



**PATIENT**

Quill Kestel

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

5.0 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

13395

**DATE**

1/13/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for vomiting, lethargic, and not eating. Owner noticed yesterday that patient started vomiting. First initial vomit was food the other times it was bile and some tan liquid. Patient is not eating today and hasn't been consuming much for the past 3 days. Patient is lethargic. Owner say that he may have had diarrhea as well because there was some stool stuck to his butt.

Abnormal PE/Chem/CBC/UA Results: Abdominal: painful on palpation, ropey intestinal feel  
Radiographs: empty stomach, no plication noted but suspect foreign material in small intestines with intermittent small vesicular gas pattern intra-intestine and large gas within colon/cecum. Liver panel: Glucose 158 H EPOC: Potassium 3.4 L, Ionized Ca 1.13 L, Lactate 7.03 H, Glucose 158 H, HCT 53% H  
Repeat rads: small movement with material but not significant

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width.

No overt pathology in the area of the right adrenal gland.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet subjective mild prominent wall layering with a normal wall layer ratio. Mild to moderate retained anechoic fluid was present in the gastric body and pylorus. Evidence of



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retained ingested or overt foreign material was noted. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.30 cm.

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The small intestine exhibited segmental mild to moderate retained fluid and intermittent potential multiple strongly shadowing echoes within the intestinal lumen were present. Potential for concurrent associated segmental inflammatory intestinal mural changes. No overt evidence of neoplastic criteria or masses.

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The visualized colon was normal with luminal gas and shadowing fecal matter.

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**Pancreas**

The pancreas base and right pancreatic limb exhibited subtle prominent size and hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

3 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.0 kg

- Segmental nonspecific yet strongly shadowing intestinal luminal echo to echoes
- Mild to moderate retained gastric fluid with segmental concurrent intestinal retained fluid-suspect mechanical ileus, likely proximal to nonspecific intestinal shadowing echo to echoes
- Possible concurrent low-grade pancreatitis

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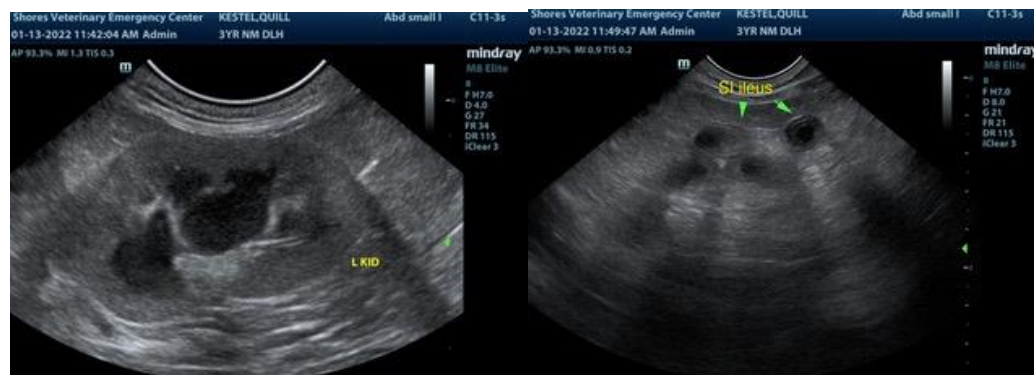
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The study is strongly suggestive of segmental to potential multiple areas of intestinal foreign material, suggestive of hair, fabric or similar with likely segmental upper gastrointestinal mechanical ileus pattern. Exploratory laparotomy with expectation toward enterotomy along with inspection of gross gastrointestinal tract recommended. Potential for passage of foreign material into the colon cannot be definitively excluded. Intestinal biopsies may be considered despite exploratory findings to assess for underlying gastrointestinal disease, if clinically indicated.

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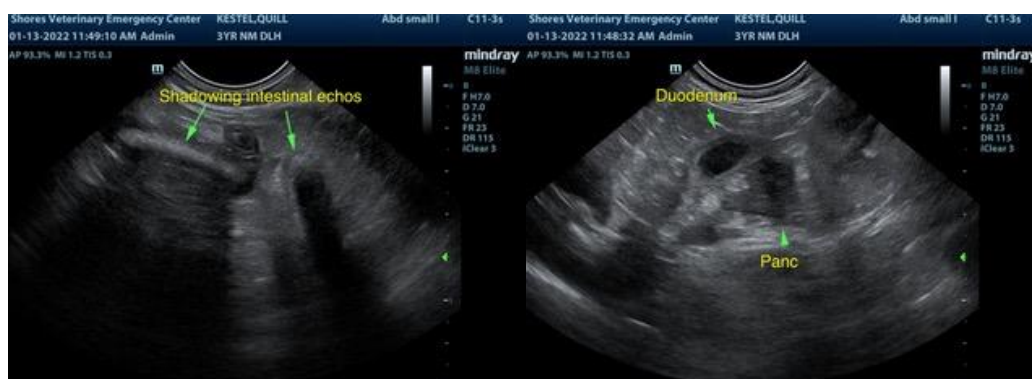
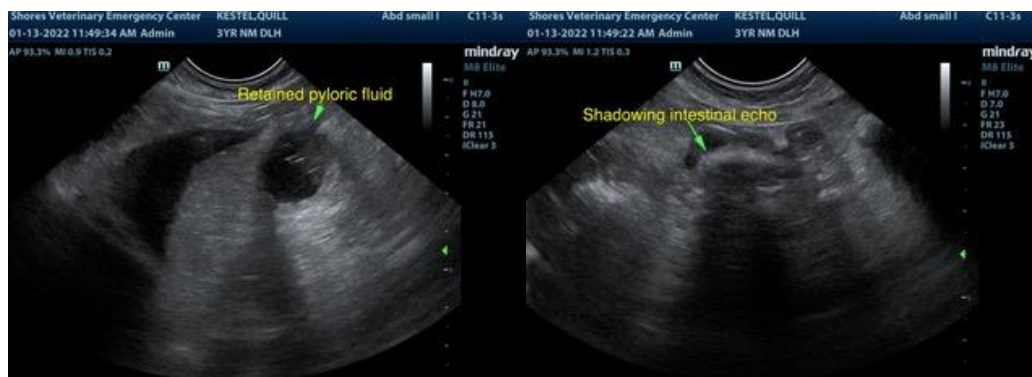
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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