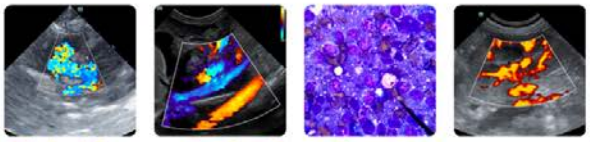

PATIENT

Jojo Wong

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

1 Year

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Boules Maher

INVOICE

72098

DATE

1/9/26

PRESENTING CLINICAL SIGNS

Presented with acute vomiting, anorexia, lethargy, and abdominal discomfort for approximately 24–36 hours. Hospitalized for supportive care and IV fluids. Progressive gastric distension noted; NG tube placed for decompression. Abdominal radiographs show a persistently distended stomach with intraluminal material, raising concern for gastric outflow obstruction or functional ileus. Radiologist recommended AUS.

Abnormal PE/Chem/CBC/UA Results: CBC: Marked neutrophilia (WBC 21.8 x10^9/L). Chemistry: Azotemia (creatinine up to 261 µmol/L, elevated BUN), mild ALT elevation, hyperproteinemia. Electrolytes: Significant hypokalemia (down to 2.0 mmol/L), hypochloremia, metabolic alkalosis. Urinalysis: USG >1.050; RBC/WBC 3/HPF, suspect bacteria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or mineral. A small chronic infarct is suspected in the cranial pole.

Adrenal Glands

The right adrenal gland is normal in size (0.24 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately overdistended with fluid as well as some echogenic non-shadowing debris within the pylorus.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the proximal small bowel/suspect proximal duodenum is moderately fluid distended up to the level of an echogenic curvilinear intraluminal density with strong acoustic shadow, concerning for an obstructive object. The remaining small bowel beyond the suspected object is empty.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

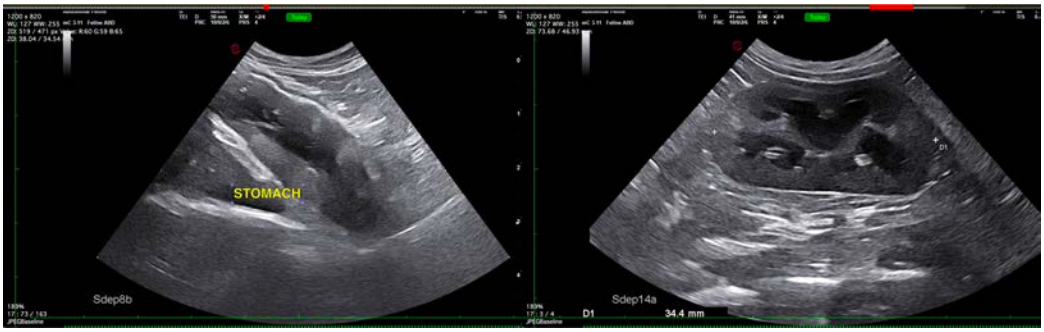
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect proximal small bowel obstruction resulting in gastric and proximal small bowel dilation.
- Small chronic infarct in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As soon as patient is stable enough to undergo surgery, an exploratory laparotomy is recommended for further evaluation, and if discovered, removal of the suspected foreign body obstruction.



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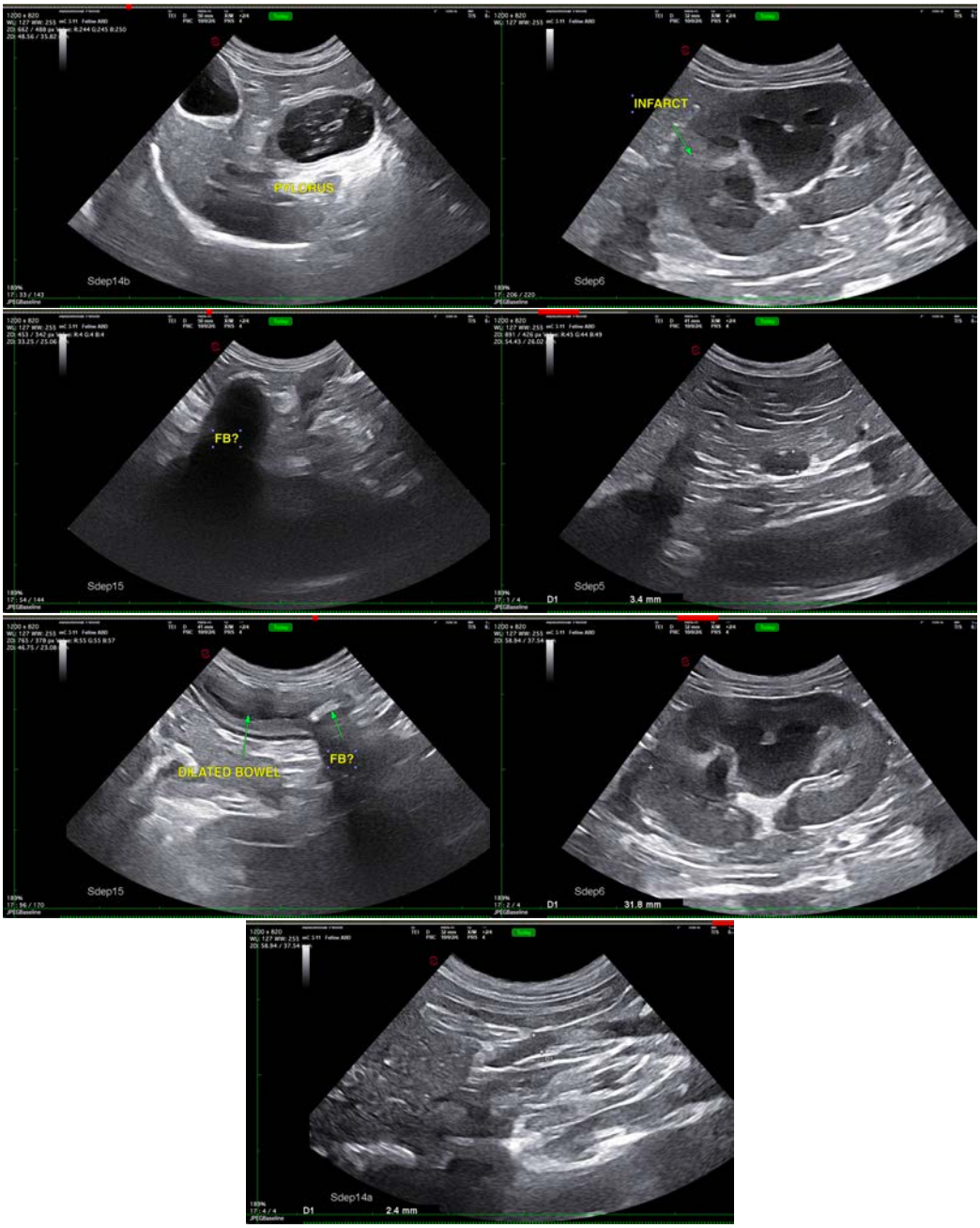

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM info@sonopath.com