



PATIENT

Tandy Greenwaldt

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.8 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Kristan Evans

HOSPITAL NAME

Emergency AH of
Crystal Falls

REFERRING VET

Scott Sabelhaus, DMV

INVOICE

71846

DATE

11/15/25

PRESENTING CLINICAL SIGNS

Presenting complaint/duration: Referral from VCA Lakeline. Presented for anorexia and vomiting x 2 days. Vomits after eating, hiding. O saw P trying to eat ribbon a few days ago. Linear FB on radiographs. rDVM found string wrapped around the base of the tongue. Sedated and cut FB under tongue.

Abnormal PE/Chem/CBC/UA Results: CBC WNL. Chem: mildly elevated BUN (33.5 mg/dL), elevated glucose (223 mg/dL), elevated ALT/AST, mild hypermagnesemia (3.2 mg/dL), mild hypokalemia (3.2 mg/dL).

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 is a moderate amount of suspended echogenic mobile debris. 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. The left kidney measures 3.42 cm. The right kidney measures 3.63 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 0.55 cm. Right measures 0.57 cm.

Spleen

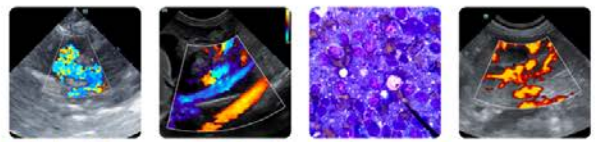
The spleen measures 0.72 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. 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 moderately distended with echogenic fluid and shadowing contents. The pylorus and pyloroduodenal junction are not discretely imaged, but there is concern for potential pyloric outflow obstruction. There are two populations of small intestine noted with the suspected aborad segments



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displaying mild to moderate dilation with echogenic fluid contents and some partially shadowing debris. There is a high concern for mechanical obstruction, although definitive plication or shadowing obstructive lesion is not visualized. The ileoceocolic junction is patent. The colon contains normal shadowing feces. The gastrointestinal walls appear normal in thickness with maintenance of normal wall layering.

Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

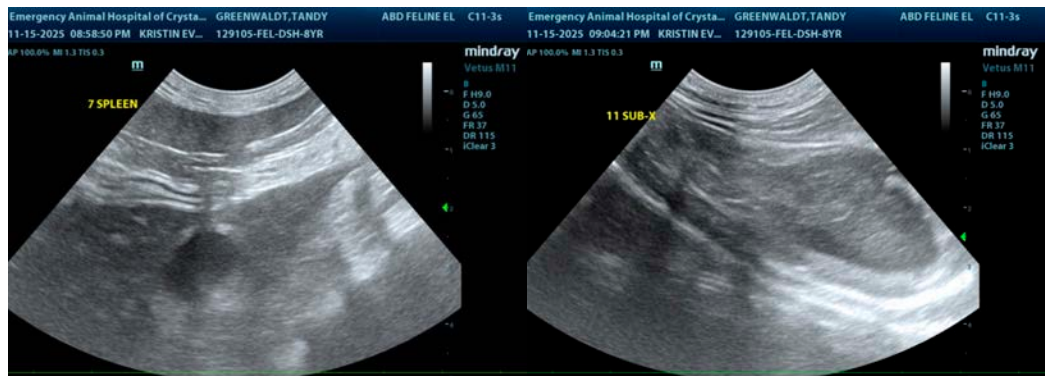
The mesentery in the cranial abdomen is hyperechoic and slightly nodular with evidence for focal peritonitis. There is no significant lymphadenopathy or free peritoneal effusion identified.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The changes to the gastrointestinal tract are concerning for a potential mechanical small intestinal obstruction. Given the history and radiographic findings, a linear foreign body is considered likely. The hyperechoic mesentery in the cranial abdomen is consistent with focal peritonitis secondary to a mechanical obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history and ultrasonographic appearance of the gastrointestinal tract, an exploratory laparotomy is reasonable at this time. If conservative management or medical management is elected, repeat fasted imaging is recommended in 12 hours. If there is no significant change or improvement in the gastrointestinal dilation, an emergency laparotomy would then be indicated.





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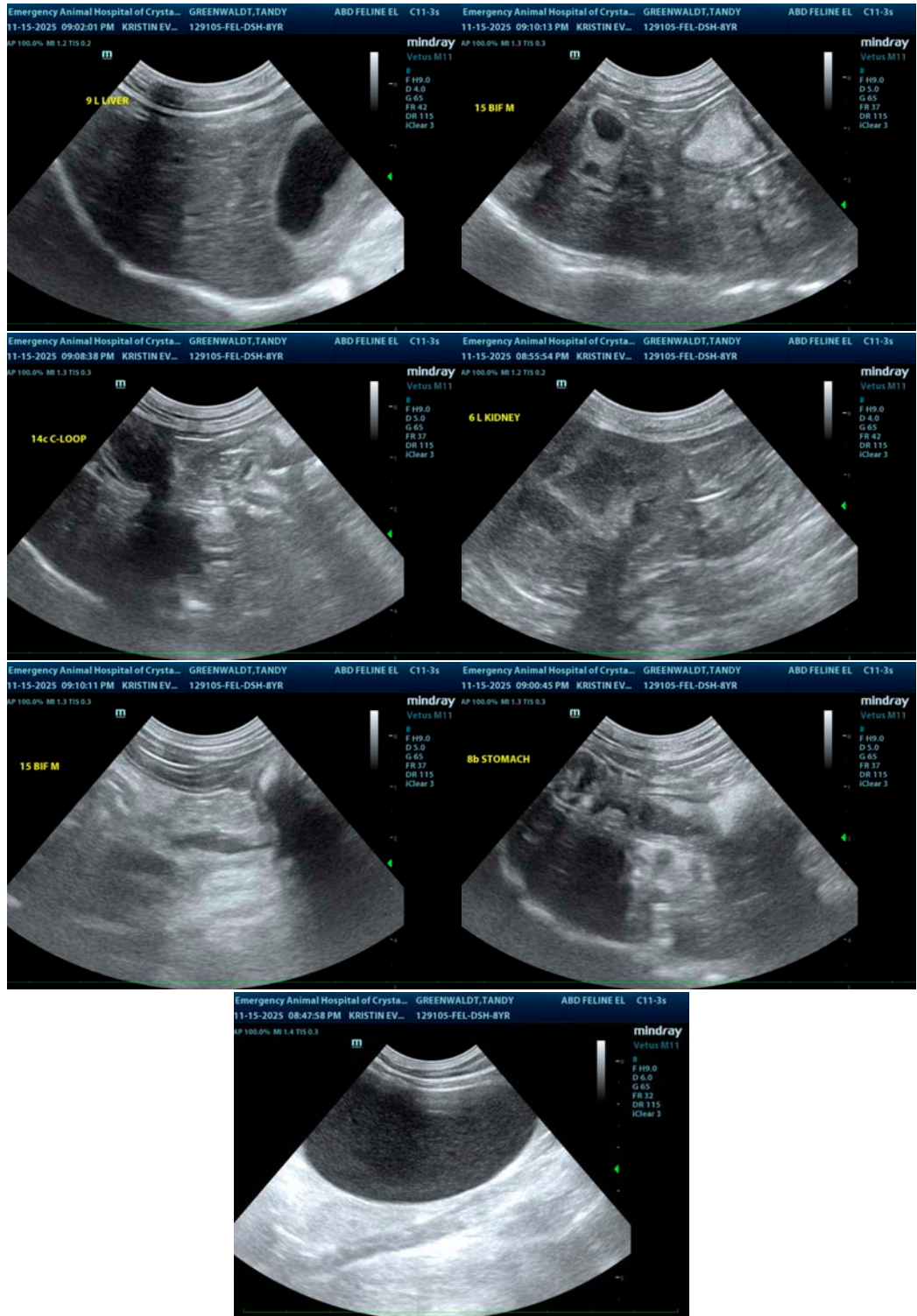
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Residency trained in cardiology

info@SonoPath.com