

PATIENT

Soc Dooley

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

3 years

WEIGHT

10.4 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Lovell

INVOICE

12853

DATE

4.24.23

PRESENTING CLINICAL SIGNS

History: Vomiting, mucoid diarrhea, straining to defecate, anorexia.
Abnormal PE/Chem/CBC/UA Results: Wbc 22.08, Neu 18.6, Mono 0.87, Glu 205, TP 9.1, Glob 5.8.
Urine cysto pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.4 cm in length. The right kidney is 4.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.6 mm at the caudal pole. The right adrenal gland height 4.5 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 8.6 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal ingesta, and there is a visible linear object within the contents of the stomach. The gastric wall is normal (2.2 mm). The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. There is a thin, linear foreign object identified periodically within the small bowel. The duodenal wall measures 2.3 mm. The jejunal wall measures up to 2.2 mm. Intestinal motility appears normal.

The ascending and transverse colon have a normal appearance. However, the entirety of the descending colon has increased thickness, up to 6.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal. There is linear foreign material visible throughout the descending colon.



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Pancreas

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Free Abdomen

Feline

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

ULTRASONOGRAPHIC FINDINGS

Maine Coon

Findings

SEX

- Linear foreign body noted throughout the gastrointestinal tract
- Markedly thickened colon wall

Neutered Male

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 years

The findings on today's ultrasound are consistent with a linear foreign body. Surgical exploration is recommended, as well as assessment under the tongue for the possibility of an anchored foreign object. The colon wall thickening may be secondary to this problem, but colonic biopsy is recommended at the time of surgery to rule out the possibility of other illness, such as inflammatory bowel disease, FIP, or lymphoma. A fecal parasite check is also recommended as a possible cause of colitis.

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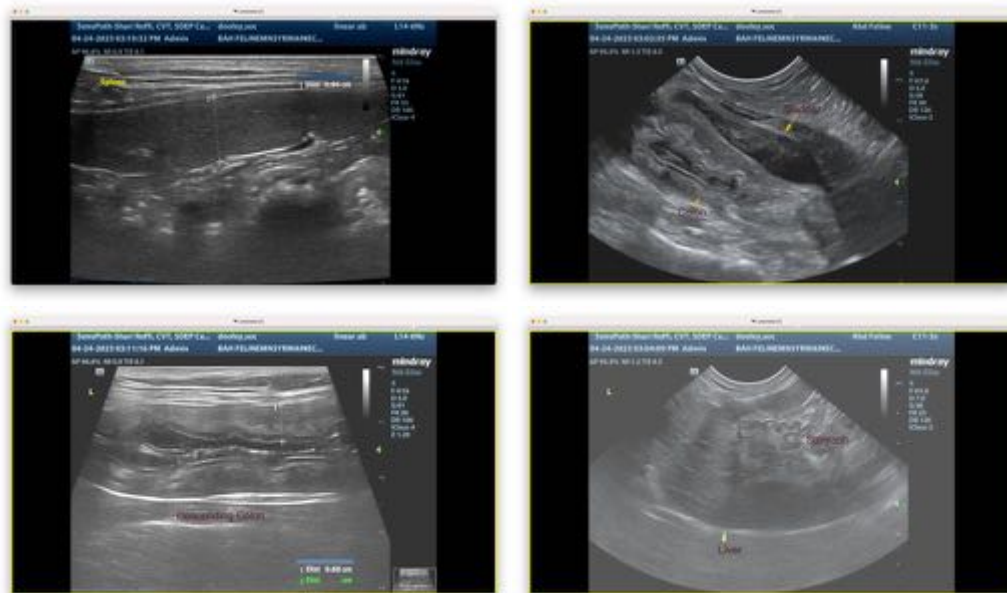
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com