



PATIENT

Lovie Mills

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 years

WEIGHT

16.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Animal General
Augusta

REFERRING VET

Dr. Castimore

INVOICE

16123

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Vomiting, not eating, lethargic.

Current meds: cerenia, reglan, pepcid injection

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in length. The right kidney measured 3.9 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

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 containing primarily anechoic content with minor echogenic luminal gallbladder debris, likely secondary to fasting. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact sonographically normal wall layering. The stomach contained a mild to moderate amount of retained anechoic fluid and luminal gas. No overt evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine exhibited segmental subjective midabdominal corrugation to plication with retained fluid. Focal small shadowing echo was noted within the small intestinal lumen measuring approximately 0.6 cm in diameter, along with indistinctly visualized linear-like hyperechoic echo within the suspected lumen of the segments of corrugated to plicated intestine. Concurrent segments of empty sonographically normal small intestine was visualized adjacent to the fluid dilated corrugated to plicated segments of intestine.

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

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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 were evident.

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Free Abdomen

No omental masses, evidence of significant lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate retained gastric fluid
- Segmental small intestinal plication / corrugation exhibiting retained fluid, focal small shadowing luminal echo, and suspect indistinct linear-like luminal echo, adjacent normal to empty small Intestine

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Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The segmental small intestine corrugation / plication with focal small shadowing echo and indistinct concurrent linear-like echo are strongly suggestive of focal intestinal foreign body with linear foreign body component, secondary intestinal plication to corrugation, and segmental obstructive pattern. Definitive evidence of concurrent gastric foreign material or linear-like echo was not obvious, yet potentially obscured by gas.

REFERRING VET

Dr. Castimore

INVOICE

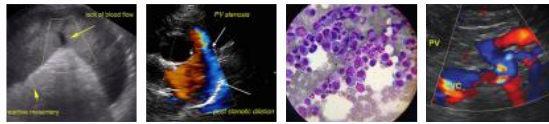
16123

Exploratory laparotomy with expectation toward enterotomy, generalized gross inspection of the gastrointestinal tract, +/- intestinal biopsies pending gross inspection of the intestinal tract (which may be considered despite exploratory findings) is recommended.

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No overt evidence of intestinal perforation or secondary peritonitis. Brief sonographic reassessment is likely ideal given the timeframe from ultrasound to interpretation to assess for progressive intestinal dilation pathology or evidence of peritoneal free fluid.



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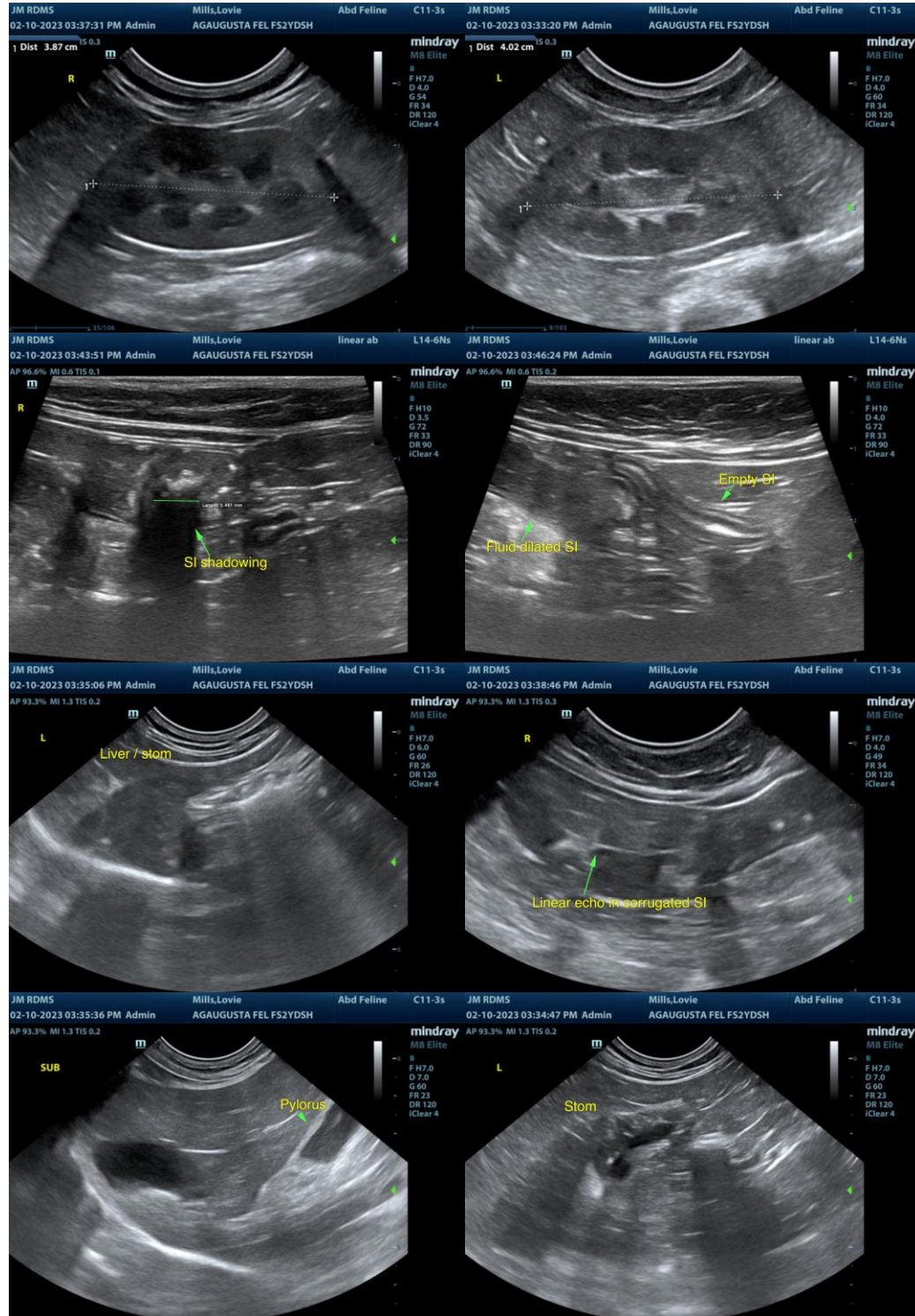
Dr. Castimore

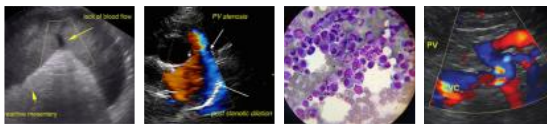
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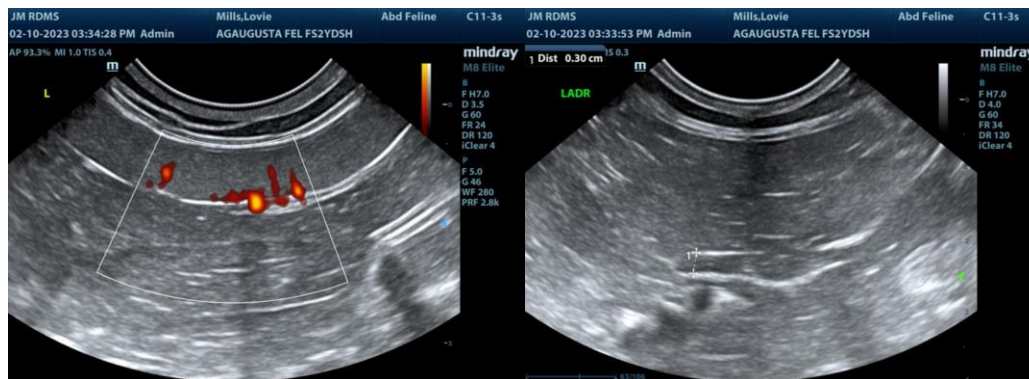
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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