



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cleo Hannon	Ate 6-8 inch piece of string, abnormal gas pattern
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is moderately 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.
DSH	
<b>SEX</b>	The right kidney is normal in size (3.63 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.
Spayed Female	
<b>AGE</b>	The left kidney is normal in size (3.33 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.
3 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
9.02	The right adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.26 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Val Shumskaya	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
ACC Landing	
<b>REFERRING VET</b>	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.
Dr. Villari	<b>Gastrointestinal</b>
<b>INVOICE</b>	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. Foreign material within the ingesta cannot be definitively ruled out.
46239	
<b>DATE</b>	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 echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
3/29/23	



**PATIENT**

Cleo Hannon

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

**SPECIES**

Feline

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

DSH

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**SEX**

Spayed Female

There is no apparent lymphadenopathy noted in these images.

**AGE**

3 Years

- Relatively unremarkable/normal abdomen

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no visible evidence of an obstructive pattern, plication, or visible foreign material obviously evident in these images at this time. However, the stomach and bowel contain gas and chyme that could be partially obscuring foreign material. Therefore, foreign body cannot be definitively ruled out.

If this patient was seen and is known to have ingested the ribbon, then the most aggressive approach would be to perform an exploratory laparotomy to try to locate and remove the ribbon if present. Alternatively, gastroscopy could be considered in case the ribbon is hidden within the gastric ingesta and could be removed less invasively.

Alternatively, given the lack of obstructive pattern, plication, or definitive evidence of foreign material in these images, etc., supportive/symptomatic medical management could be initiated with fasting prolonged for another 12-24 hours and recheck imaging at that time. Recheck imaging should be performed sooner if clinical signs develop, or if clinical signs are already present and persist.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

ACC Landing

**REFERRING VET**

Dr. Villari

**INVOICE**

46239

**DATE**

3/29/23





**PATIENT**

Cleo Hannon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

9.02

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

ACC Landing

**REFERRING VET**

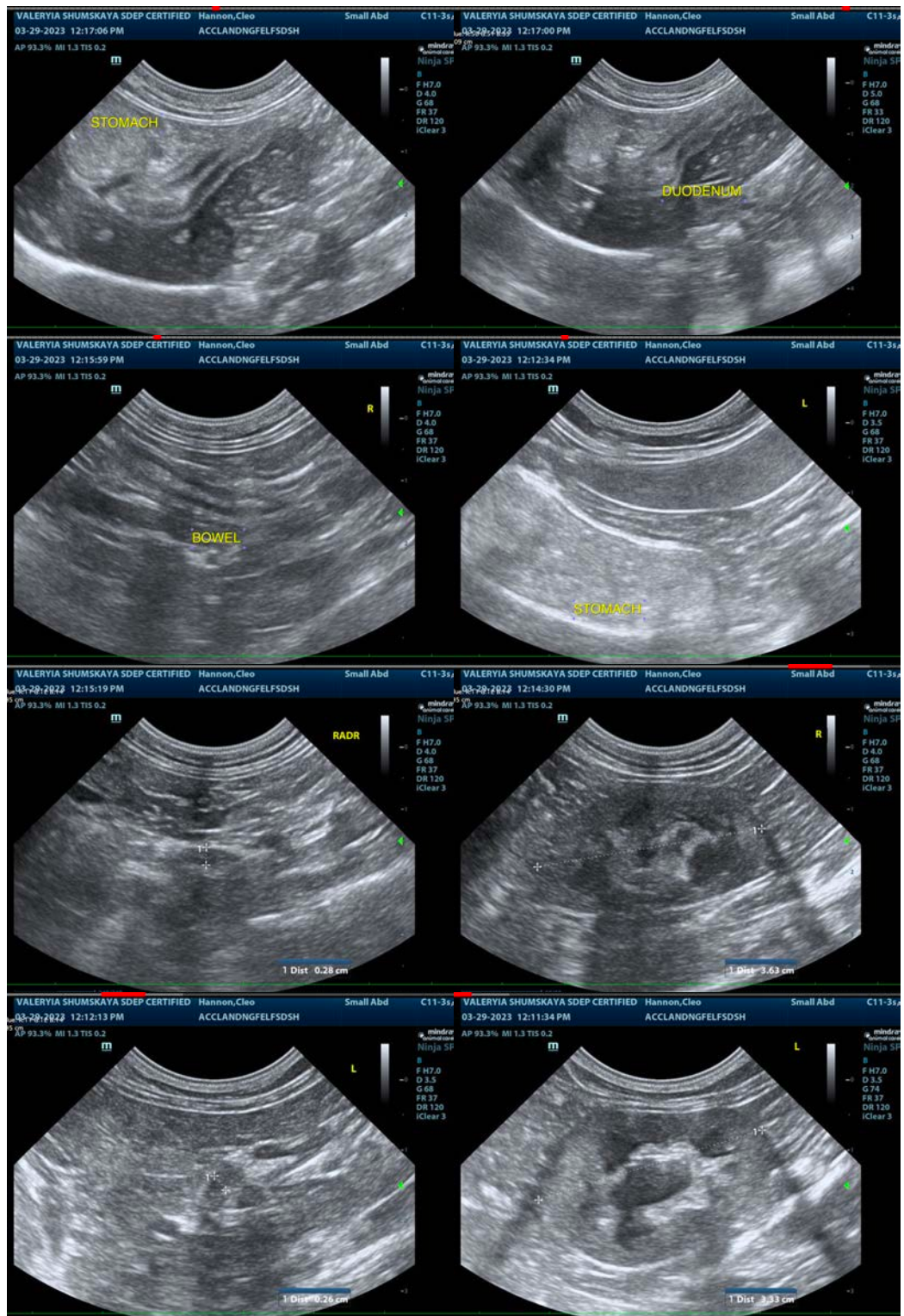
Dr. Villari

**INVOICE**

46239

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**PATIENT**

Cleo Hannon

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Beth Johnson, DVM, DACVIM**

Beth.Johnson@sonopath.com

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

9.02

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

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