



DATE	PRESENTING CLINICAL SIGNS
12/17/25	Patient History: Presented 12/15 for vomiting, lethargy and anorexia. Treated supportively, no improvement since then. On PE normothermic with slight prolonged CRT (2sec) and slightly tacky mm.
PATIENT	Intermittently reactive to palpation of cranial abdomen. Presented 12/17 for continued vomiting, adr.
Stevie Shearer	Current Medications: Received: Cerenia 1mg/kg IV at 10am, Famotidine 1mg/kg SC at 10am, B12 250mcg SC at 10am. Currently on 14mL/hr LRS, beginning supplementation of potassium
SPECIES	Labwork Results: Labwork not submitted but reported as CBC--elevated HCT/Hgb (52.5% hct, 17.5 hgb), elevated RDW 28, low retic hgb (12.6), eosinopenia (0.15). CHEM--hyperglycemia (175), elevated BUN (57), hyponatremia (132), hypokalemia (1.8), hypochloremia (87). Pancreatic lipase: 1.1 WNL.
Feline	Radiographs Conclusion
BREED	1. There is a higher suspicion of the presence of a pyloric outflow obstruction on the current examination given the lack of gastric emptying. 2. Persistent enteritis. Recommendations: The stomach could be decompressed with an ultrasound done for better assessment of the gastric contents, gastric wall and the duodenum. Depending on findings endoscopy/surgical exploratory may be warranted.
DSH	Date of Previous IntraPet Ultrasound: No previous.
SEX	Sedation: Not required to complete full diagnostic ultrasound.
Neutered Male	Stat Report: DVM requested. Imaging Performed by: Andi Parkinson, BS, RDMS.
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
2/11/2025	Urinary System
WEIGHT	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.
7.8 pounds	
INTERPRETED BY	Left kidney is normal in size (3.73 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.
Beth Johnson, DVM DACVIM	Right kidney is normal in size (X3.72cm), 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.
HOSPITAL NAME	Adrenal Glands
Perry Hall Animal Hospital	Left adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
REFERRING VET	Right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Dr. Breidenbaugh	
INVOICE	Spleen
12714	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

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.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with echogenic appearing fluid up to the pylorus where there is an approximately 1.1 cm in diameter curvilinear echogenic hard shadowing density.

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 small intestine is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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.

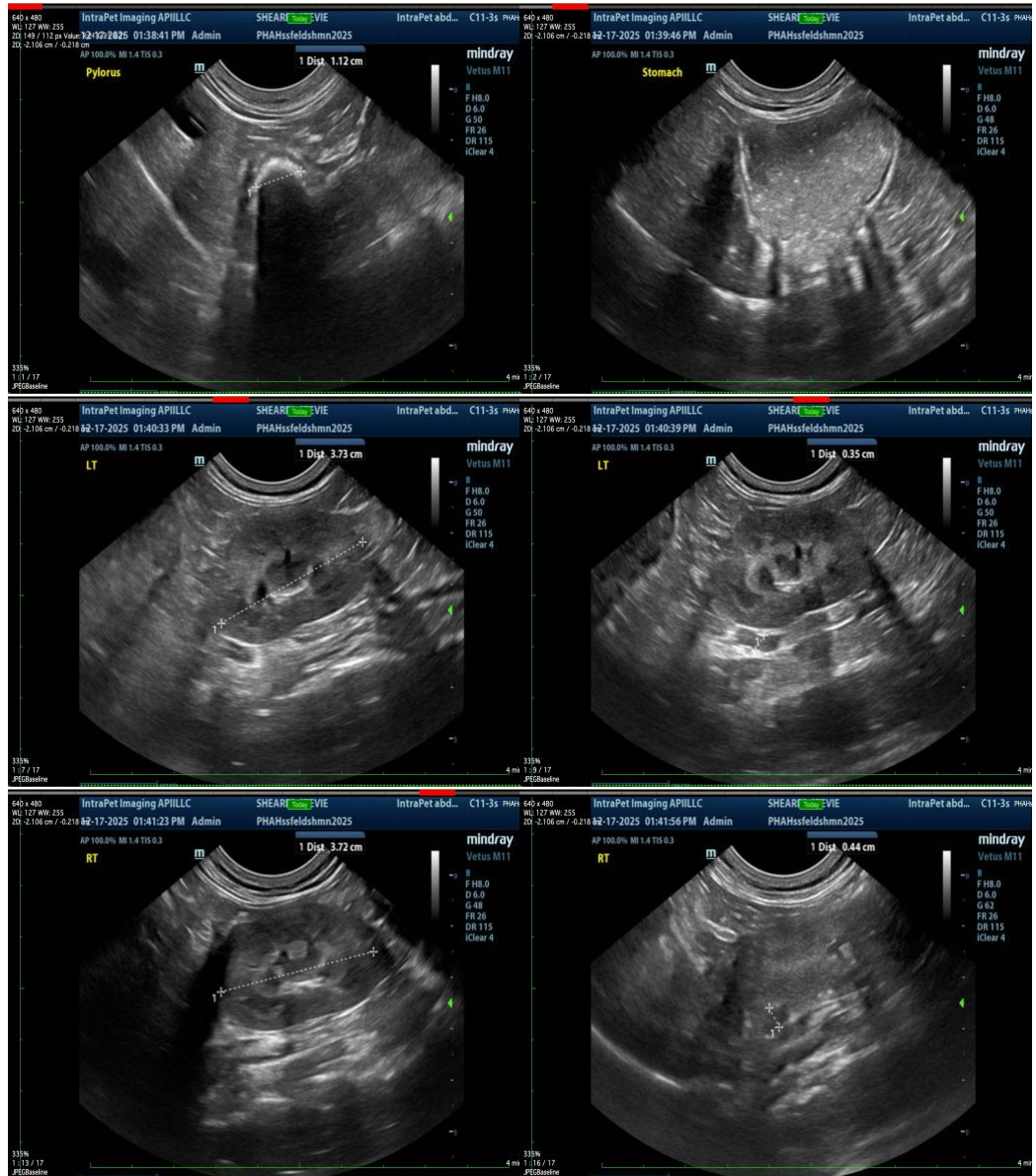
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect obstructive pyloric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If available, gastroscopy could be considered for further investigation and removal of the pyloric foreign body if confirmed or alternatively, an exploratory laparotomy could be considered when the patient is stable enough for anesthesia.



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.

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