

**PATIENT**

River Herson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

2 Years

WEIGHT

5.38 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETDr. Daggett, Madison
VS**INVOICE**

15736

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: River first vomited yesterday am and produced a clump of ~3 hair ties and possibly some string as well. Since then, he has been vomiting pink/red liquid and hiding under the bed. Last vomited this am. Hasn't been eating, drinking or interested in treats or using the litter pan. Ate a treat and vomited after. River is known to eat things but otherwise seems healthy. 10 cat household. Had rads and bloodwork done at Isthmus Veterinary Care.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine with moderate nondependent particulate sediment was present. 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 3.9 cm in length. The right kidney measured 4.1 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 0.31 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 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 exhibited intact and overtly normal wall layering. Potential shadowing ingesta was present in the stomach lumen with concurrent suspected gas artifact. The ventral gastric body wall measured 0.25 cm.

The segmental jejunum exhibited plication with concurrent luminal mildly hyperechoic linear echo. The segmental jejunal plication measured potentially 5- 6 cm in length. Intact wall layering and maintained

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1:3 muscularis to mucosa ratio was maintained. Mild periintestinal reactive mesentery and very scant periintestinal free fluid were noted, primarily around the areas of jejunal plication. The duodenum appeared to be overtly normal without evidence of duodenal mechanical/metabolic ileus. The duodenum wall measured 0.22 cm. The jejunum wall measured 0.31 cm. The ileocolic junction was sonographically normal without evidence of pathology. The ileocolic junction wall measured 0.33 cm.

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

Intermittent jejunocolic and gastric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of gastric lymph node measured 0.50 cm in diameter. An example of mesenteric lymph node measured 3.2 cm x 0.58 cm. These lymph nodes were not overtly consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Segmental jejunal plication with linear foreign body
- Regional mild periintestinal reactive mesentery and scant periintestinal free fluid, primarily around areas of segmental jejunal plication
- Potential shadowing gastric ingesta versus luminal gas
- Intermittent subjectively benign/reactive gastric and jejunocolic lymphadenopathy

Secondary Findings

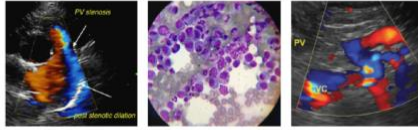
- Urinary bladder sediment- cellular debris/protein, crystalline debris or mucus possible. Correlation with urinalysis recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the gastrointestinal findings, exploratory laparotomy is recommended. Gross inspection of the stomach, at the time of surgery, is suggested, as the possibility of concurrent gastric foreign material could be present and cannot be excluded. No overt evidence of anchored pyloric foreign body with secondary intestinal plication given the lack of concurrent duodenal obstructive pattern or plication. Suspect mild regional periintestinal inflammation without overt evidence of intestinal perforation or significant peritonitis.

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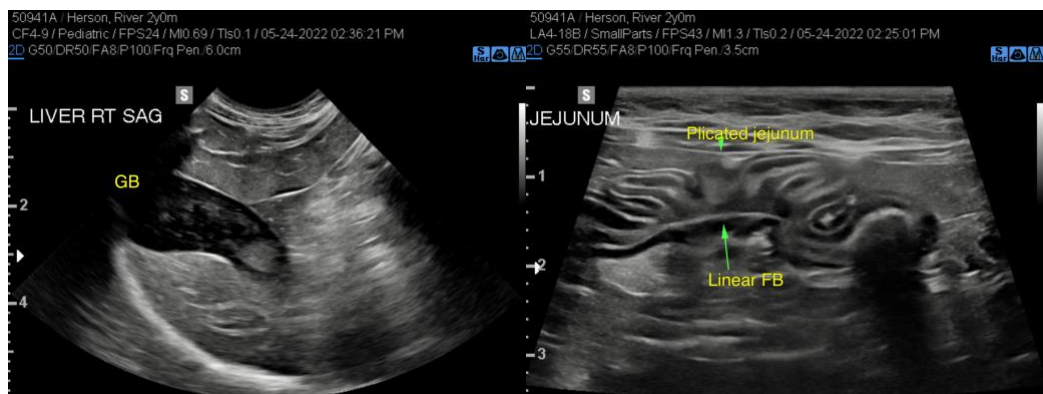
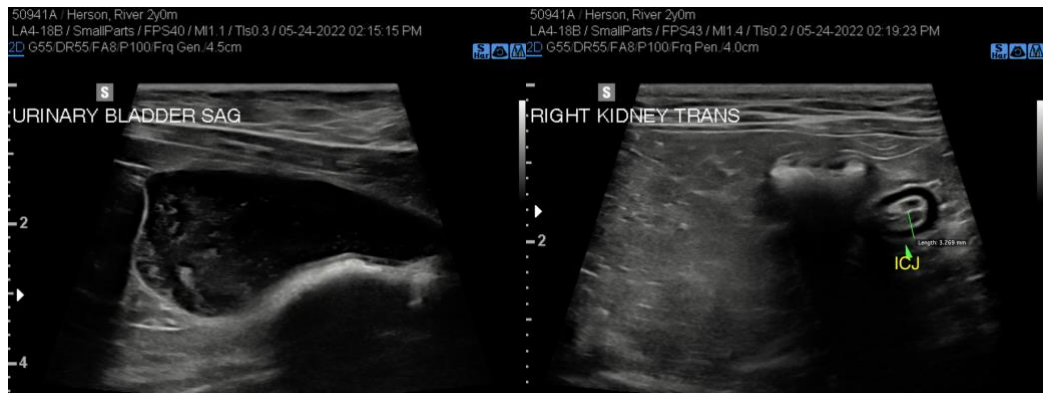
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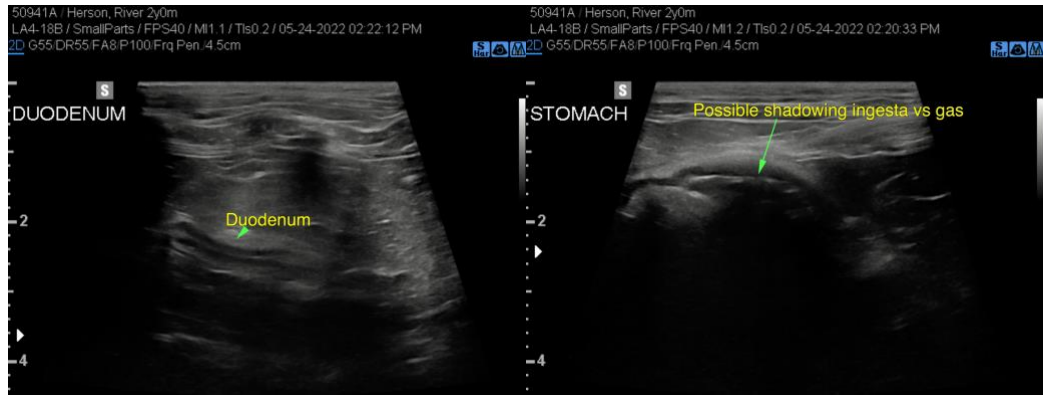
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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