



PATIENT

Pantara Pinto

PRESENTING CLINICAL SIGNS

History: Lethargic, anorexia, emesis. Abd. pain, xray possible foreign object in stomach.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

Left kidney is normal in size (4.0 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.

AGE

10 Pounds

Right kidney is normal in size (4.6 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.

WEIGHT

10 Pounds

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

Left adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kerri Becker

Spleen

Spleen measures at the upper ends of normal limits for thickness (1.0 cm in width at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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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.

REFERRING VET

Dr. Silas

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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.

DATE

12/2/25

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately overdistended and contains an echogenic interface with distal progressively shadowing material, concerning for a hairball or other similar fluid absorbing foreign material, extending into the pylorus.



PATIENT

Normal ingesta and gas cannot be definitively ruled out, and should be considered a possibility if adequate fasting was not pursued prior to the ultrasound.

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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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme, with the more distal small bowel being 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.

Feline

BREED

DSH

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

SEX

Pancreas

Spayed Female

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.

AGE

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Free Abdomen

WEIGHT

10 Pounds

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

There is no apparent pathologic lymphadenopathy noted in these images.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Beth Johnson, DVM,
DACVIM (SAIM)

Primary Findings

IMAGING PERFORMED BY

Kerri Becker

- Given the patient's reported fasting history, the gastric contents are concerning for foreign material, with no visible evidence of foreign material, obstruction, plication, etc., extending into the small bowel. As stated above, normal ingesta and gas and mimic foreign material in the stomach, however, and can't be ruled out if there is any chance that patient found food prior to the study.
- Mild splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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Secondary Findings

- A mild amount of echogenic urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12/2/25

If there is any chance patient was not fully fasted, i.e., snuck a meal, etc., an additional 12-24 hours of fasting, followed by recheck imaging of the stomach could be considered. Otherwise, further investigation and removal of the suspected foreign material is recommended. Upper GI gastroscopy could be considered if available, or an exploratory laparotomy for planned gastrotomy could be



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pursued.

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IMAGING PERFORMED BY

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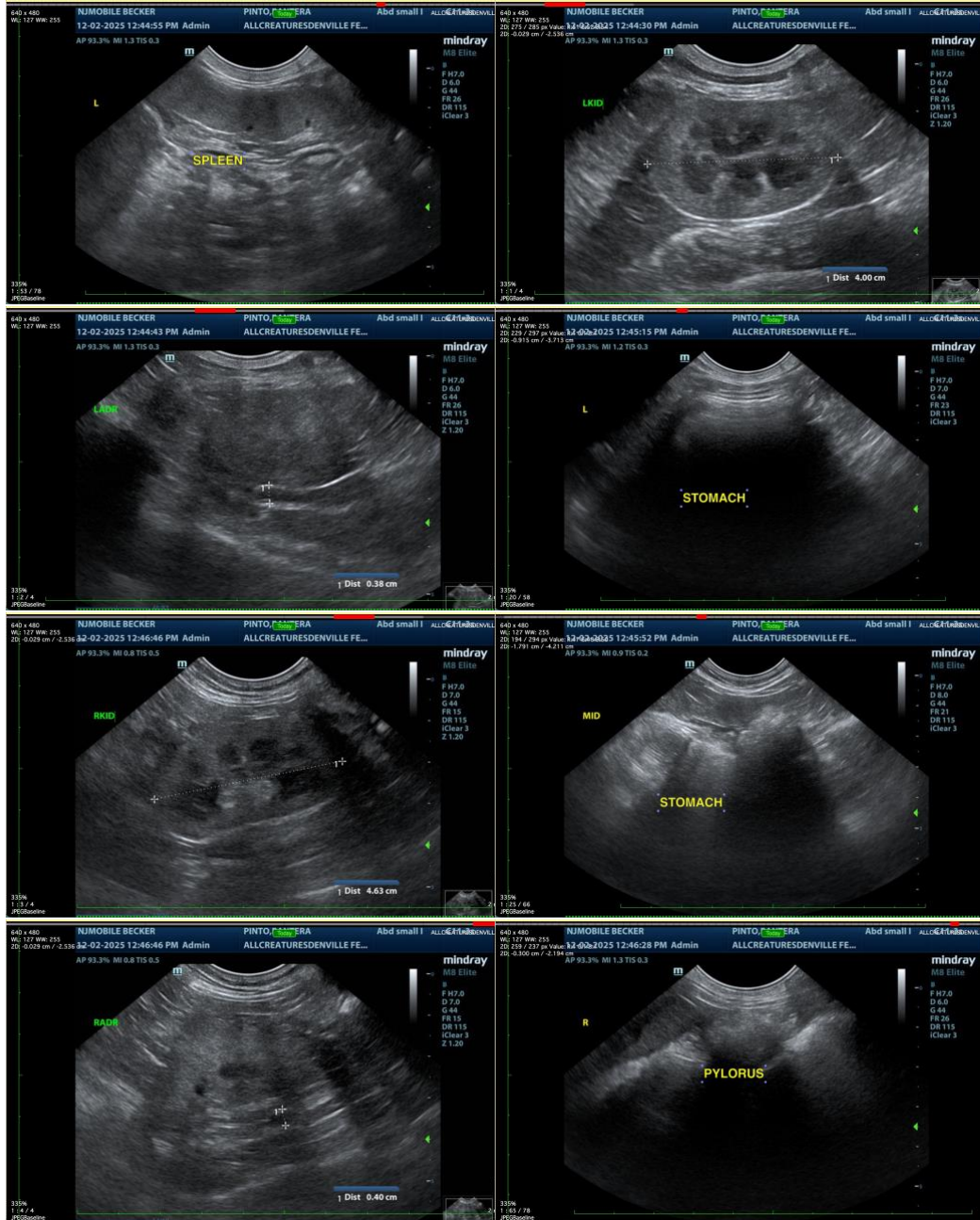
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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