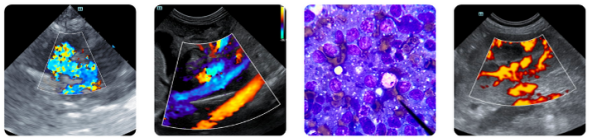

PATIENT

Millie Desso

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 years

WEIGHT

5.4 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

11094

DATE

1/14/2026

PRESENTING CLINICAL SIGNS

One week history of lethargy and decreased appetite. Seen at rDVM on 1/12 and has a fever, dehydration and abdominal pain. abdominal radiographs done and were unremarkable. Bloodwork at rDVM showed Mild neutropenia (2.29k) and thrombocytopenia (119k) but chemistry panel and remainder of CBC was normal. qPL was normal. Treated with cerenia, SQF, and onsior (temp was 103 at rDVM) and mirtazapine. Still decreased appetite at home.

Abnormal PE/Chem/CBC/UA Results: tacky MM, 5-6% dehydrated. mildly uncomfortable on abdominal palpation with thick palpating intestines. CBC: neutropenia (2.17k), thrombocytopenia Chem: hyperglobulinemia (5.4), otherwise WNL EPOC: BE -6.1, otherwise WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.73 cm in length, and the right kidney measures 3.88 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal measures 0.25 cm in thickness. Right adrenal measures 0.39 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

In the gastric lumen there is shadowing material with complete acoustic drop out. Towards the pylorus the stomach becomes empty and there is nothing visible in the PDJ.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

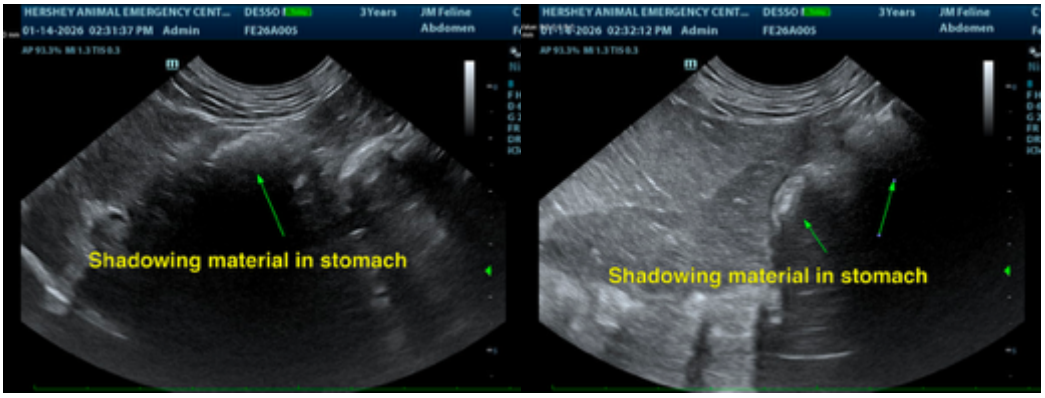
The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

ULTRASONOGRAPHIC FINDINGS

- Shadowing material in gastric lumen, consistent with non-food material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hard shadowing in stomach likely represents non-food material. It is not currently obstructive, though gastric foreign bodies can be dynamic causing intermittent pyloric outflow obstruction and waxing and waning clinical signs. This shadowing could be a trichobezoar, foreign material, accumulation of plant debris, etc. Abdominal radiographs will be of benefit to further visualize gastric contents. Endoscopic visualization and retrieval should be considered. Abdominal exploratory surgery with plan for gastrostomy is an alternative.



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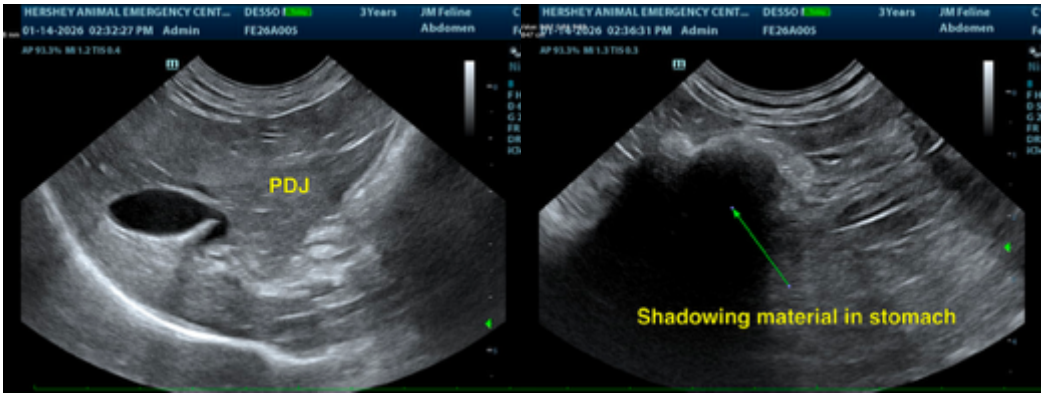

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com