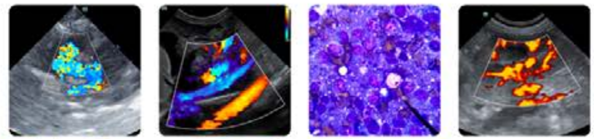


PATIENT

Stewie Brooks

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

5 Months

WEIGHT

2.7 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brian Jacobs

INVOICE

72452

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea over the past 2 days. O noticed p eating their adult cat's food last night, p vomited large amount afterwards. Anorexic for 48 hours. Thickened intestinal loops palpable.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 19.66 (H), Neu 16.83 (H) Chem: GGT 12 (H) EPOC: pO2 26.2 (L), cSO2 47.8 (L), Na 144 (L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.4 cm. Right kidney measures 3.35 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.42 cm. Right measures 0.44 cm.

Spleen

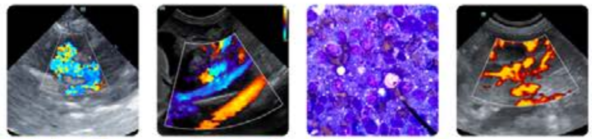
The spleen measures 0.78 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is non-distended with no evidence of shadowing foreign material. The pylorus and pyloroduodenal junction appear patent with no concern for pyloric outflow obstruction. The small intestine is multifocally mildly distended with a combination of echogenic fluid and debris. There are several focal loops with a hyperechoic linear material that is concerning for potential linear foreign body. There is no overt plication or definitive evidence for small intestinal mechanical obstruction, but this can’t be completely ruled out at this time. The colon appears to contain normal shadowing feces.



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Pancreas

The pancreas is slightly prominent and hypoechoic with smooth margins. There is no significant hyperechoic mesentery or omental fat in the region. There is no regional free peritoneal effusion noted.

Free Abdomen

There are several mesenteric and jejunal lymph nodes that are slightly prominent or enlarged with normal length to width ratio and isoechoic parenchyma, consistent with patient's age.

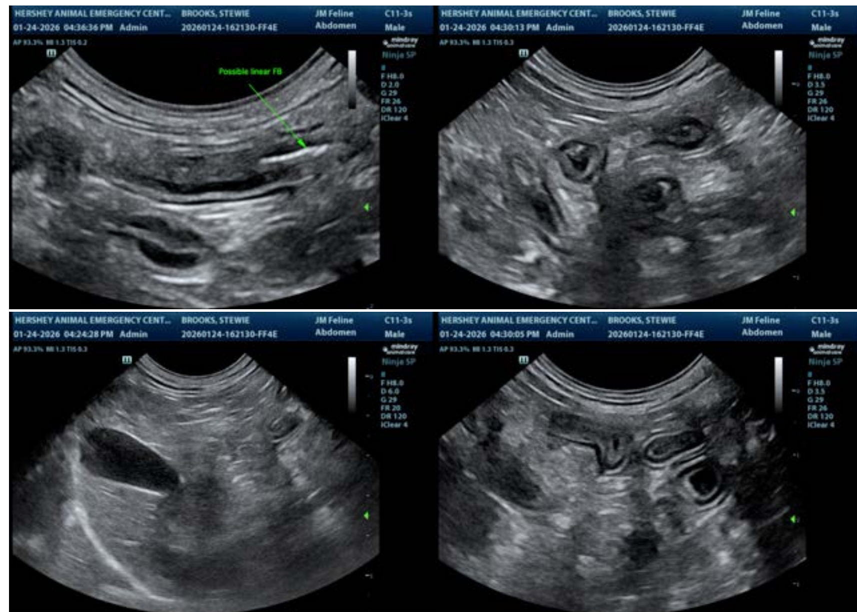
ULTRASONOGRAPHIC FINDINGS

- There is concern for potential linear foreign material. While there is no discrete evidence of small intestinal obstruction or plication, this is still a concern, given the multifocal mild gastrointestinal fluid accumulation and ileus.

- The slightly prominent mesenteric and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider an exploratory laparotomy for further evaluation of the gastrointestinal tract and concern for potential linear foreign body obstruction. However, the owners should also be counseled on the potential for a negative explore. Alternatively, hospitalization with supportive care, fluid therapy as clinically indicated could also be considered. However, this risk intestinal perforation if there is presence of a linear foreign object within the small intestine.



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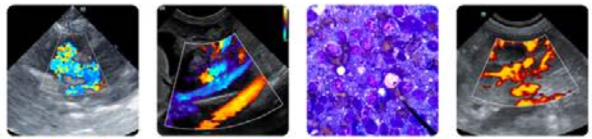

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com