



PATIENT

Tootsie Rodriguez

PRESENTING CLINICAL SIGNS

FB ingestion (Nerf Dart)

SPECIES

Feline

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.

BREED

DSH

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 3.4 cm. The right kidney measured 3.6 cm.

SEX

Neutered Male

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

AGE

9 Months

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.

WEIGHT

7.9 Pounds

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.

INTERPRETED BY

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

Gastrointestinal

The stomach was non-distended without evidence of significant retained ingesta or fluid. Strongly shadowing echo present in the area of the gastric antrum and pylorus, measuring 1.2 cm in diameter. This echo did not appear to be obstructive to the pyloric outflow, given lack of gastric distention.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

The small intestine presented intact, sonographically unremarkable wall layering with 1:3 muscularis/mucosa ratio. Segmental areas of fluid dilated small intestine with concurrent segmental empty small intestine. Subtle evidence of regional peri intestinal mild hyperechoic to reactive mesentery. No evidence of peritoneal free fluid. No overt lymphadenopathy.

REFERRING VET

Dr. Bednar

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

Pancreas

INVOICE

43168

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.

DATE

12/3/22



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ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing pyloric echo – subjectively non-obstructive.
- Segmental small intestinal ileus pattern – mechanical versus metabolic ileus.

SPECIES

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly shadowing echo noted in the area of the pylorus, which did not appear to be overtly obstructive to the pyloric outflow. Strongly concerning for foreign material, given the patient history. Definitive evidence of small intestinal obstructive foreign body was not visualized, yet potential for passing or partially obstructive foreign material in the small intestine, given segmental mechanical/metabolic ileus cannot be definitively excluded. If the patient is currently exhibiting gastrointestinal signs i.e., vomiting and inappetence, etc., exploratory laparotomy with gross inspection of the gastrointestinal tract and potential for gastrotomy +/- enterotomy may be considered.

BREED

DSH

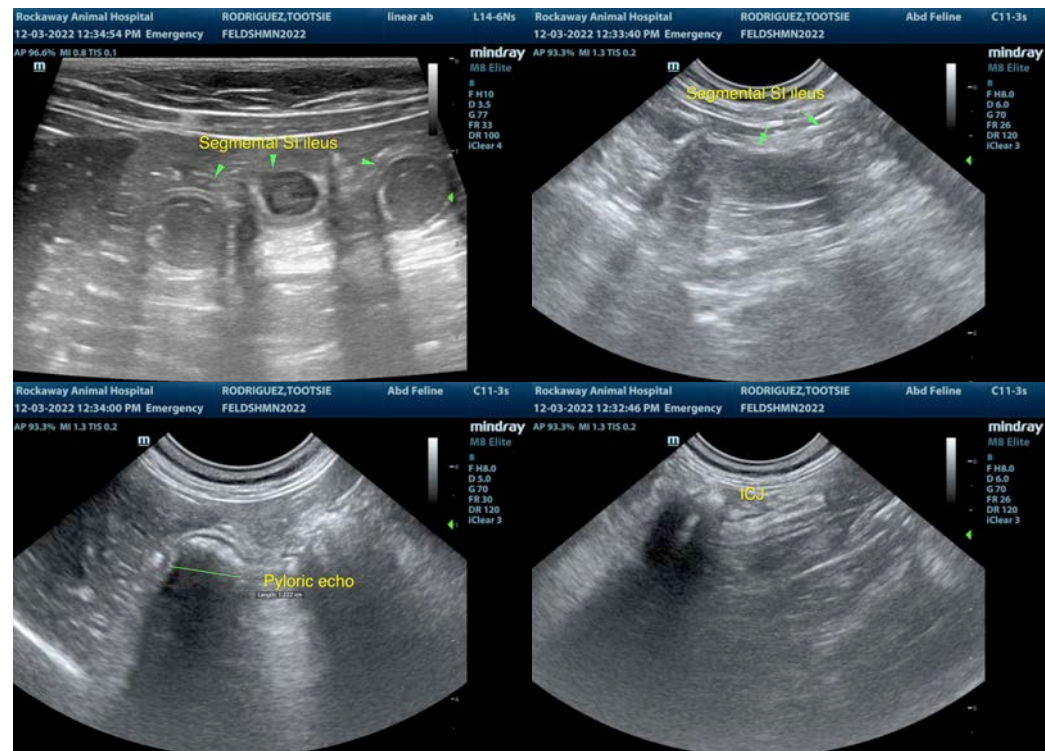
Conservatively, hospitalization with 24-hour IV fluid gastrointestinal support, documented NPO, and sonographic reassessment of the gastrointestinal tract would be reasonable.

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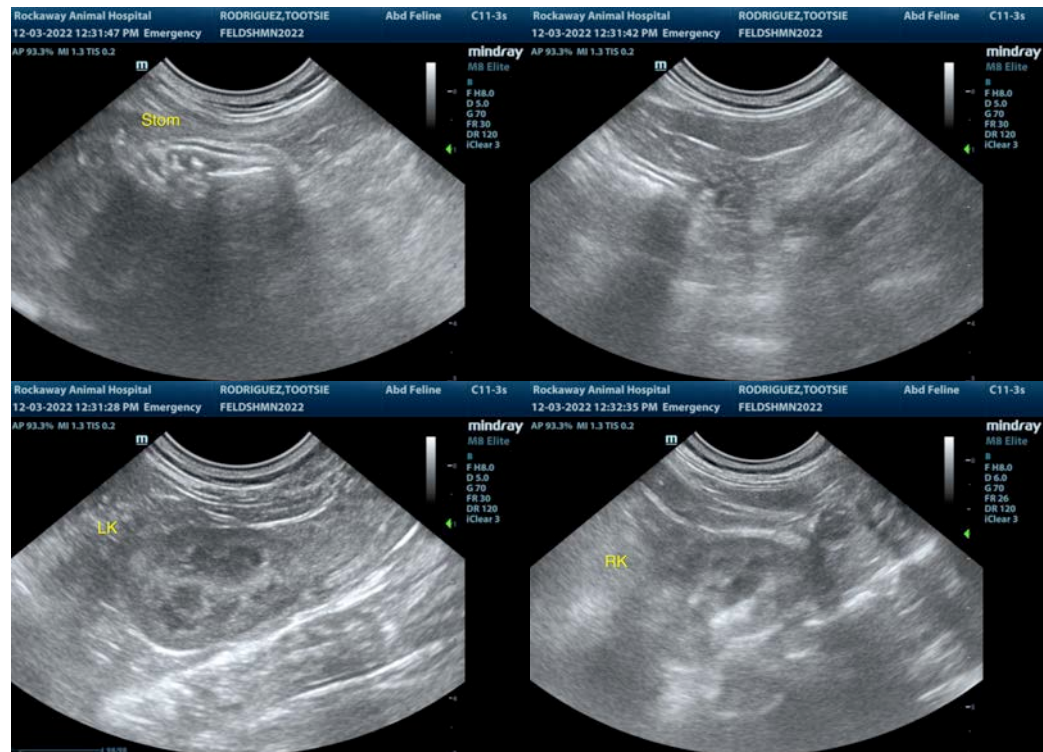
Dr. Bednar

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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)

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