Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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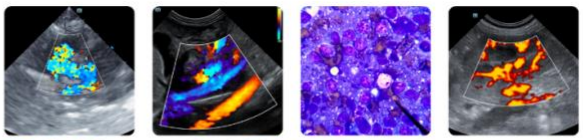

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lily Ohlandt

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5/25/2021

WEIGHT

7.26 KG

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Fetterolf

INVOICE

23071

DATE

5-28-26

PRESENTING CLINICAL SIGNS

Patient History:
- Vomited foreign material (silvery, rigid material) approximately 2 weeks ago on 2 separate occasions
- Normal until yesterday morning
- Yesterday at 7:00 AM ate small amount of breakfast, then vomited undigested food chunks twice between 7:30-8:00 AM
- Subsequently vomited 6-7 additional times between 8:00 AM-1:00 PM yesterday (yellow, foamy bile)
- No observed food or water intake since yesterday morning
- No vomiting observed since yesterday afternoon
- Neither cat ate dinner last night
- Known to ingest hair ties and similar objects
- Strictly indoor cats, not current on parasite prevention

On PE today patient is warm to the touch. Rectal temp 104F. MM are pink - slighly injected, warm, dry w CRT 2.5 seconds.
Abdomen is tense; difficult to palpate due to overweight BCS.
No foreign material beneath tongue.

Abnormal lab-work values: 7/17/2025 - Feline Junior Panel all wnl / nsf.
Today's in house CBC and Chem 10 w/ lytes - all wnl.
Current Medications: None
Radiographic Findings: Images have been emailed to the above address.

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.05 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. A few cortical cysts are seen (one of the larger measuring 1.02 cm in its longest dimension). Severalhyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.20 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several cortical cysts are seen (one of the larger measuring 0.80 cm in its longest dimension). Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

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vasculature is normal.

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
A few prominent mesenteric lymph nodes are visdi (one of the larger measuring 2.67 x 0.54 cm).

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral nonspecific age-related renal changes with cortical cysts and dystrophic mineralization

*There is no obvious evidence of a gastrointestinal foreign body/obstruction on today's study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia.
- Given the fever, consider infectious disease testing (i.e., feline leukemia, FIV, and FIP +/- Toxoplasmosis.

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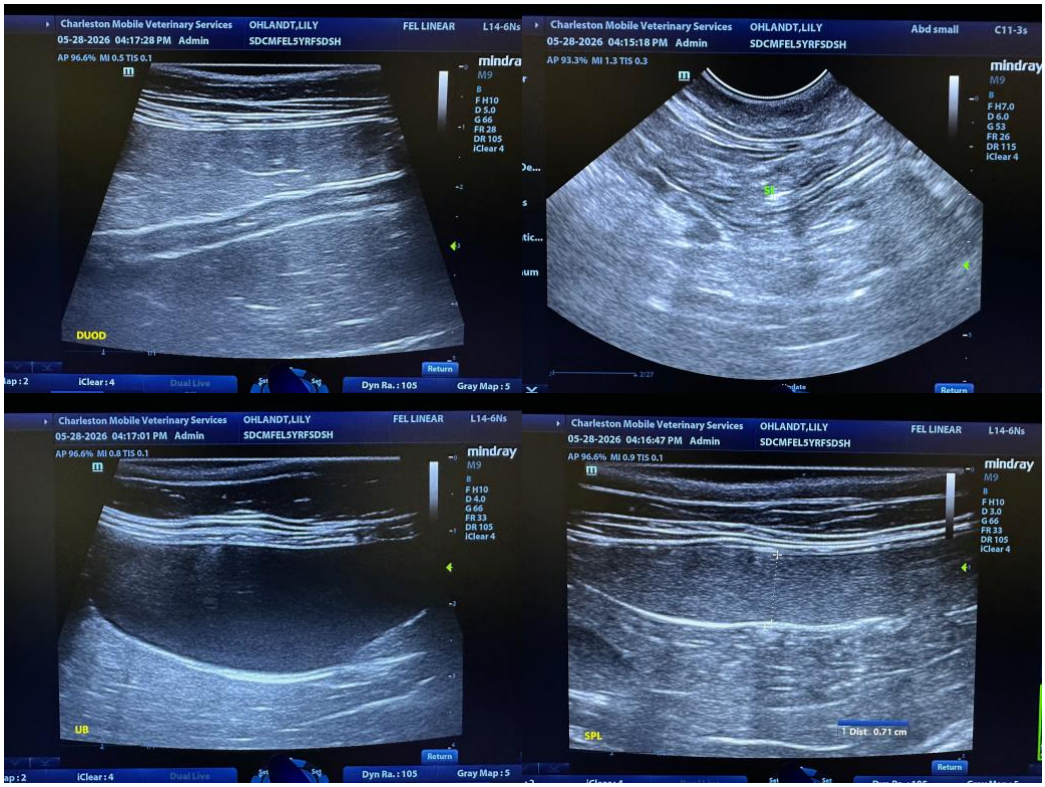
- If the patient's gastrointestinal signs are chronic in nature, consider a GI panel including serum cobalamin and folate, TLI and PLI as well as a limited antigen or hydrolyzed protein diet trial.
- In the meantime, continued symptomatic care is recommended.



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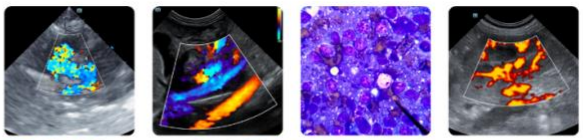

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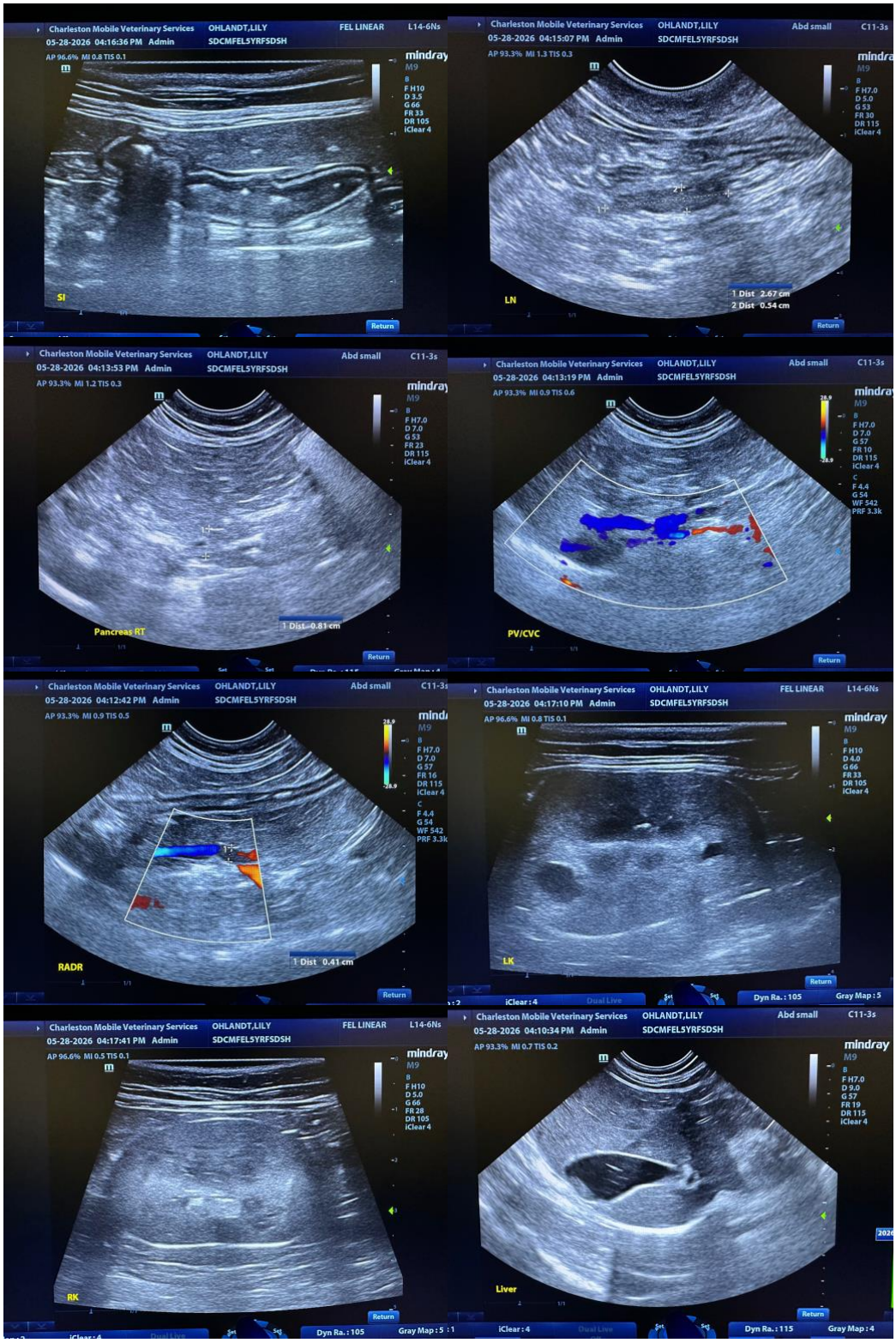

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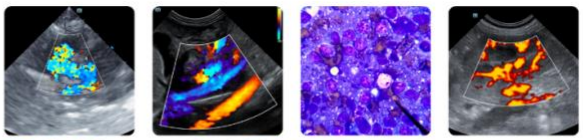

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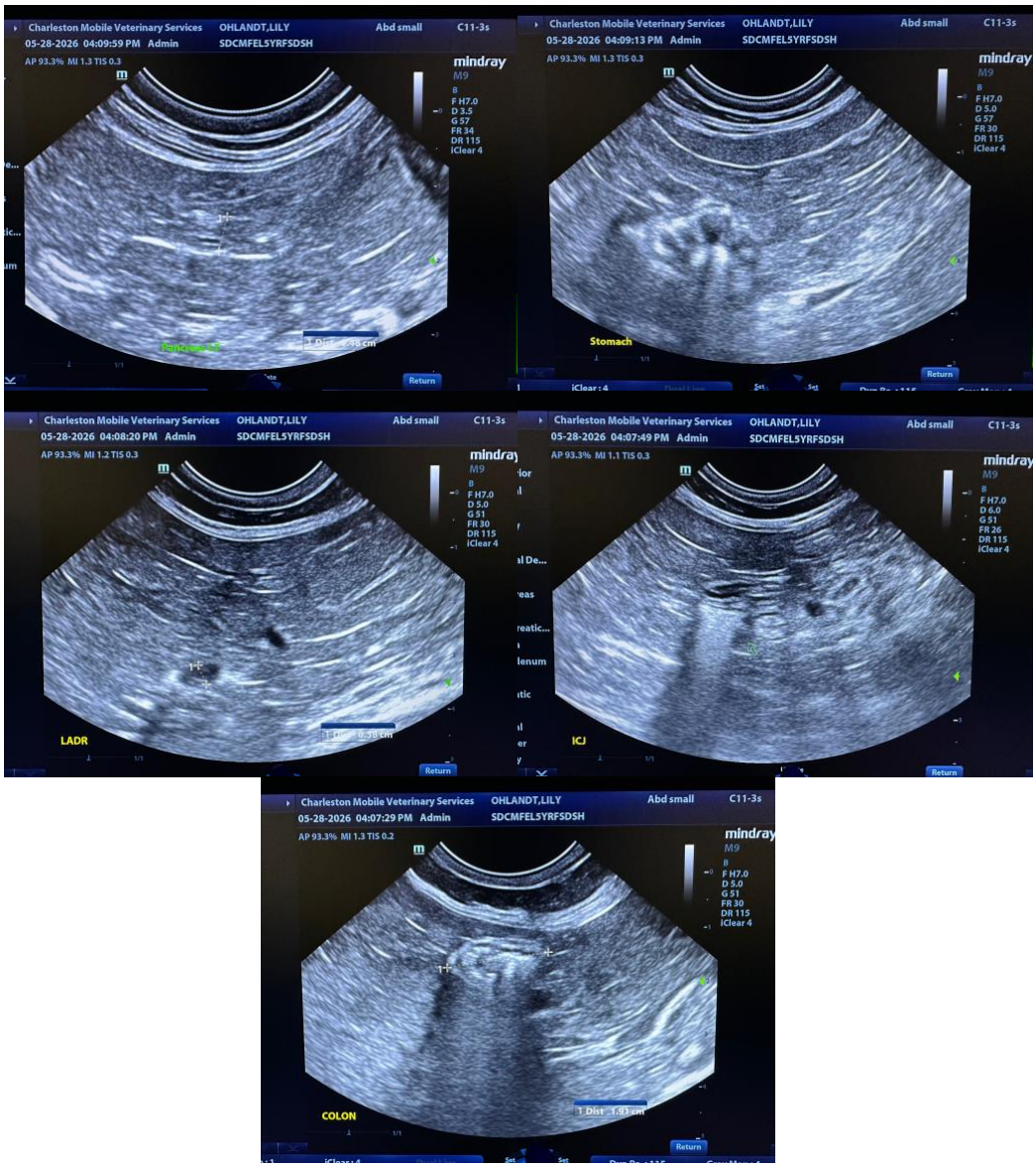

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com