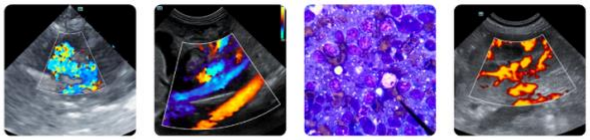


PATIENT

Babe Altland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

16414

DATE

06/06/26

PRESENTING CLINICAL SIGNS

*6/3 P was lethargic and started vomiting. 6/4 continued vomiting and anorexia. No defecation in 3 days. admitted for supportive care: iv fluids w/ KCl, cerenia, and pantoprazole. *concern for vomiting, anorexia, lethargy - r/o concern for partial/ intermittent obstruction vs. gastro enterocolitis vs. other; Electrolyte disturbances - r/o secondary to vomiting/GI losses; Mild BUN elevation - r/o dehydration vs. less likely GI hemorrhage, AKI, CKD etc.; Mild hyperglycemia - r/o suspect stress related; pancreatitis; other

PE: on initial presentation--soft on abdominal palpation; overnight abdomen tense and difficult to evaluate CBC: WBC 18.33, NEU 15.80; EPOC: PH 7.459, NA 144, K 3.1, CL 107, ica ++ 1.14, GLU 194; CHEM: BUN 34.8, tCA 8.7, TP 8.4, GLOB 5.0, GLU 179; FPL: 2.1 (normal) rads: reveal adequate serosal detail; the gastric lumen appears empty; the bowel loops contain a combination of gas, fluid and heterogenous material; distended section of bowel containing heterogenous material which may represent the ileoceco-colic junction/ascending colon however there are several fluid and gas filled loops orally which are suggestive of possible partial vs. resolving obstruction rads 6 am repeat: continued gastric distension and intestinal gas

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with a mild amount of suspended echogenic debris. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. 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 3.56 cm. The right kidney measures 3.92 cm.

Adrenal Glands

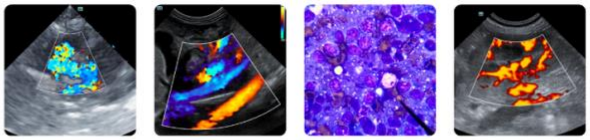
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.39 cm. The right adrenal gland measures 0.36 cm.

Spleen

The spleen 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. The spleen measures 0.6 cm at the hilus.

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



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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 anechoic fluid. The pylorus and pyloroduodenal junction appear patent. There are two populations of small intestine with mild to moderate fluid dilation of multiple segments. The small intestinal walls are normal in thickness with maintenance of normal wall layering. There is no overt infiltrative mass lesions identified. There is a focal segment of intestine that contains echogenic hard shadowing material that is suspected to be foreign. However, the segments orad and abroad to this are not traced adequately to identify the location or to confirm the presence of a mechanical obstruction. A partial obstruction or colonic material cannot be excluded.

Pancreas

The base and limbs of the pancreas are 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

There are multiple prominent mesenteric lymph nodes with normal length to width ratio and isoechoic parenchyma. There is no significant free fluid noted

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.
- Gastrointestinal shadowing material that is concerning for potential mechanical obstruction, although not definitively identified on this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

If previous supportive care has proved unsuccessful, consider an exploratory laparotomy to further evaluate the gastrointestinal tract and potentially alleviate any mechanical obstruction that may be identified.

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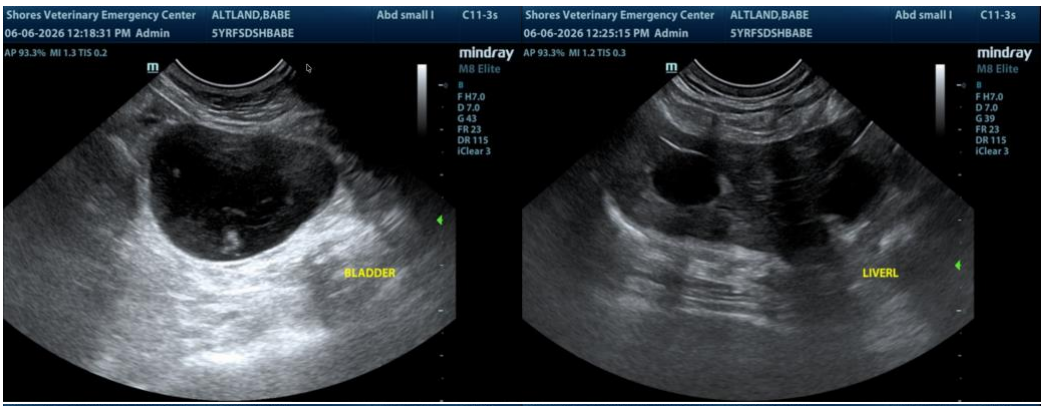

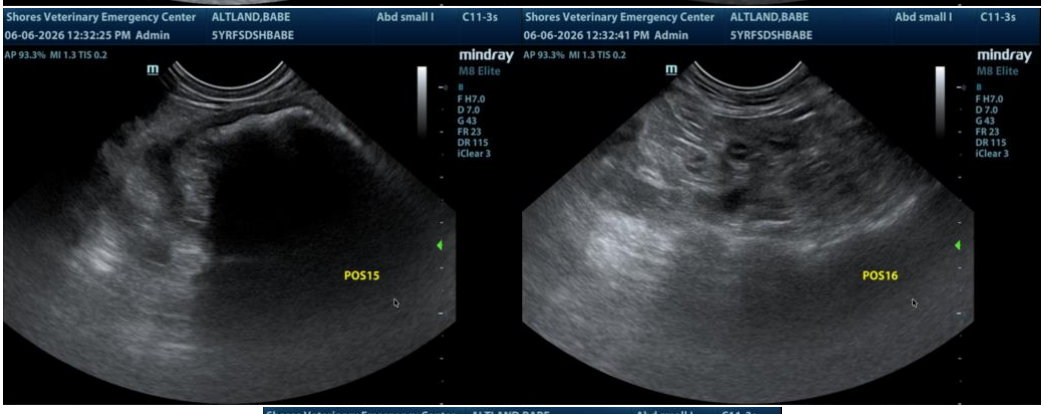

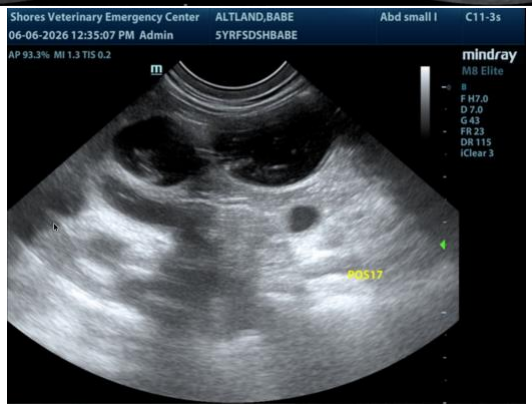

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com