



PATIENT

Cinnamon Lefler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

14.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. A Rodriguez

INVOICE

46534

DATE

4/10/23

PRESENTING CLINICAL SIGNS

Vomiting since Thursday. No BM since Thursday

Abnormal PE/Chem/CBC/UA Results: Bloodwork indicated dehydration otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

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 right kidney measured 4.6 cm. The left kidney measured 4.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm. The left adrenal gland measured 0.57 cm.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A strongly shadowing luminal echo was present in the mid abdominal intestine, consistent with likely jejunal location. The echo measured 1.5 cm in diameter. Fluid dilated intestine was noted adjacent to and likely proximal to the shadowing echo, with empty intestine likely distal. Subtle evidence of peri intestinal reactive omentum. No overt lymphadenopathy. No evidence of peritoneal effusion.

The colon was subjectively non-distended, containing formed fecal matter.



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Pancreas

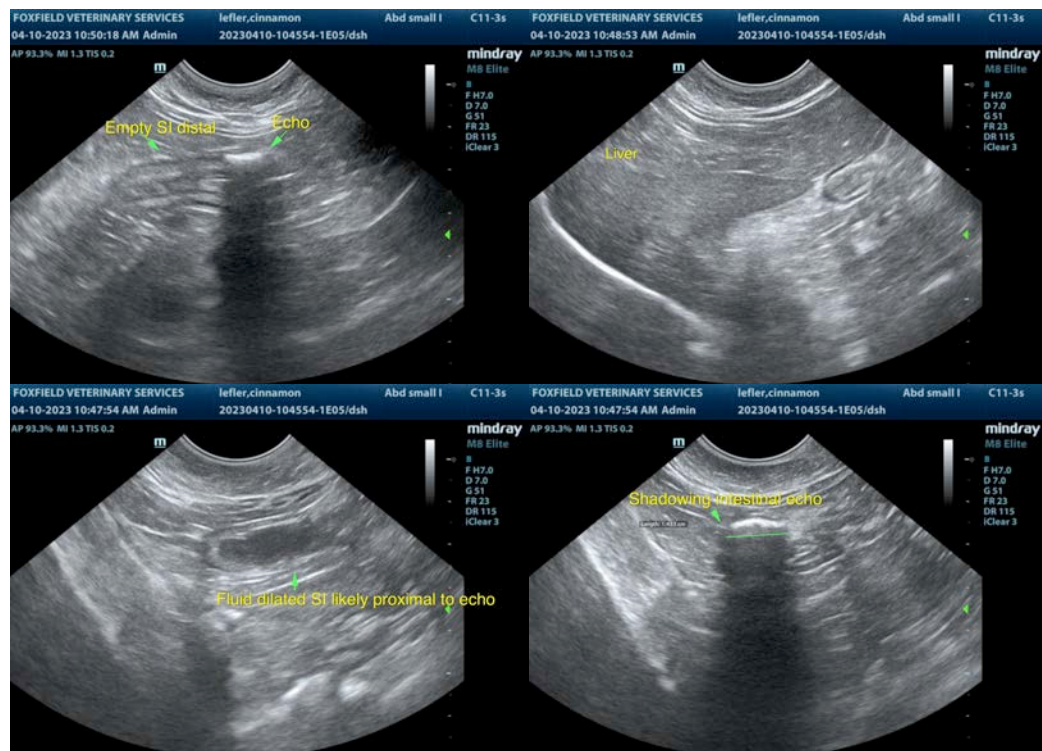
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Mid abdominal shadowing intestinal luminal echo with fluid dilated intestine subjectively proximal, empty intestine subjectively distal – consistent with intestinal foreign body with proximal obstructive pattern.
- Empty stomach
- Sonographically unremarkable colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy indicated. Intestinal biopsies at the time of surgery suggested to assess for underlying intestinal disease as a contributing factor.





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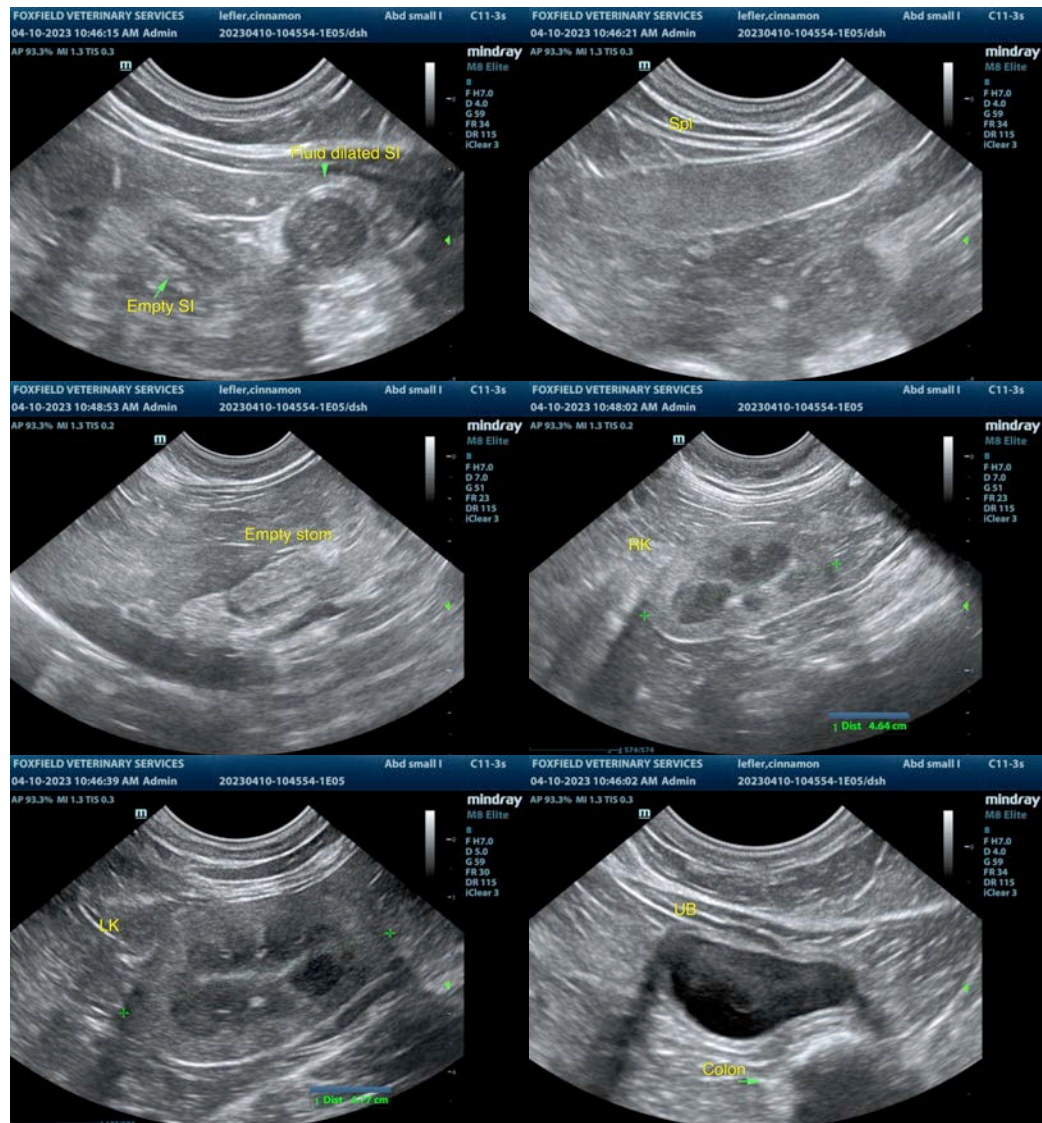
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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