



PATIENT PRESENTING CLINICAL SIGNS

Jett Jeffers

History: A week ago, P ate some of K9 brush and then threw that up same day. Since then P has been fine until last night after P ate around 7, then he threw up and some of that brush was in it. When P goes to drink, he throws it up as well as phlegm and bile. Had chewed the rubber end of a brush ~1 week ago, vomited up some pieces of the rubber shortly thereafter and then had been acting normally until yesterday, when he vomited up another chunk of blue rubber and has since continued to vomit (water, phlegm).

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

11.09 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency AH
Crystal Falls

REFERRING VET

Jill Kirschenbaum DVM

INVOICE

22532

DATE

2-9-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

In the visualized portion of the spleen, it is subjectively normal in size (0.64 cm in width) with smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. Numerous bowel segments are fluid-distended and hypomotile. Some bowel segments are empty. Discreet masses are not identified. The colonic wall is normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.



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Free Abdomen

The mesentery throughout the abdomen is variably hyperechoic. Trace free fluid is observed.

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ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal obstructive pattern without obvious evidence of a foreign body or other obstruction.
- Diffuse peritonitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to assess for and remove any foreign material. If no foreign material is found, GI biopsies should be obtained at the time of surgery. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.

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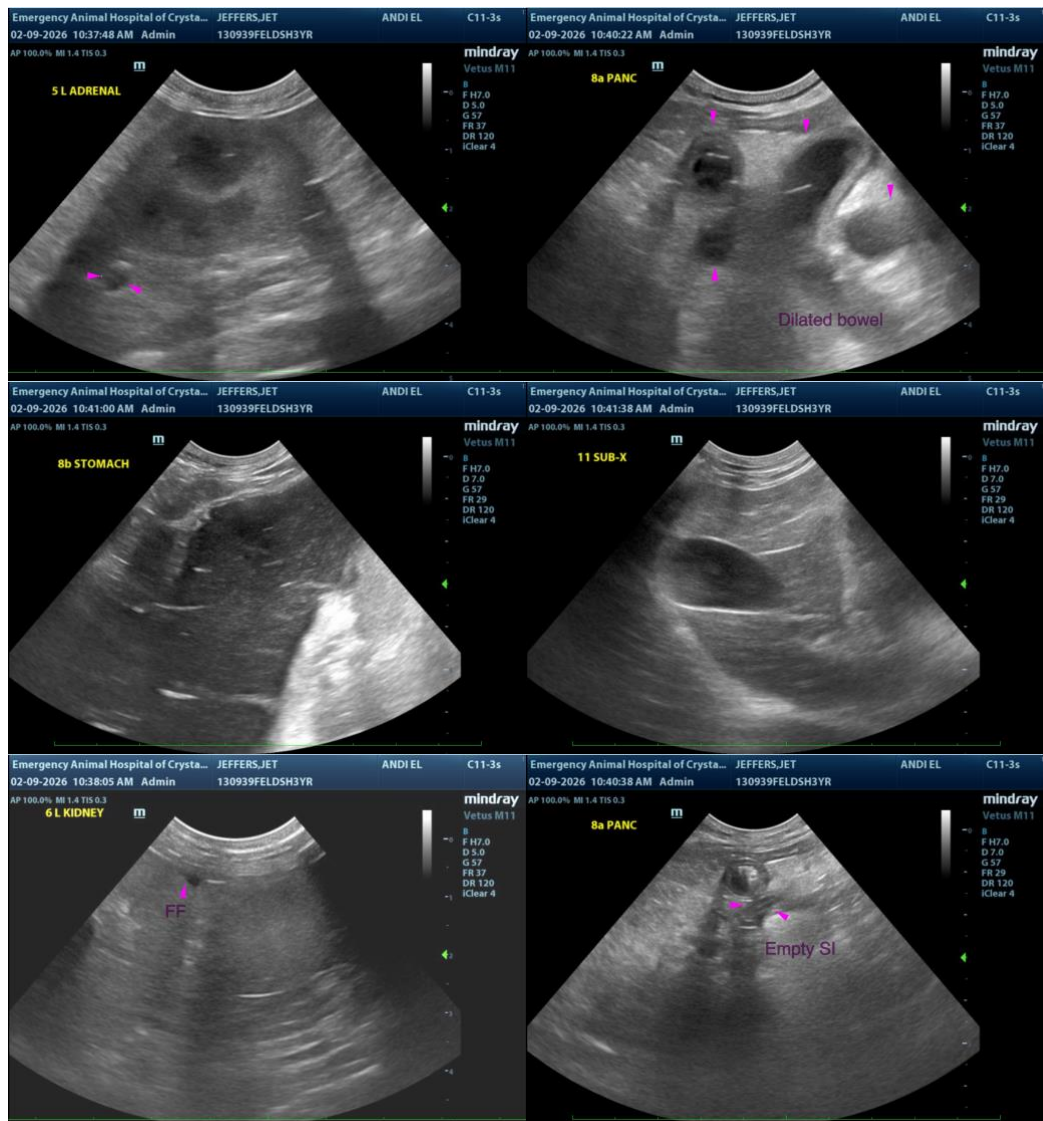
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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.

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