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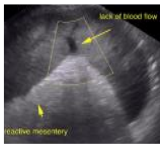
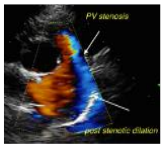
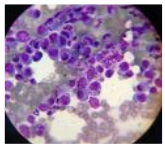
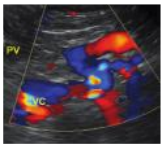

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1-800-838-4268 info@sonopath.com

PATIENT

Sufi Myers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year 5 Months

WEIGHT

5.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Travis Gibson

INVOICE

20273

DATE

12/30/22

PRESENTING CLINICAL SIGNS

History: Decreased weight since the first of the month (December). String out of anus starting Wednesday and patient either chewed or expelled, owner unaware. Owner said appeared to be dental floss in appearance. Poor BCS 3/9, pale/pink, and decreased appetite. BAR and purring through exam.

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC- Regenerative anemia HCT 19.6%/ Retic 144.4 K/uL, leukocytosis 17.42 K/uL, Normoneutric with left shift, Lymphocytosis 8.16 K/uL Chem- mild decrease CRE 0.7 mg/dL, mild hyperkalemia 5.9 mmol/L See attached rads: Gastric stomach f/b- suspected string, feces in colon

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation, which may indicate cellular debris/protein, crystalline debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 in length. The right kidney measured 3.5 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 0.44 cm.

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 anechoic content with mild echogenic luminal debris, likely secondary to fasting/anorexia. The gallbladder exhibited potential division into two separate compartments, which may suggest bilobed gallbladder, which is a normal variant in a cat. Alternatively, possible distended gallbladder with superimposition of the cystic biliary duct could be present.

Gastrointestinal

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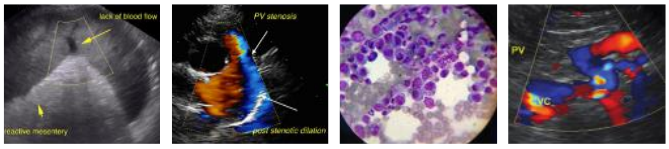

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The stomach presented intact sonographically unremarkable visualized wall layering. The stomach appeared to be mild to moderately distended, containing a strongly shadowing luminal echo, occupying the majority of the gastric lumen, extending into the area of the pylorus and gastroduodenal junction. The echo measured 2.5 cm in diameter.

The small intestine exhibited subjective intact wall layering with segmental maintained 1:3 muscularis/mucosa ratio yet concurrent segmental intestinal mural thickening was noted, owing to segmental propensity for variably prominent to thickened muscularis layer. The lumen of the small intestine was empty with no overt evidence of small intestinal obstructive pattern. Possible indistinct segmental intestinal luminal linear-like echoes were noted. Thickened yet intact small intestinal walls measured up to 0.36 cm. No overt pathology in the or obstructive pattern at the level of the ileocolic junction.

Normal visible colon wall layers were present with apparent formed to shadowing fecal matter.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Strongly shadowing gastric echo, occupying the majority of the gastric lumen- consistent with foreign body
- Segmentally thickened small bowel with possible, although not definitive, segmental discrete luminal linear-like echo- possible passing concurrent linear foreign body, no overt evidence of intestinal plication or obstructive pattern

Secondary Findings

- Urinary bladder sediment
- Possible, although not definitive bilobed gallbladder- normal variant in a cat if present

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental small intestinal mural changes were nonspecific and may indicate secondary inflammatory mural changes given the potential for passing linear-like foreign material. However, the possibility of primary intestinal disease, i.e., IBD, less likely neoplastic infiltrative enteropathy or dry form FIP, cannot be definitively excluded. Laparotomy with expectations toward gastrotomy +/- enterotomy and with full thickness intestinal biopsies strongly recommended, despite exploratory findings, is warranted. Urine culture and sensitivity on sterile urine sample is suggested if evidence of inflammatory urinary bladder sediment.

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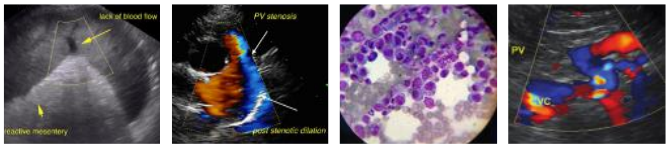

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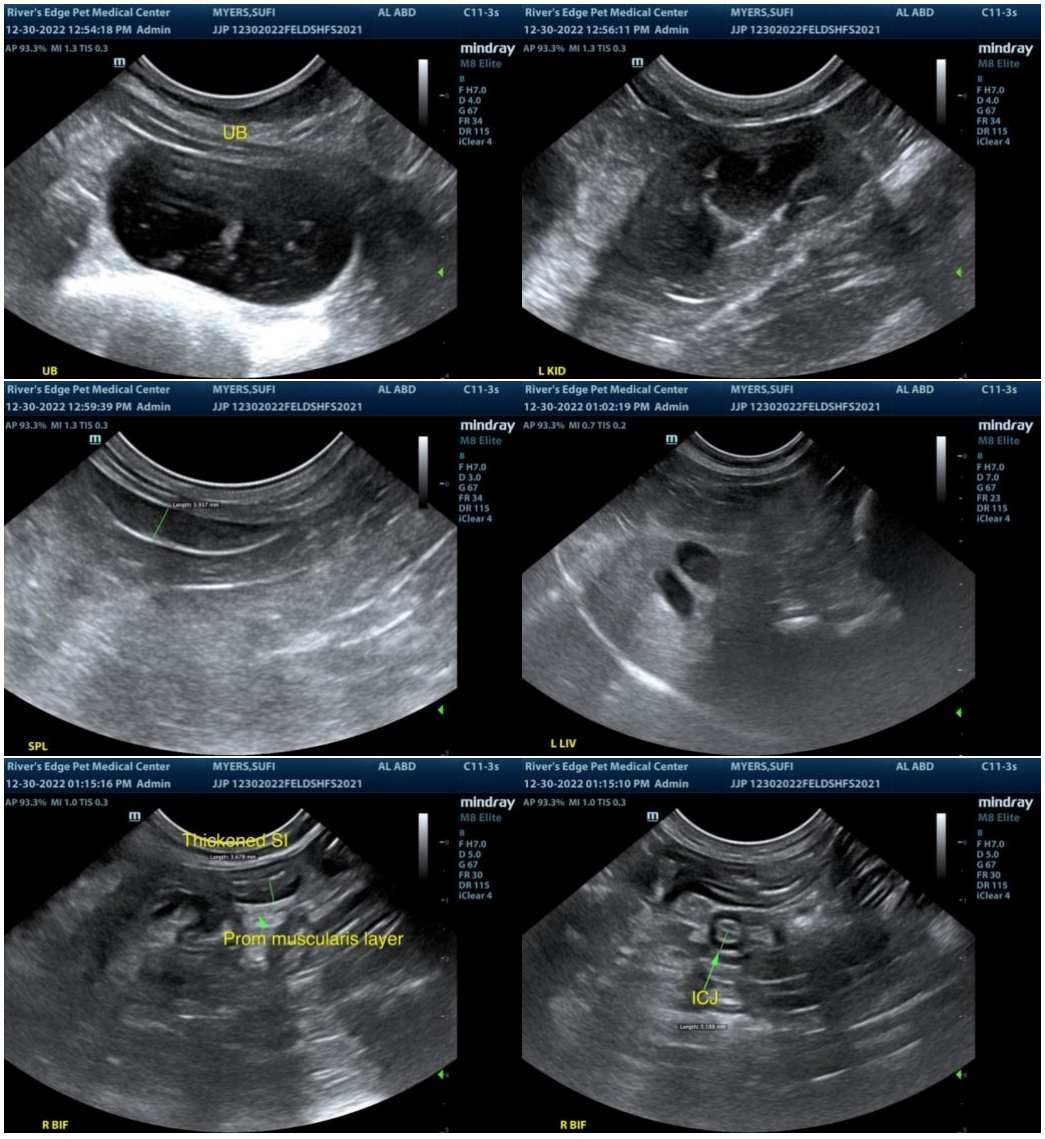

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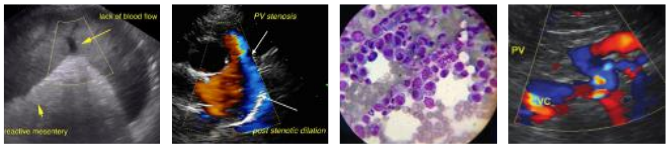

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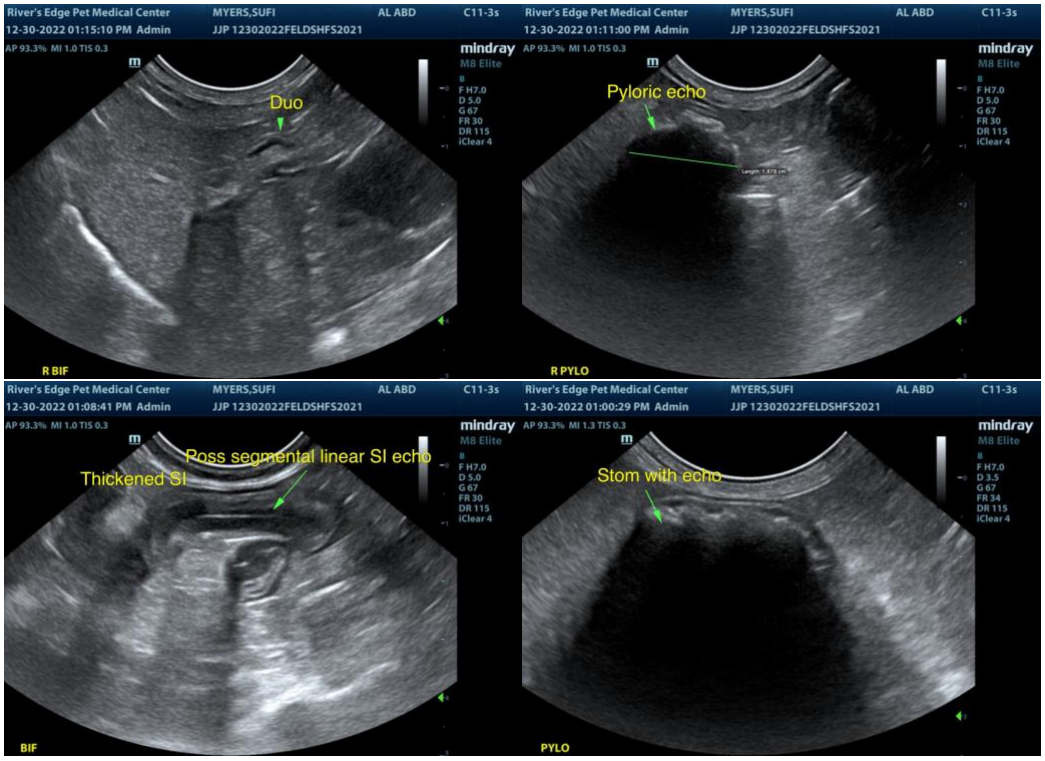

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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