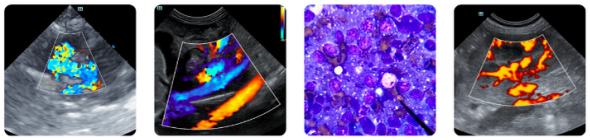


PATIENT

Liam Jiang

SPECIES

Feline

BREED

Munchkin

SEX

MN

AGE

3

WEIGHT

10

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Murphy

HOSPITAL NAME

LifeCare Pet Hospital

REFERRING VET

Dr. Murphy

INVOICE

12104

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Liam presents for vomiting hairballs and ultrasound evaluation. Vomiting hairballs every 3-4 days. Started April 22. Recent access to balcony resulting in increased grooming frequency. Tuesday: vomited hard, firm, black hairball (unusual appearance as patient is predominantly white with minimal black fur.) Currently eating, drinking, playing, and sleeping normally. Client concerned about frequency of hairball vomiting and requests ultrasound to evaluate for additional hairballs in stomach. Recently started chewing hair.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.84×2.16 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.48×2.10 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands were not confidently visualized.

Spleen

Splenic thickness is 0.60 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

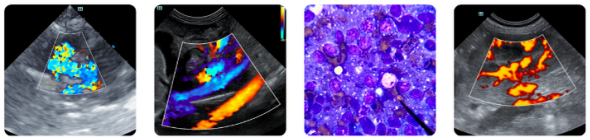
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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

Gastrointestinal tract

The stomach contains a small amount of ingesta. Within the gastric lumen, there is an approximately 0.6 cm hyperechoic structure producing distal acoustic shadowing, which may represent a small hairball (trichobezoar). The gastric wall measures 1.19–1.45 mm and demonstrates preserved wall layering.



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The pyloric wall measures 3.02 mm.

The duodenal wall measures 2.15 mm.

The jejunal wall measures 2.54 mm with preserved wall layering.

The ileocolic junction was not confidently visualized.

No evidence of gastrointestinal obstruction, ileus, inflammatory mural changes, or infiltrative intestinal disease is identified within the visualized gastrointestinal tract.

The colonic wall measures 0.79 mm. Formed fecal material producing marked distal acoustic shadowing is present within the descending colon.

Pancreas

The pancreatic regions included in the examination do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Small intragastric hyperechoic shadowing structure measuring approximately 0.6 cm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A small intragastric shadowing structure is identified and most likely represents a small trichobezoar (hairball), consistent with the reported clinical history of frequent hairball vomiting and increased grooming behavior.
Importantly, there is no sonographic evidence of gastrointestinal obstruction, gastric outflow obstruction, intestinal foreign material, infiltrative gastrointestinal disease, pancreatitis, or other significant abdominal pathology to explain the patient's clinical signs.

The remainder of the abdominal examination is unremarkable. No sonographic evidence of clinically significant gastrointestinal disease is identified.

Recommendations:

• Clinical management directed at reducing hair ingestion and promoting passage of trichobezoars may be considered.

• Regular grooming and hairball-control dietary or medical strategies may be beneficial.

• Continued clinical monitoring is recommended.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.

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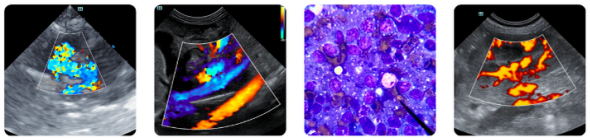

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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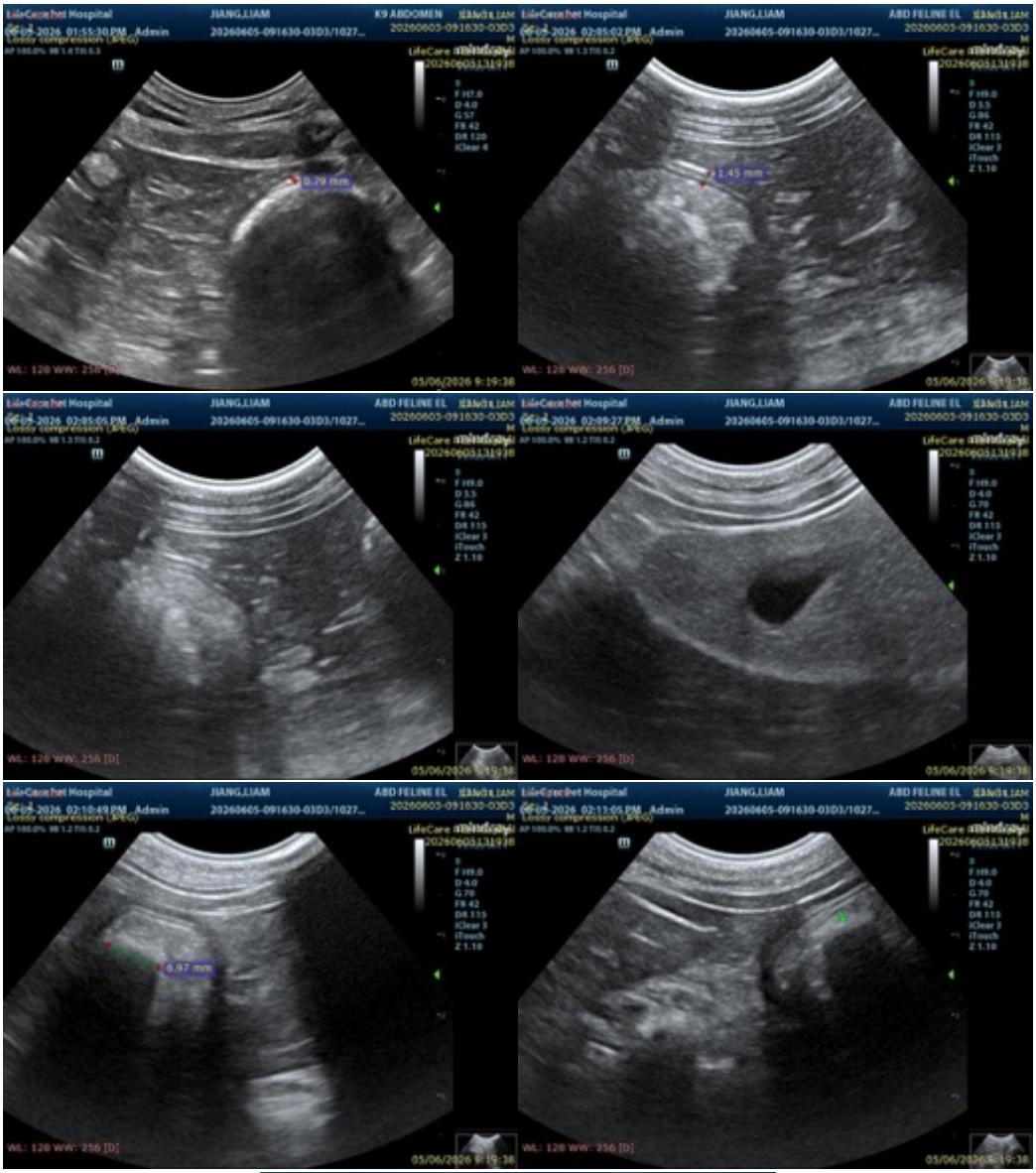

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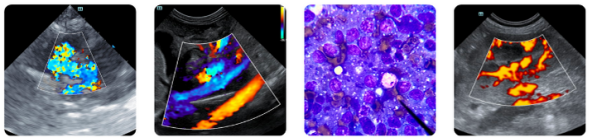

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com