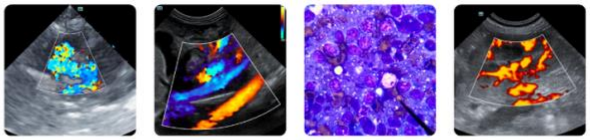


PATIENT

Pat Girdler

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

10

WEIGHT

9

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Amanda Shaffer

HOSPITAL NAME

AEH of Crystal Falls

REFERRING VET

Dr. Scott Sablehouse

INVOICE

35644

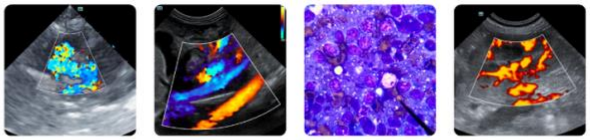
DATE

2/1/26

PRESENTING CLINICAL SIGNS

- Normally has stress vomiting of food or hairball when the owner leaves town.
- Today vomited numerous times, more than normal. Once yesterday, then ate a lot very fast, then came over today to observe numerous piles of vomit - bile and some food. Fed tuna as recommended by the owner, then vomited up several more piles ~4 hours later. Brought in after.
- No D/C/S/PU recently
- PD recently but could be both cats
- Did have diarrhea ~1 month and resolved
- Indoors only
- No current medications
- Vx not UTD
- Did switch to a different food due to hairballs ~week prior
- Gradual transition of diet change over ~3 days but still gets the same wet food or tuna
- Normally eats half wet/half dry
- Bonded with housemate who was positive for FIV previously (when a kitten) but tested negative when 1.5-2yr old.
- Does eat more human food when the owner goes out of town but no known ingestion of any chemicals/plants/toxins/foreign material. Did eat some cobb webs recently.
- Owner noticed he has lost weight but this is not necessarily unintentional
- "Normally" vomits hairballs ~1x/week and sometimes food too.
- Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/Lytes: Mild azotemia (BUN only), Mild hypocalcemia. Mild hypocholesterolemia. Mild ALT elevation. Moderate leukocytosis and neutrophilia. Mild anemia on CBC. PCV/TS = 42/7.6 SNAP Feline Triple: All negative STAT Rad Review: CONCLUSIONS: - The appearance of the small bowel is consistent with a small intestinal obstruction. A definitive etiology for the obstruction is not identified however intestinal foreign material is considered to be the most likely etiology for the obstruction. Intestinal neoplasia is a less likely differential for the obstruction. - The loss of serosal detail within the abdomen may be associated with summation of the abdominal viscera however low volume peritoneal effusion cannot be ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN



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Urinary System

Full urinary bladder, containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.4 cm. The right kidney measured 3.5 cm. Normal colorflow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance, and size.

Spleen

Normal size (0.7 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Double gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Fluid filled stomach, fluid filled and distended proximal small intestinal loops, empty appearance of the distal small intestine. The wall of the small intestine and duodenum is of normal thickness with no loss of layering, and maintaining a 1:3 muscularis to mucosa ratio. Normal appearance of the ileo-cecal junction and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes (up to 0.6 cm x 1.4 cm in size), maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

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- With the appearance of the stomach, fluid-filled proximal small intestine, and empty appearance of the distal small intestine, the most likely diagnosis is an intestinal obstruction, most likely a soft foreign body.
- Mesenteric lymphadenomegaly
- Urinary bladder sediment
- Double gall bladder

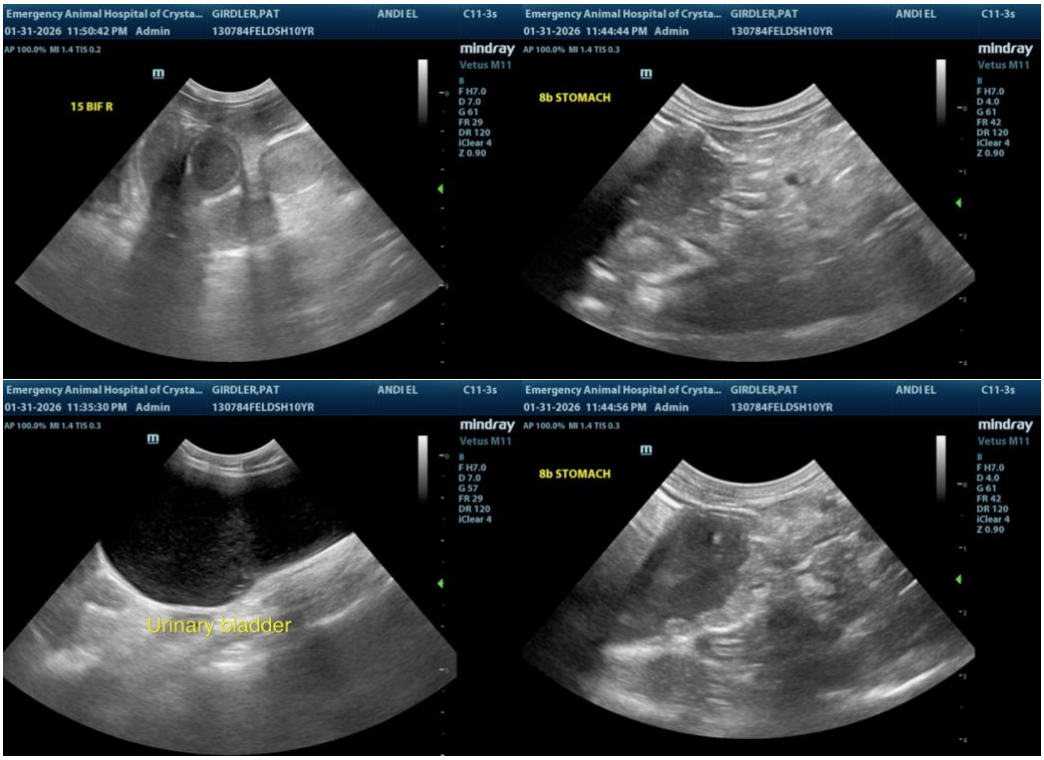
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia less likely differential diagnoses.

Etiologies for the urinary bladder sediment would be incidental debris and crystalluria, with hematuria and bacterial cystitis less likely differential diagnoses.

The double gall bladder can be considered an incidental congenital anomaly.

Further assessment and management would be a laparotomy. Additional diagnostics that could be considered would be FNA cytology of the mesenteric lymph nodes, urinalysis, and possibly urine culture.



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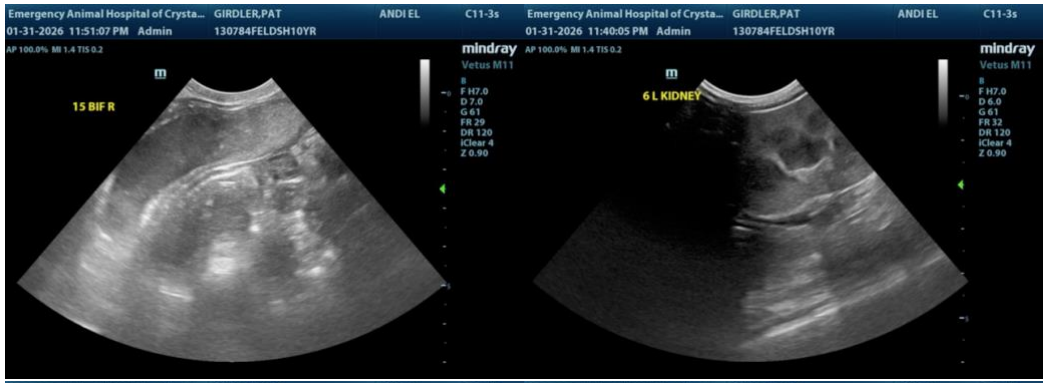

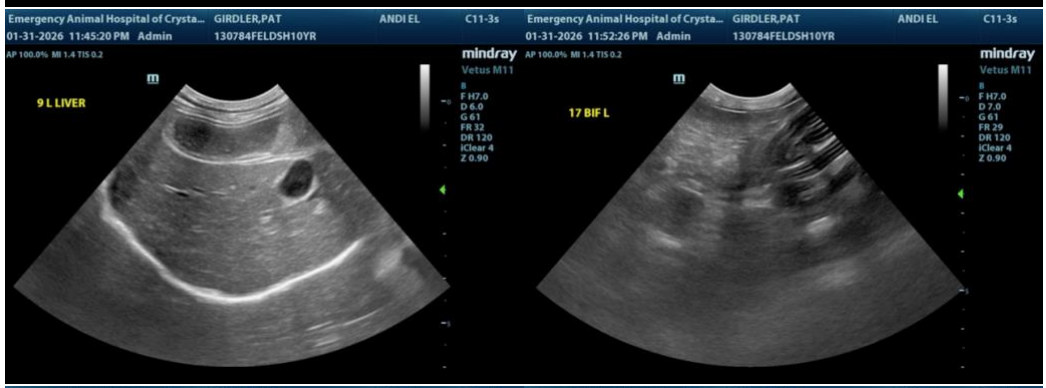

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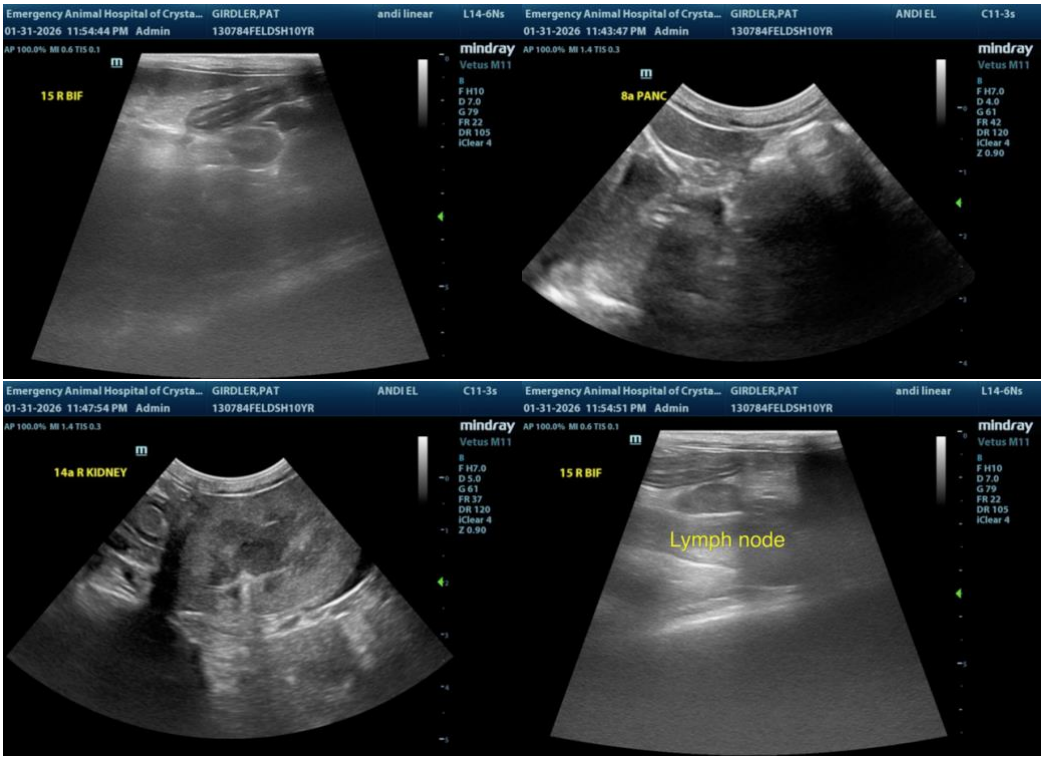

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com