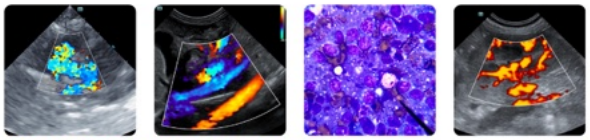


PATIENT

Ozzie Kaplan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

13.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Abnimal Care Center of Flanders

REFERRING VET

Dr. Weagley

INVOICE

70279

DATE

1/16/26

PRESENTING CLINICAL SIGNS

- Can't hold food down for last 3 days - x ray suspicious area near stomach (opaque)
- gave cerenia and buprenorphine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The urinary bladder wall appears thin, smooth, and regular. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. There is no sonographic evidence of urolithiasis, mural inflammation, or neoplasia.

The left kidney measures approximately 3.66×2.07 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The right kidney measures approximately 4.29×2.30 cm, with a cortical thickness of 0.41 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver. The corticomedullary ratio and corticomedullary definition are preserved. A mild medullary rim sign is noted. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures approximately 0.24 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

The spleen measures approximately 0.91 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

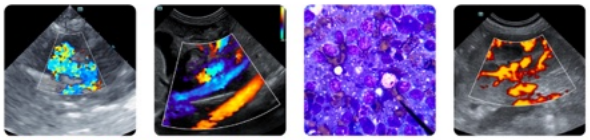
The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The body of the stomach is empty and markedly folded. Gastric wall thickness measures approximately 1.68 mm, with preserved wall layering.

Toward the pyloric region, the stomach becomes distended by intraluminal content of uncertain nature. This material does not have the typical ultrasonographic appearance of dry kibble or canned food and



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does not produce acoustic shadowing. While this content may represent highly digested ingesta, correlation is limited given the history of persistent vomiting and inability to retain food. Accordingly, the presence of atypical gastric material that does not generate acoustic shadowing cannot be fully characterized, and non-food material cannot be entirely excluded.

The duodenum is not visualized.

The jejunum measures approximately 1.64–2.07 mm, and the ileum measures approximately 1.24 mm, both with preserved wall layering.

The ileocecal junction measures approximately 1.50 mm.

There is no sonographic evidence of intestinal inflammation, obstruction, or definitive foreign material.

The colon appears largely empty: Transverse colon: ~1.16 mm. Descending colon: ~0.67 mm, with minimal fecal material.

Pancreas

The pancreas is not clearly visualized. No sonographic evidence of peripancreatic inflammation is identified in the regions examined.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Gastric, pancreaticoduodenal, cranial mesenteric, and ileocecal lymph nodes are not visualized. The surrounding mesenteric regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Intraluminal gastric material in the pyloric region.

SECONDARY FINDINGS

- Mild medullary rim sign in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound does not identify a definitive obstructive gastrointestinal lesion or a clearly defined foreign body. The principal finding is intraluminal gastric material of uncertain composition localized to the pyloric region, without acoustic shadowing or associated gastric wall abnormalities. Given the patient's acute history of persistent vomiting and inability to retain food, this material may represent retained, highly digested gastric contents; however, correlation is limited because the patient was not reliably fasted and continues to vomit. While less likely, non-shadowing foreign material or aggregated ingesta cannot be completely excluded based on ultrasonography alone.

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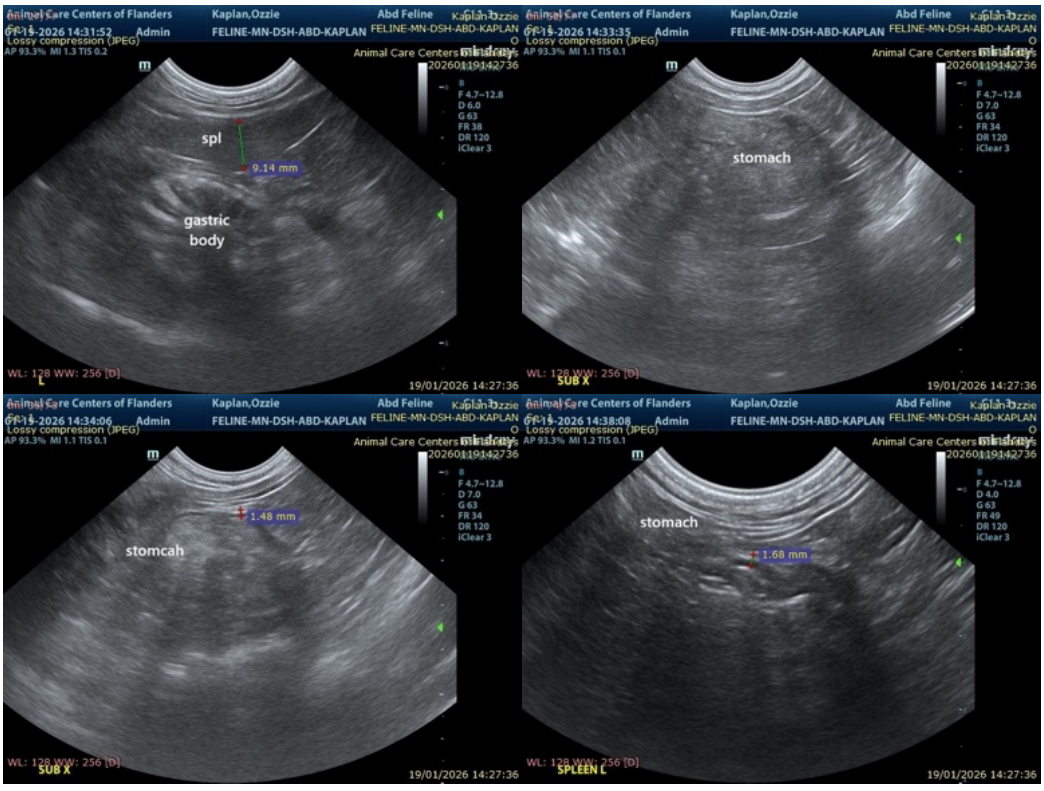
The small intestines appear normal in thickness and layering, with no evidence of obstruction or secondary ileus, and the colon is largely empty. The absence of small intestinal dilation or distal obstruction suggests that, if present, any gastric outflow impairment is partial or functional rather than complete at this time.

The mild medullary rim sign noted in both kidneys is considered a nonspecific incidental finding in the absence of structural renal disease or azotemia.

Recommendations

- Correlation with the reported abdominal radiographs is strongly recommended, as the radiographs were described as showing an opaque structure near the stomach but were not available for review.
- Serial abdominal radiographs may help determine whether the gastric material is mobile and progressing distally, particularly if a foreign body remains a concern.
- Correlation with the pending bloodwork results is recommended to further guide case management and determine the need for additional diagnostics or intervention.
- If vomiting persists or worsens, upper gastrointestinal endoscopy may be considered to directly evaluate and potentially retrieve gastric contents or foreign material.



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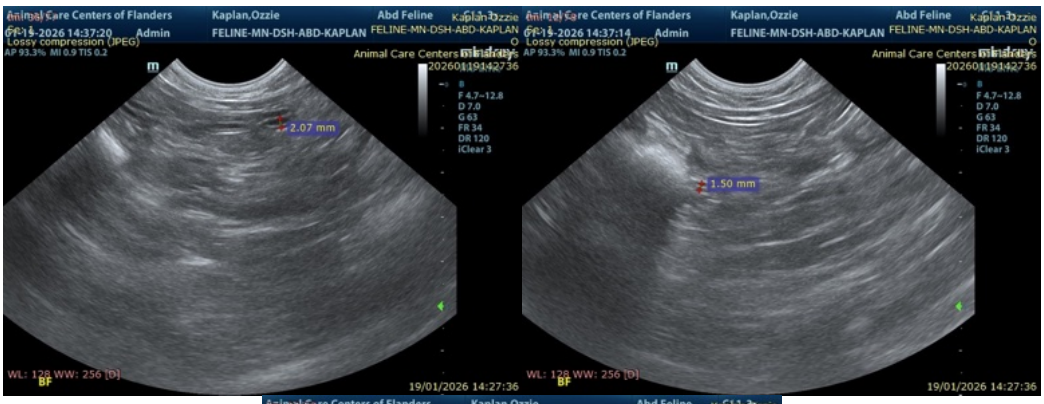

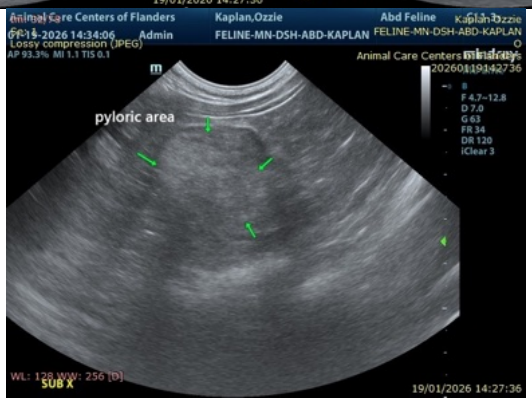

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com