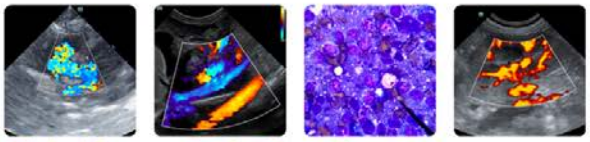


PATIENT

Negrita Ferro

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Spayed Female

AGE

3 Years

WEIGHT

9.7 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Marilyn Davila

INVOICE

71578

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate vomiting and inappetence. Pt has been having a history of intermittent inappetence responding partially to appetite stimulant with normal bloodwork and PE. Pt is currently taking Famotidine Susp and Elura. Problem started in Sept 2025 and has continue to now. Last vomit was 3 days ago and it was dark vomit partially digested. Pt is In door/out door and eats Blue Buffalo dry food. Pt was fasted 13 hrs prior to study.

Abnormal PE/Chem/CBC/UA Results: Radiographs, U/A and bloodwork attached as supporting documents.

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. Mobile debris present in the urinary bladder. 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 3.37 cm. Right kidney measure 3.48 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. Right measures 0.38 cm in thickness. Left measures 0.30 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.

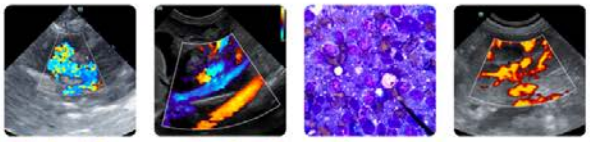
Liver

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. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with slightly increased wall thickness and a hyperechoic wall. Gallbladder contents are anechoic. Common bile duct is slightly tortuous and mildly distended along its length but tapers normally at the duodenal papilla with no masses or luminal choleliths visualized.

Gastrointestinal

The stomach contains a small amount of hyperechoic material consistent with ingesta, as well as a curvilinear object with complete acoustic dropout measuring approximately 0.75 cm in diameter, consistent with foreign material. It is not overtly obstructive. The gastric wall is of normal thickness with normal wall layering.



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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 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

- Cholangitis.
- Ingesta and hard shadowing material in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hard shadowing in stomach may represent 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. Endoscopic visualization and retrieval should be considered. Abdominal exploratory surgery with plan for gastrostomy is an alternative. GI biopsies are recommended at time of procedure, if performed.

Gall bladder changes with concurrent hyperbilirubinemia (assuming this is not artifactual) are most consistent with cholangiohepatitis. Despite normal ultrasonographic appearance, liver FNA is indicated. Acute toxic insult, infectious or inflammatory hepatitis and neoplasia among other things remain possibilities. Cholangiohepatitis may be sterile or infectious. Cholecystocentesis for cytology and culture should be considered. There is a low but present risk of causing bile peritonitis with this procedure. Empiric antibiotic therapy is not unreasonable and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Consider treatment with liver supportive medications (SAM-E, milk thistle, Vitamin E, ursodiol) and GI support as needed.

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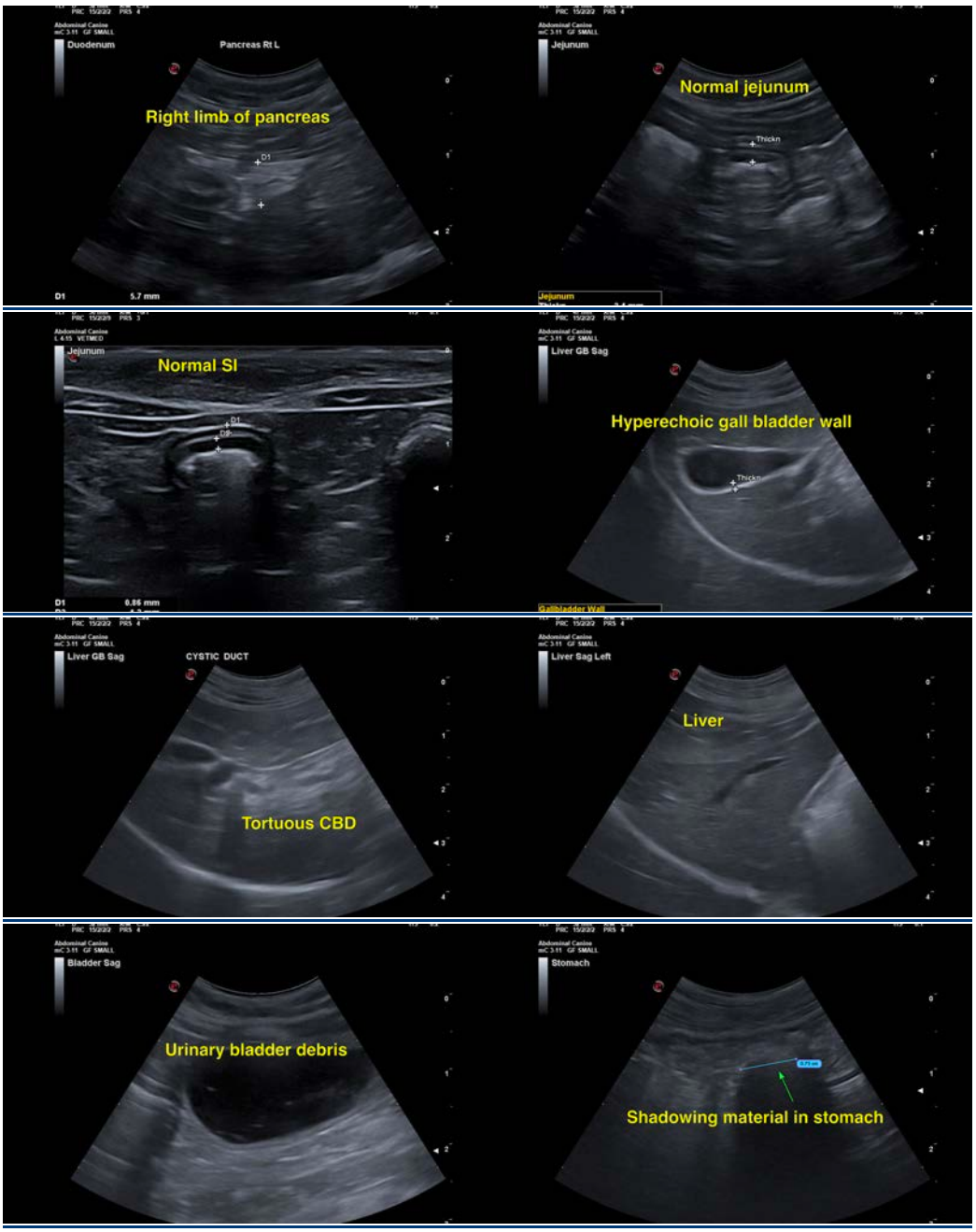

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com