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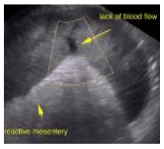
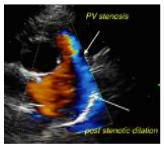
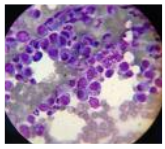
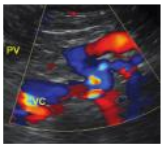




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ila Robins

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Schneck

INVOICE

14640

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Presented to rDVM on 4-5 for vomiting since 3-30. History of eating everything, but no known ingestions. No bowel movement for several days. At presentation temp 103.2. Initial survey rads indicated stomach full of ingesta and thin radio dense linear fb. Did barium study and barium was moving through, but some still in stomach at 7 hr. Managed as outpatient, but not getting better. transferred here. At presentation, distended, painful abdomen, T 104.5, tachycardia and tachypnea. Vomit/regurg in exam room, brown foul-smelling fluid
Abnormal PE/Chem/CBC/UA Results: Labs from 4-5; fPL 4.0, monocytes 644. Labs from today pending.

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 left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was mildly subnormal in size, likely owing to volume contraction with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. The spleen measured 0.60 cm in width at the level of the hilus.

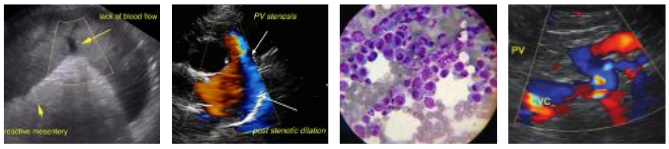
Liver

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. No evidence of posthepatic obstruction.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction, likely owing to fasting in this patient. The common bile duct measured – cm diameter.

Gastrointestinal

The stomach was severely distended with retained, primarily anechoic to mildly echogenic fluid, extending into the area of the pyloric outflow. An ill-visualized yet suspicious shadowing echo, measuring approximately 1-1.5 cm in diameter, was present in the area of the pyloric outflow or upper duodenum.



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Segments of empty small intestine suspected to be distal to the upper duodenum were visualized without obvious evidence of additional areas of metabolic/mechanical small intestinal ileus, obstruction or obvious foreign material.

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

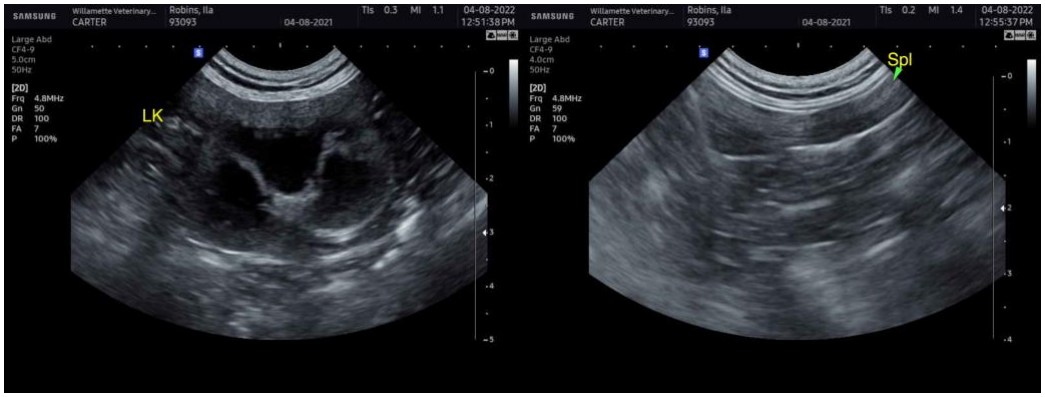
No overt lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Severe gastric distention with retained fluid
- Ill-visualized yet strongly suspicious echo in the area of the pyloric outflow to upper duodenum
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the severe gastric distention with suspicious shadowing echo in the area of the pyloric outflow and the upper duodenum, mechanical pyloric outflow obstruction with suspected foreign body is a primary differential diagnosis. Severe metabolic gastric stasis possible yet considered less likely. Regardless, given this presentation, in conjunction with the patients clinical signs, exploratory laparotomy with gross inspection of the pyloric outflow and upper duodenum as well as the generalized gastrointestinal tract is recommended. Three-view chest radiographs to rule out concurrent esophageal pathology as well as thorough aboral exam prior to surgical considerations could be considered.



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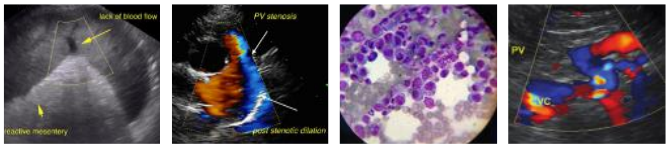

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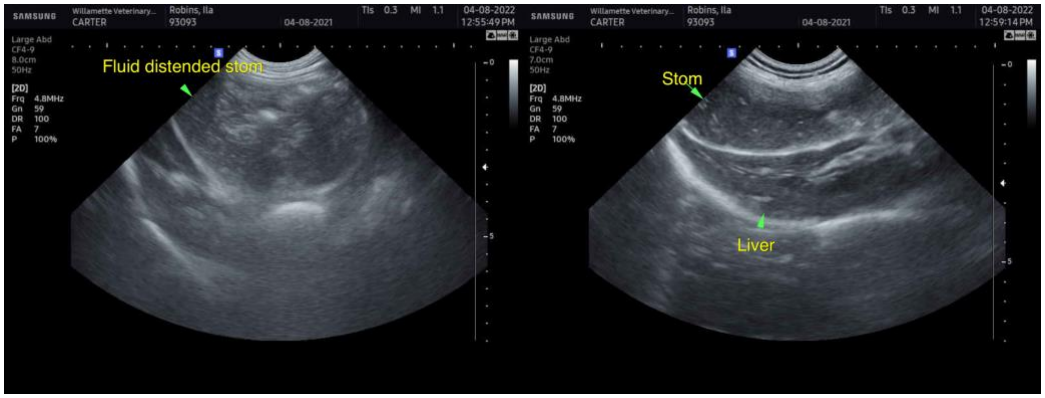

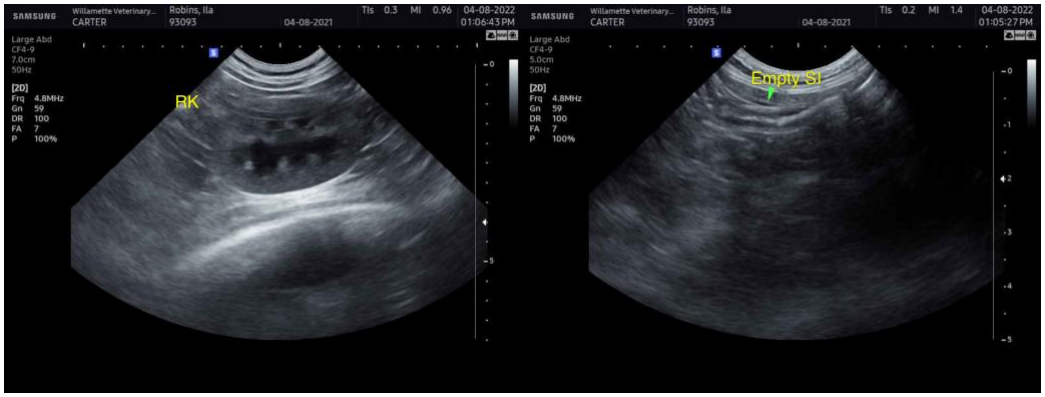

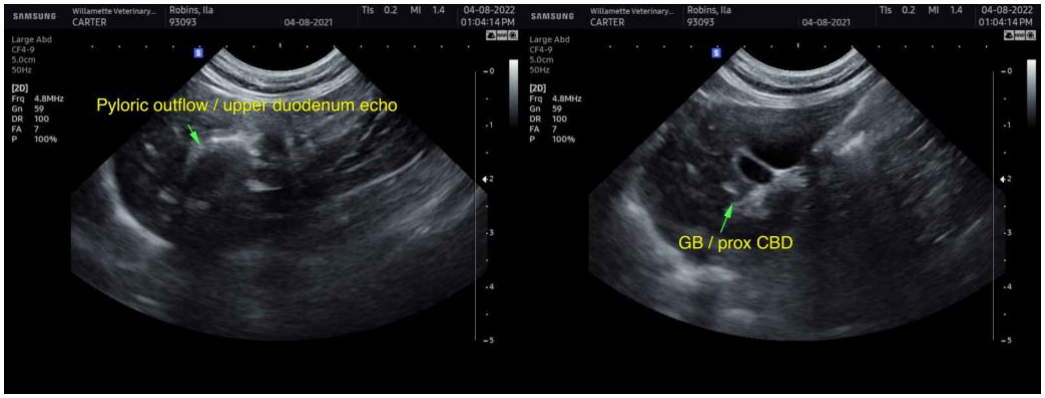

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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