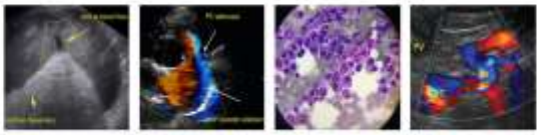


PATIENT

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

3 years

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

REFERRING VET

INVOICE

DATE

PRESENTING CLINICAL SIGNS

History: Emesis, diarrhea, abdominal mass effect palpable, decreased appetite

Medication: Cerenia, Mirtazapine

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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.5 cm in length. The right kidney measured 4.3 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

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. The spleen measured 1.0 cm width at the level of the hilus.

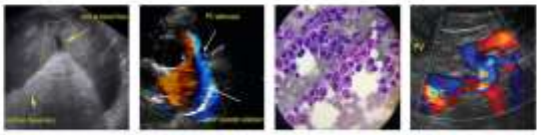
Liver/ Gallbladder

The liver was subjectively normal in size and contour. Subtle generalized decreased hepatic parenchyma echogenicity with mildly increased prominence of the portal vascular borders. No hepatic masses or nodules were present. 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 generalized distention secondary to moderate retained anechoic to echogenic fluid and nonspecific echogenic nonshadowing ingesta or chyme. No overt evidence of mechanical pyloric outflow obstruction, although potential for nonspecific to subtle linear echoes noted within the pyloric outflow tract cannot be excluded.

The small intestine exhibited segmental moderate fluid dilation with both oral and aboral movement of fluid with concurrent segments of small intestine empty with Intact wall layering and maintained 1:3



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muscularis/mucosa ratio. Segmental intestinal corrugation to plication with concurrent linear hyperechoic luminal echo was present. Evidence of mild mural hypertrophy and indistinct wall layering were noted within the areas of small intestinal corrugation to plication. A concurrent intussusception likely in the adjacent small intestine was present.

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. Potential for low-grade pancreatic inflammation may be present yet ultrasonographically normal.

Free Abdomen

Subtle reactive peri intestinal mesentery was noted around the small intestine.

Potential for small pockets of scant peritoneal free fluid is possible.

No overt evidence of significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Gastric distention with retained fluid and nonspecific echogenic ingesta
- Segmental obstructive small intestinal pattern with linear hyperechoic luminal echo, segmental small Intestine corrugation / plication, and focal intussusception - consistent with linear small intestinal foreign body with concurrent intestinal plication / corrugation and associated Intussusception

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient Is stable, laparotomy with expectation toward enterotomy to possible multiple enterotomies, gross Inspection of the stomach +/- gastrotomy are indicated. Although not definitively evident, potential for anchored foreign material in the stomach with secondary descending intestinal linear foreign body is possible. The intestinal mural changes are likely owing to intestinal inflammation. A minor potential for underlying intestinal neoplasia is possible yet considered unlikely.

Concurrently, the potential for resection anastomosis may be required depending upon the gross appearance of the intestine at the time of surgery.

No overt evidence of Intestinal perforation and/or concurrent peritonitis.

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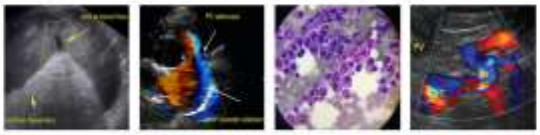

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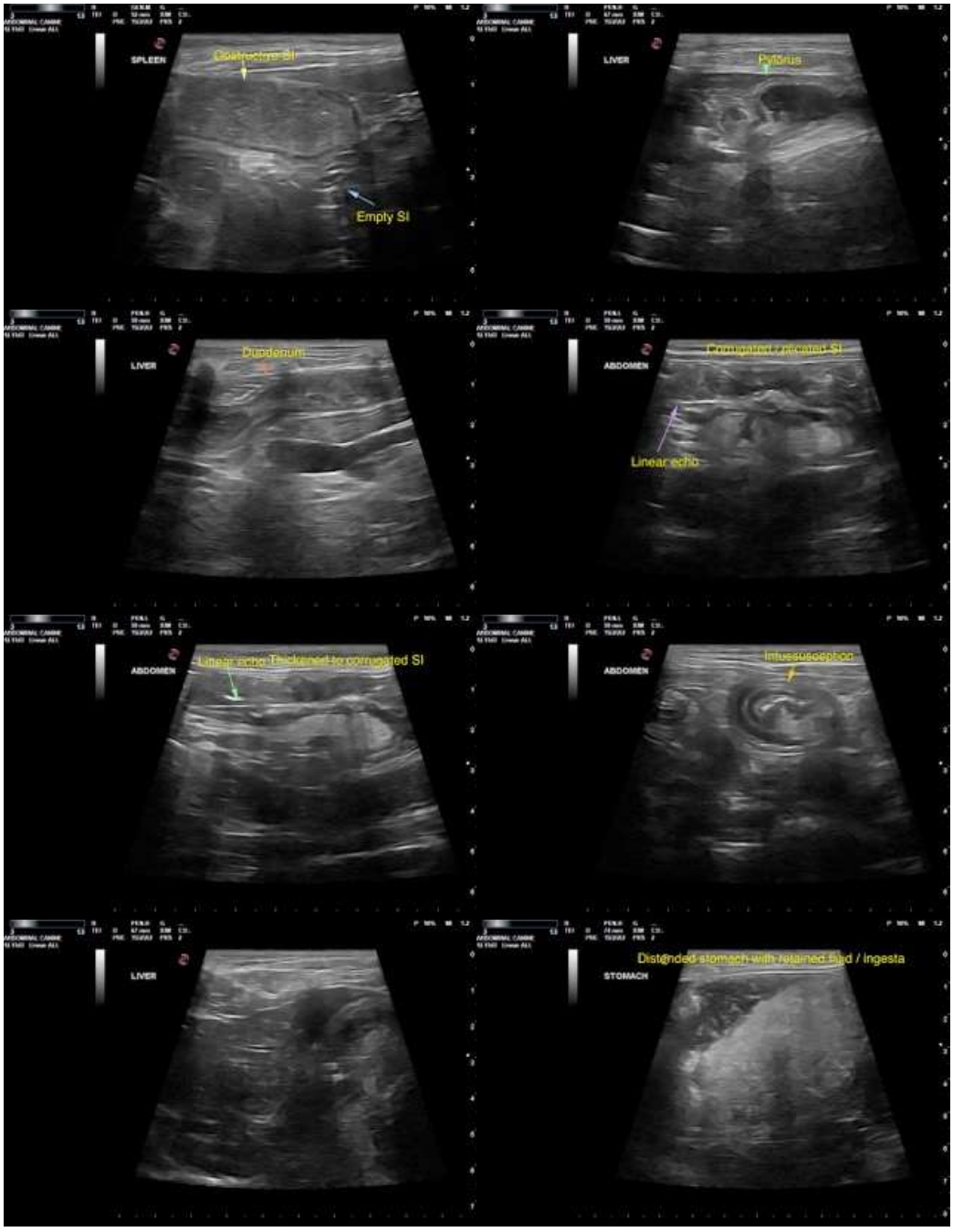

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INVOICE

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.

DATE