



PATIENT

Bangor St. John

SPECIES

Feline

BREED

Main Coon

SEX

Neutered Male

AGE

7 Years

WEIGHT

20.1 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tessa Magguilli

HOSPITAL NAME

Willamette VH

REFERRING VET

Tessa Magguilli

INVOICE

16241

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: Vomiting x 1 week, ADR, no food x 2 days. email from Radiologist. These radiographs look more convincing for foreign body obstruction, particularly the curved object at the level of L6, summing with the descending colon. In these images, there is more segmental enlargement, in the recheck radiographs, there is more diffuse enlargement, likely indicating aboral progression of a foreign body. I still think that an US is an excellent idea, because the heterogeneity of the mid-abdominal fat is more striking in the Willamette images, compared to these Grove images. I am more suspicious that what looks like a foreign body in these images is at the ICCJ/ transverse colon in the recheck images.

Abnormal PE/Chem/CBC/UA Results: Vcheck proBNP = <50 LAC = 1.25 wnl Blood work from Grove: CBC: NSF. HCT 40.1%, WBC 12.67k, PLT 184k (all wnl) Chem: Ca 8.4, rest wnl. Lytes: All wnl. Na 153, K 4.2, Cl 113

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 were noted. Aortic trifurcation was normal.

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 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

No overt pathology 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

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 contained mild retained anechoic pyloric fluid. No evidence of retained gastric ingesta or foreign material.



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The small intestine exhibited intact wall layering with segmental propensity for prominent to mildly thickened walls, secondary to subjective prominent muscularis layer. The visualized small intestine exhibited empty lumen without evidence of mechanical/metabolic ileus.

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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.

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Free Abdomen

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Regional mild hyperechoic periintestinal mesentery was noted. No free fluid was noted. No evidence of overt lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

AGE

7 Years

- Mild retained pyloric fluid
- Intact yet segmentally prominent to thickened small bowel walls
- Regional mild periintestinal reactive mesentery

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive small intestinal foreign body was not overtly evident in this study. This potential cannot be definitively excluded based on radiographic interpretation and the potential for a passed foreign body, which is now possibly in the colon, depending on time frame from radiographs to ultrasonographic assessment could be possible. The small intestine, alternatively, exhibited mild mural changes and thickening, which may suggest an underlying inflammatory process. No overt evidence of intestinal neoplastic criteria, which is thought unlikely. Potential for concurrent mild gastric hypomotility is suspected.

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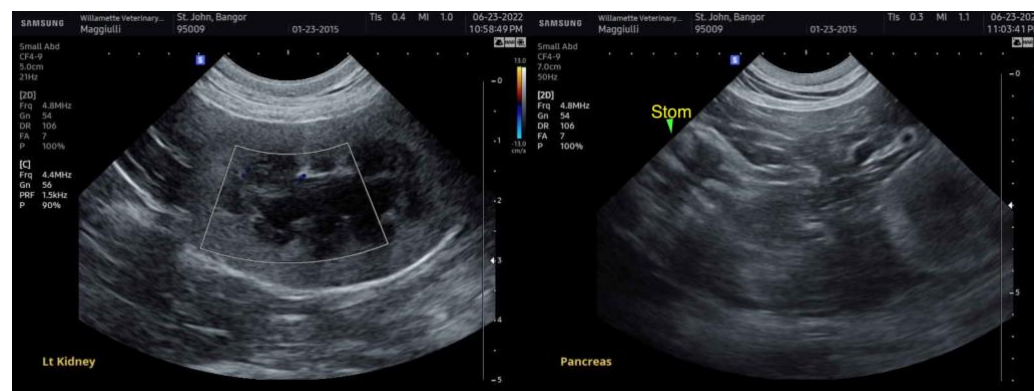
Although a definitive or obstructive intestinal foreign body was not visualized, given the patients persistent clinical signs, exploratory laparotomy with full thickness intestinal biopsies may be considered if persistent radiographic suspicion of foreign body or for a possible definitive diagnosis via gross inspection of the small intestine and colon, as well as histopathology.

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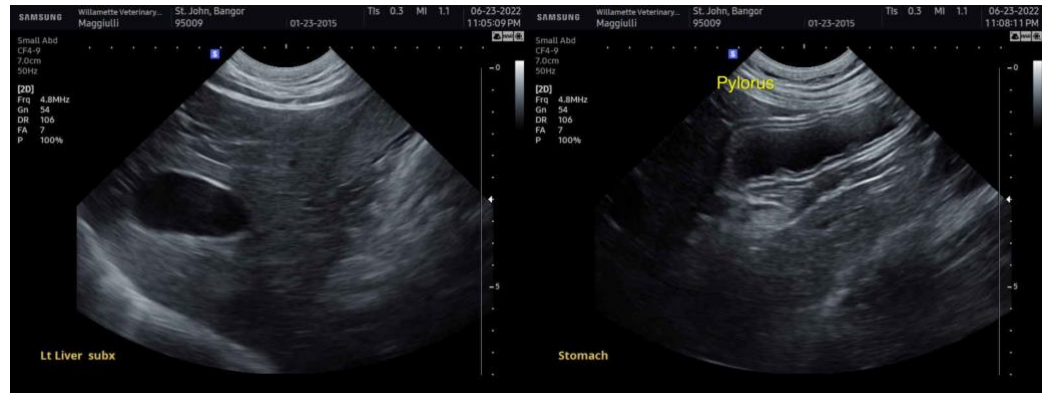
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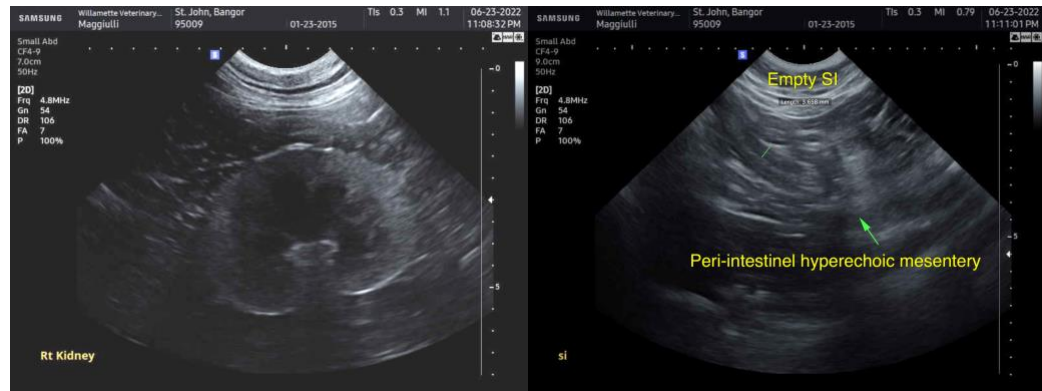
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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