



PATIENT

Mika Fernandez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

6 years 5 months

WEIGHT

14.3 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Miguel Fernandez

INVOICE

11004

DATE

12/23/2025

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate possible GI FB. Pt vomited a string from a Xmass decoration. Wanted to make sure no FB is present in the GI tract.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 8/9 Radiographs 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. 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 4.14 cm in length, and the right kidney measures 4.27 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. Right adrenal measures 0.38 cm in thickness. Left adrenal 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.

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

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal, and wall layering is distinct. Some loops of jejunum have a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.



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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

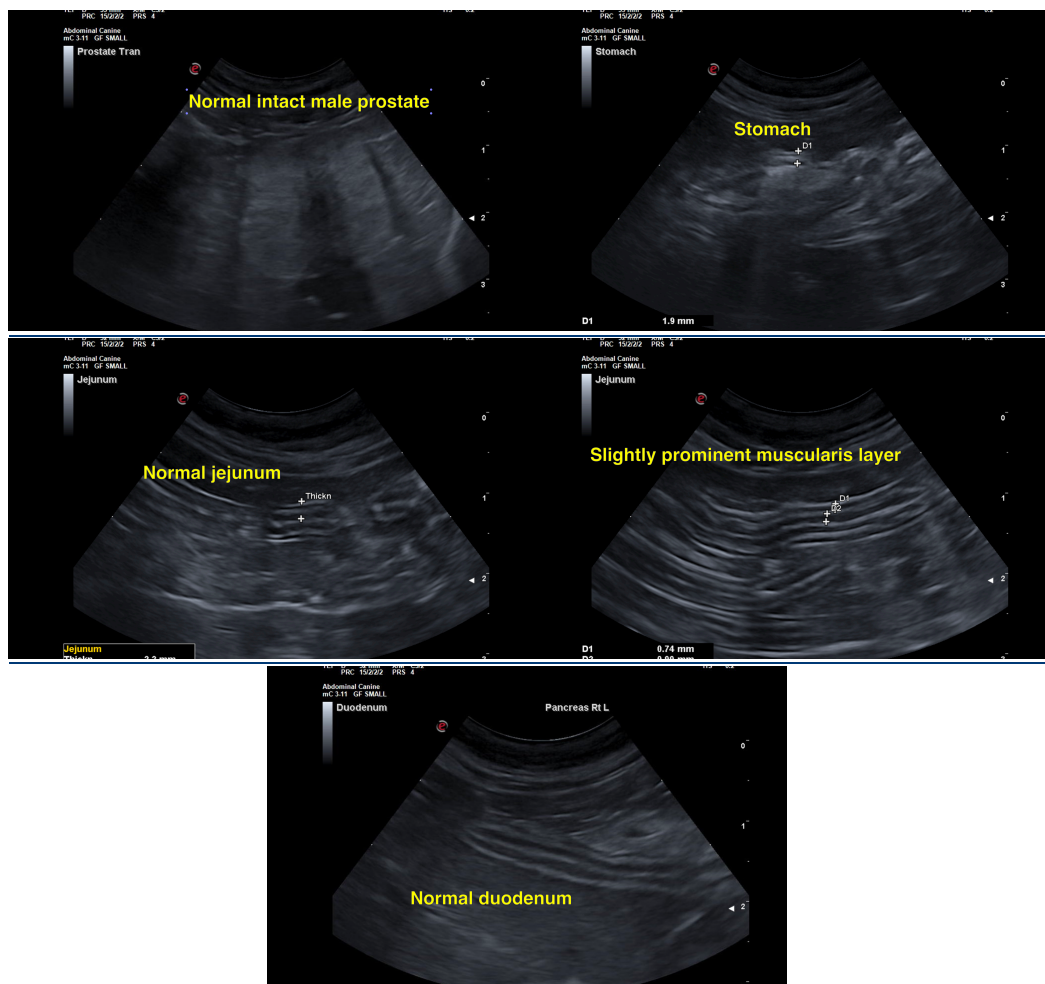
The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

- Slightly prominent muscularis layer in some jejunal loops. Otherwise, normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are very subtle. They may be a variation of normal or may represent IBD versus small cell lymphoma. Ultimately, GI biopsy would be necessary to further differentiate. There are no signs of foreign material on abdominal ultrasound.





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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