FINDINGS

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- **Gastrointestinal tract:** Gastroduodenitis and a very mild ileus are present. The changes with the stomach and proximal duodenum are attributed to the acute onset of vomiting.
- **Lymph nodes:** Mild lymphadenomegaly of the gastric lymph nodes is attributed to the recent episode of vomiting.
- **Mesentery:** Signs of steatitis surrounding the stomach and duodenum are present.
- **Pancreas:** Signs of severe pancreatitis are not appreciated. A low grade, smoldering pancreatitis cannot be excluded.
- **Spleen:** The spleen is at the high end of the normal reference range, which may be due to splenitis
- **Urinary bladder:** The sediment in the lumen of the urinary bladder is most likely clinically insignificant, in the absence of inflammatory changes with the wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no signs of a foreign body or an obstructive pattern on today's abdominal ultrasound. However, signs of gastroduodenitis secondary to the severe and numerous vomiting episodes are present.

The following are suggested/recommended

Continue intravenous fluids

Analgesia – IV, depending on severity of pain, for example, CRI of an opioid, +/- CRI of lidocaine and ketamine vs. buprenorphine sublingually every 6 to 8 hours, in addition to gabapentin PO, if able to tolerate orally.

Cerenia intravenously, at 1 mg/kg

Pantoprazole intravenously 1 mg/kg, followed by omeprazole 0.7 mg/kg PO q12h for 14 days

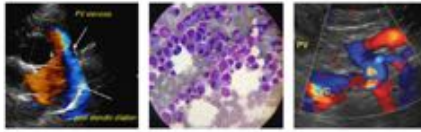
Sucralfate if tolerates it, esophagitis likely present.

Small frequent meals of an easily digestible diet



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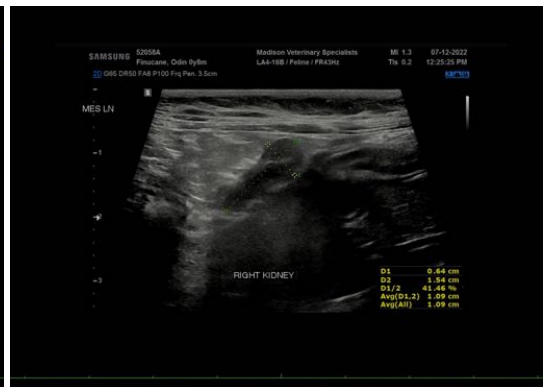
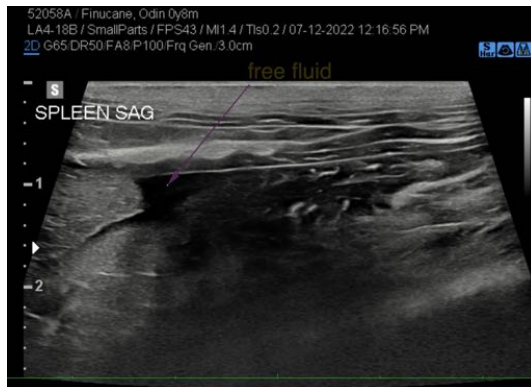
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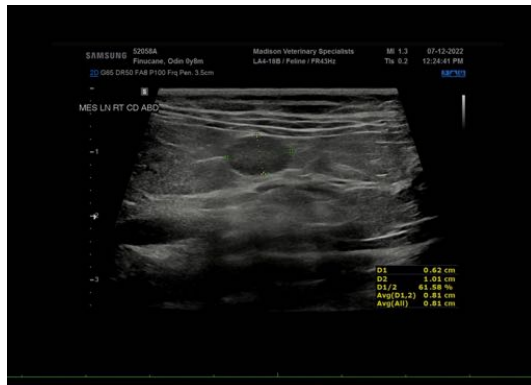
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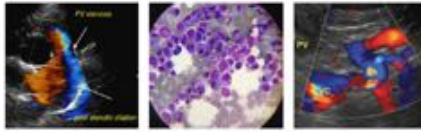
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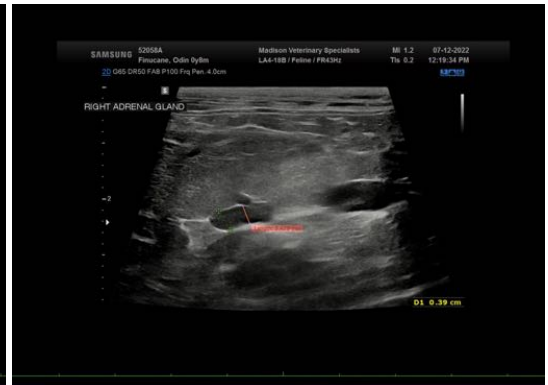
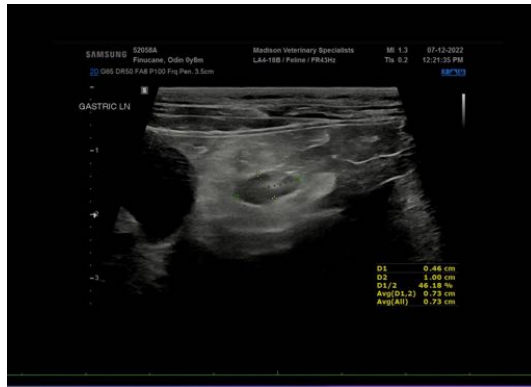
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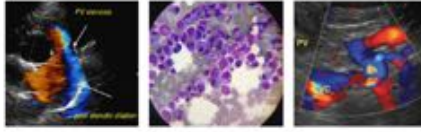
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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