

**PATIENT**

Jeffrey Foster

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1 Year

WEIGHT

11.6 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

14104

DATE

6/16/22

PRESENTING CLINICAL SIGNS

RECHECK...6 day post op duodenal FB. Was eating and normally active until last night. Began vomiting last night and this morning. Seems brighter this AM with Cerenia and Butorphanol.

Abnormal PE/Chem/CBC/UA Results: Mildly painful in cranial abdomen. Mild neutrophilia.

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 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 2.0 cm diameter.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering with moderate retained anechoic gastric fluid extending into the pyloric outflow.

Strongly shadowing duodenal luminal echo measuring potentially 5.0 cm x 6.0 cm in diameter was present. The echo occupied the majority of the duodenal lumen extending caudally potentially to the level of the upper jejunum. Minor concurrent retained duodenal anechoic fluid was noted. The

IMAGING PERFORMED BYSVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jeffrey Foster

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1 Year

WEIGHT

11.6 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

14104

DATE

6/16/22

jejunum and ileum distal to the duodenal shadowing echo exhibited Intact wall layering and maintained a 1:3 muscularis/mucosa ratio without evidence of concurrent metabolic / mechanical ileus.

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 were evident.

Free Abdomen

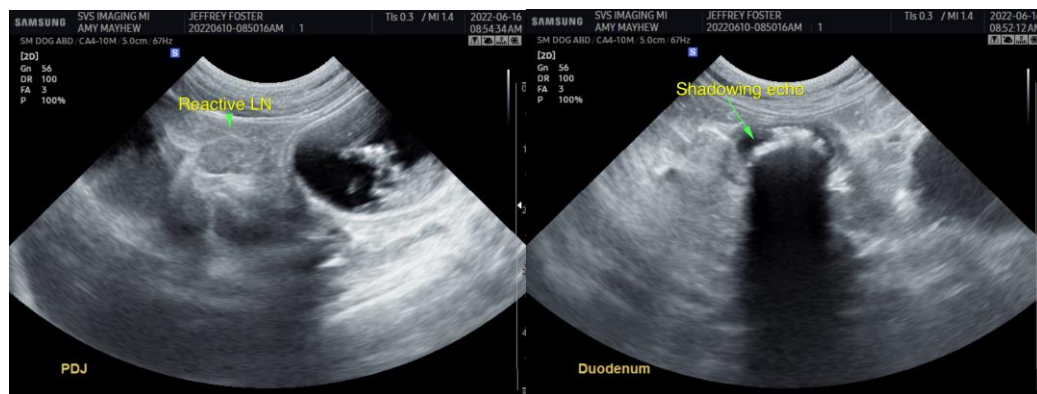
Minor evidence of periduodenal reactive mesentery was noted. Intermittent cranial omental lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal free fluid was noted. No overt peritonitis was present.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach
- Duodenal strongly shadowing echo potentially extending into upper jejunum - consistent with duodenal and potential upper jejunal foreign body
- Minor periduodenal reactive mesentery and Intermittent benign / reactive cranial omental lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic presentation of the duodenum including the strongly shadowing echo is consistent with recurrence of upper intestinal foreign body with secondary retained gastric fluid and subjective obstructive pattern. Exploratory laparotomy with expectation toward enterotomy is indicated.



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Jeffrey Foster

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1 Year

WEIGHT

11.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

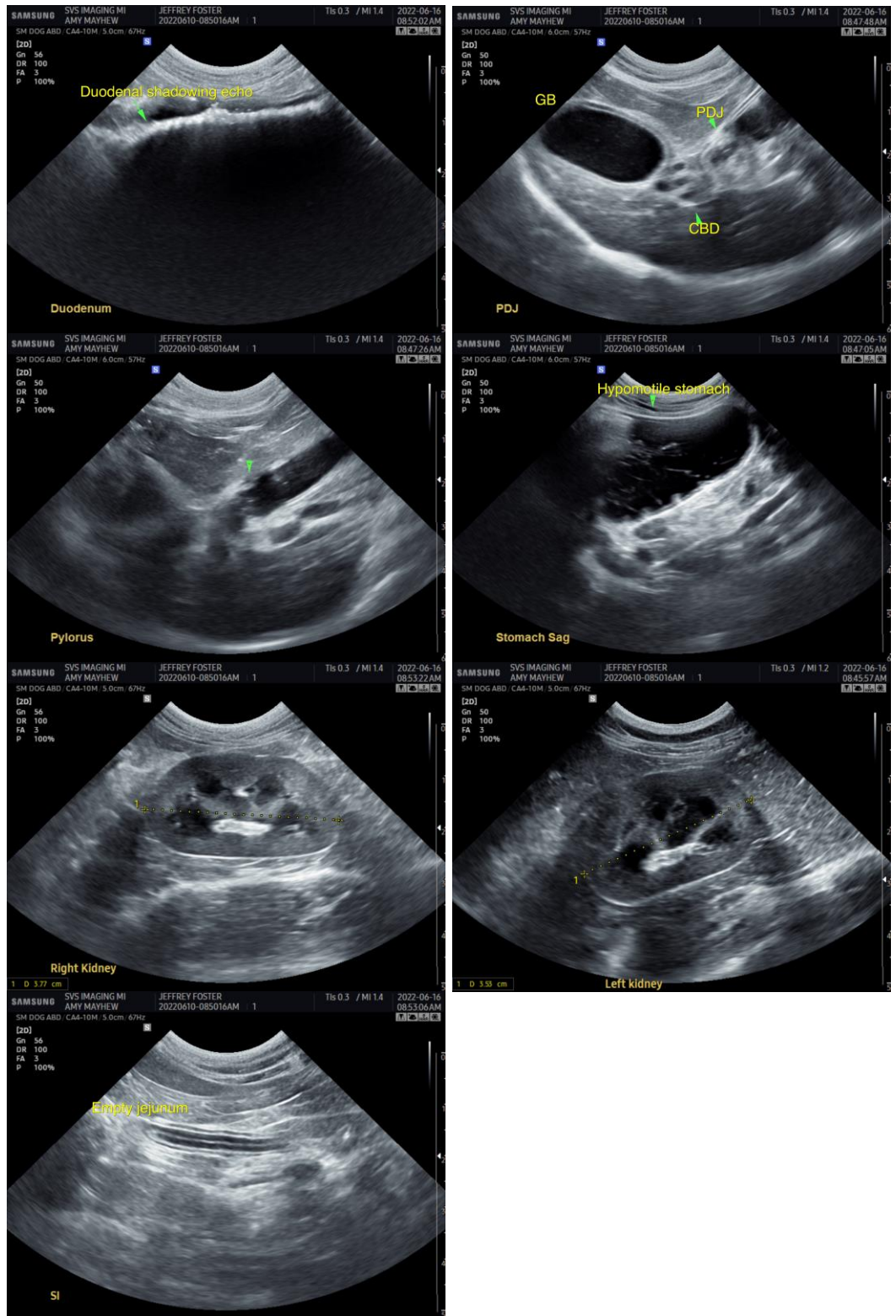
REFERRING VET
Wixom Family Pet
Practice

INVOICE

14104

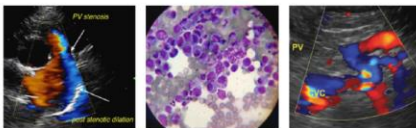
DATE

6/16/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jeffrey Foster

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1 Year

WEIGHT

11.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

14104

DATE

6/16/22

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