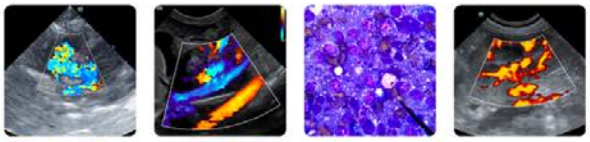

PATIENT

Toby Sample

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

8.2 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE

71958

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Patient has been V+ for about a month. Patient is not able to keep food down after eating. O tried swapping dry food to wet food but patient is still V+. Patient still acts hungry but after taking a few bites will hack/V+. Owner describes a change in meow. PE: Tense abdomen upon palpation Gas palpated throughout GIT

Abnormal PE/Chem/CBC/UA Results: Dx at pDVM (BW 11/13, rads 11/19): Rads: Marked diffuse gas distention throughout GIT CBC: Monos 0.6 (H) Chem: NSF UA: USG 1.019 (L), marked cocci, RBC T4: 1.8 (N) Started on Clavamox due to UTI- no improved with drooling, hacking and difficulty eating. Intake: Chem: Glu 179 (H), BUN 15 (L), GGT 10 (H) CBC: Eos 0.15 (L) EPOC: Na 147 (L), Glu 193 (H) Recheck radiographs @5am show gas throughout GIT although improved since initial set 6a EPOC: iCa 1.2 (L), An gap 8 (L), BUN 10 (L) 6a PCV/TS: 36/7.2

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 measures 4.54 cm. Right measures 4.29 cm.

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 measures 0.36 cm in thickness. Right measures 0.46 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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach is distended with gas. There is some fluid visible with some hyperechoic non-shadowing material in the stomach. Towards the pylorus there is one view where there is a possible curvilinear shadowing object, though this is not visible in other views and may represent a gas bubble. Definitive foreign material is not visualized but remains a possibility.

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The duodenum is diffusely distended with somewhat thickened walls with back and forth fluid motion with no peristalsis seen, consistent with ileus. Multiple small intestinal loops are gas-filled with no overt distention. Some small intestinal loops are normal with no distention. There are no obvious intestinal masses and no significant alterations to curvilinear wall layering.

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

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

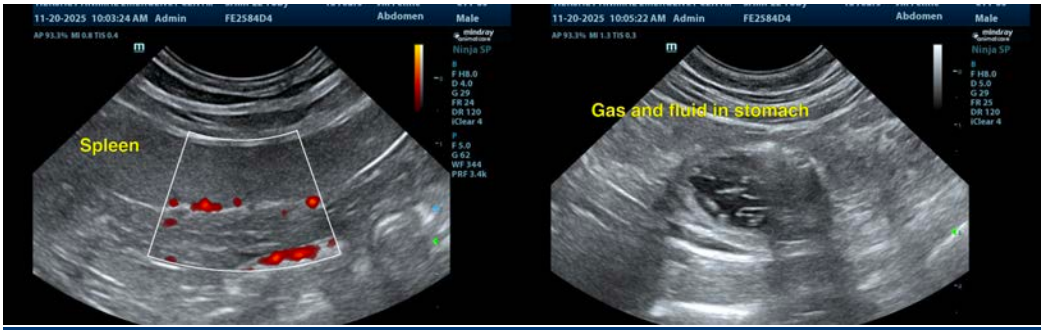
- Gastroenteritis, no obvious obstruction.
- Gallbladder debris, incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt obstruction visible on this ultrasound study. However, given the non-shadowing material visible in the stomach, the prolonged nature of the clinical signs, and the reported severity of clinical signs, abdominal exploratory surgery could still be considered. there is a real possibility for a negative explore, but GI biopsies could be obtained at the time of surgery, as this is an indicated diagnostic.

Alternatively, endoscopy could be considered, though given the diffuse duodenal distention this has the potential to miss a distal duodenal or high jejunal obstruction, if present.

Alternatively, supportive care for gastroenteritis could be continued with plan for reimaging or more invasive diagnostics if clinical signs are recurrent or non-responsive to supportive care.



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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