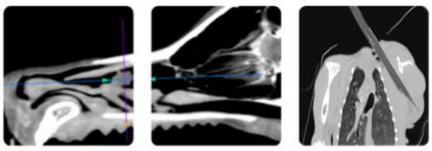

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Miko Fraser

SPECIES

Feline

BREED

DMH

SEX

Intact Male

AGE

4 Months

WEIGHT

2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney Creek

REFERRING VET

Dr. Codrington

INVOICE

13463

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- Vomiting since 01/26. Had presented to rDVM on 01/28. Tubular structure palpated in abdomen. Radiographs taken at that time. Enema and SQF administered as well as Maropitant injection. Had recheck on 01/29 in AM, reviewed radiograph report - confirmed presence of tubular structure (foreign body vs intussusception vs other) . O noted had continued vomiting. O had elected to wait another 24 hours before pursuing anything further. rDVM prescribed Sulcate. O gave first dose when they got home, he vomited shortly afterwards - they did not re-dose. Presented here 01/29 later in evening for further care. Tubular structure still palpable. Hospitalized for IVF and supportive care.
- Current Medications: Maropitant injection. Methadone.

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 change were noted.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was 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 3.0 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

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 & Gallbladder

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

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The stomach was moderate to significantly distended with primarily anechoic fluid. Normal intact visible stomach wall with no evidence of obstruction to pyloric outflow.

Segmental cranial to caudal abdomen intussusception exhibiting mild to variably thickened outer intussusception wall measuring approximately 5.0 cm to 6.0 cm in length by 1.8 cm in diameter. Fluid dilated intestinal segments proximal with segmental empty small intestine distal. Regional peri-intestinal hyperechoic omentum.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent mild mesenteric lymphadenopathy and minor peritoneal effusion were present.

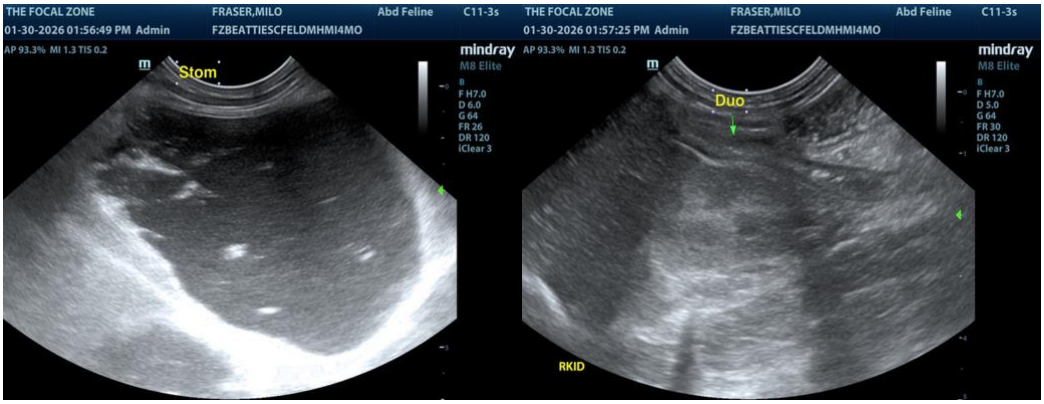
ULTRASONOGRAPHIC FINDINGS

- Intussusception with obstructive gastrointestinal pattern proximal, empty small intestine distal.
- Regional peri-intestinal hyperechoic omentum and mild mesenteric lymphadenopathy.
- Minor peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the confirmed intussusception appears to be involving the mid to potentially distal small intestinal tract given obstructive gastrointestinal pattern proximal yet concurrent visualized empty small intestinal segments. Inflammatory intestine mural changes within the intussusception are favored although underlying neoplastic or granulomatous (FIP) etiology cannot be definitively excluded.

Exploratory laparotomy with gross inspection of the intussusception, resection anastomosis and consideration for concurrent intestinal biopsies is recommended. Alternatively, surgical consult or abdominal CT for surgical planning may be ideal.



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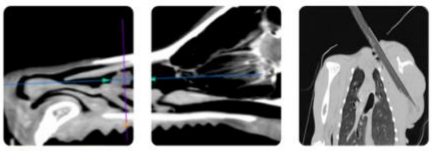

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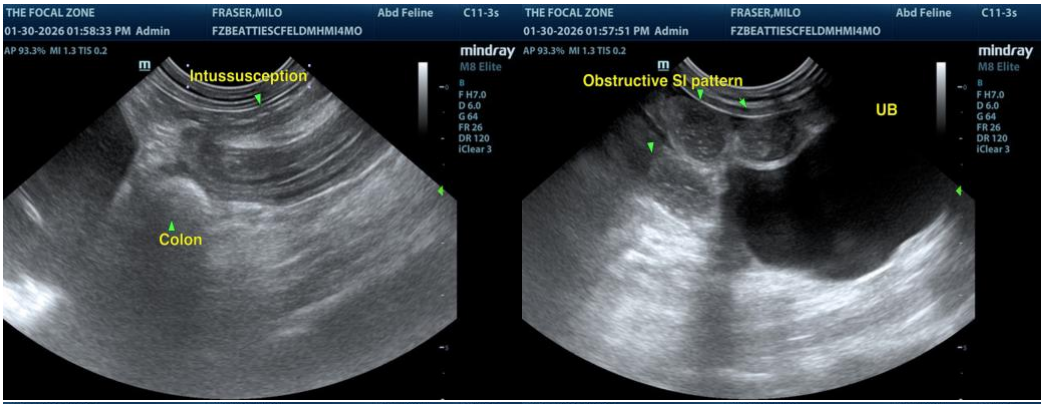

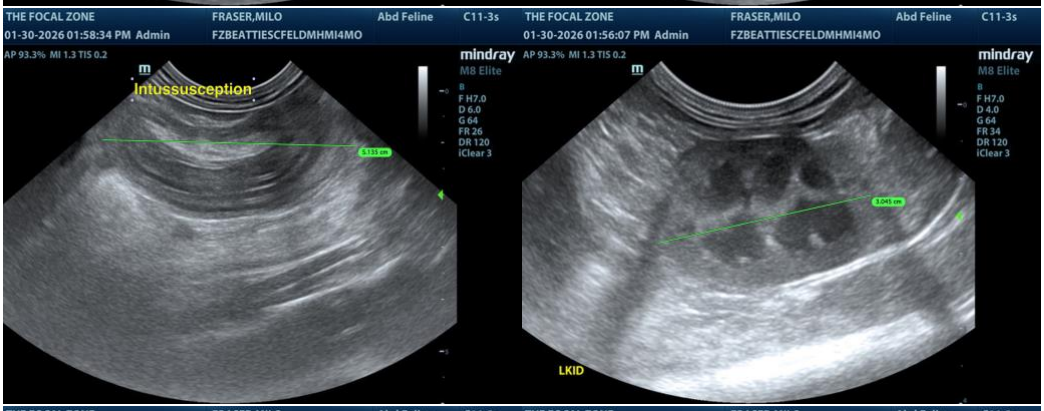

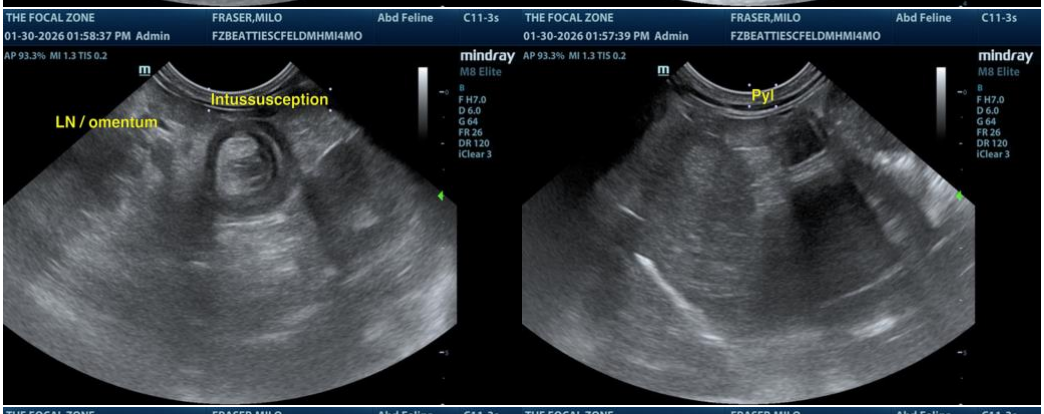

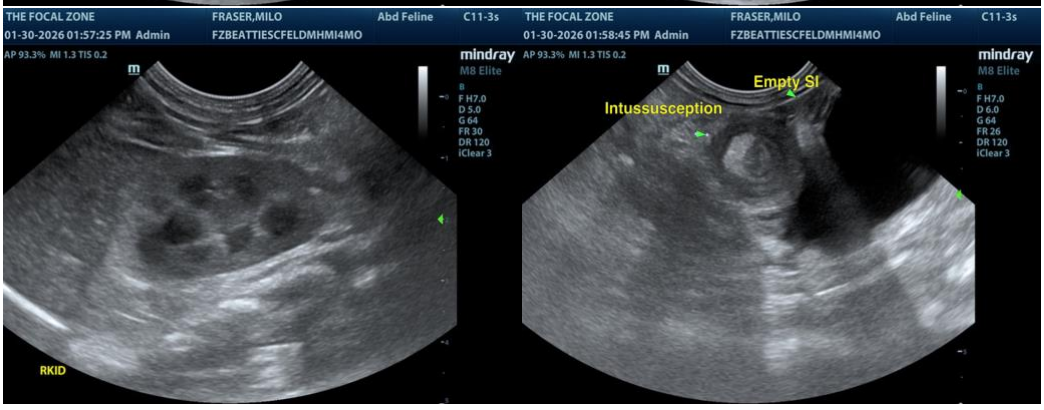

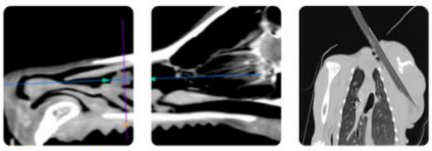

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com