



PATIENT

Stella Bitner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

4.09 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

70297

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Presenting for persistent vomiting and inappetence for approximately 5 days after suspected ingestion of non-food items (tape/plastic). Owner reports prior similar episodes that resolved within 2 days.
- Mild discomfort on abdominal fluid, especially cranially Radiographs: Colon and stomach empty; granular material in right cranial abdomen; multiple small intestine segments with "string of pearls" pattern - CBC: WNL except platelets 94,000/ μ L (clumping suspected based on dot plot) - Chemistry: WNL - Chronic lipase: 2.5 WNL EPOC: BE -6.0 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney measured 3.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The portal vein to vena cava ratio was 1:1. There was no evidence of portosystemic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A. minor amount of chyme was noted in the stomach. The distal small intestine revealed a 0.7 cm luminal structure measuring 0.7 cm. There is a mild amount of stasis noted prior to the structure with some reactive mesentery. The ileocecal junction was unremarkable and empty. The colon was empty. There was reactive mesentery associated with portions of the small intestine.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

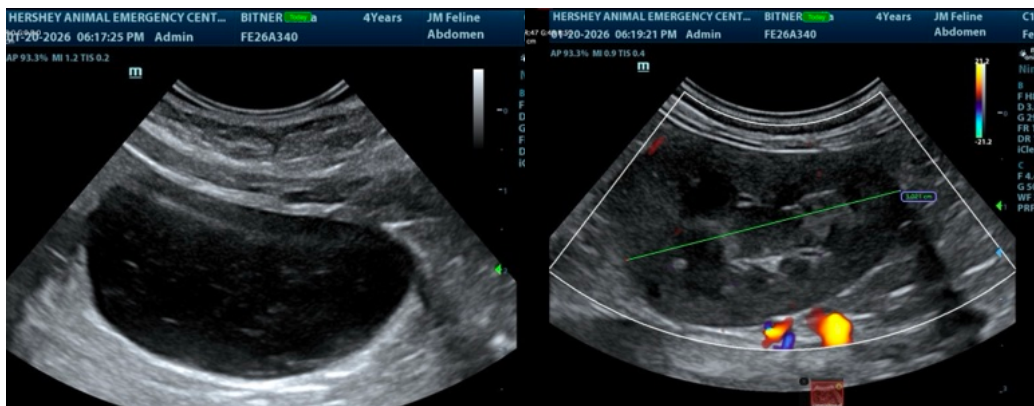
ULTRASONOGRAPHIC FINDINGS

Mild gastric ileus pattern.

Small transiting foreign body, partially obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend medical management with aggressive IV fluid support, broad spectrum antibiotics and recheck sonogram in 12 hours to assess for transit of the structure. If the structure is persistent then exploratory surgery is indicated. No sharp turns were noted, nor visible linear foreign body. The echotexture of the structure would be consistent with a small nut or similar hard, dense material.





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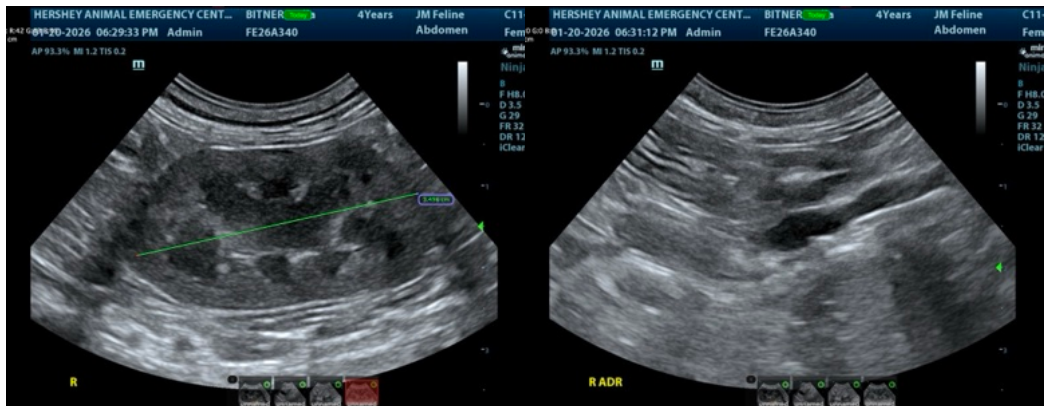
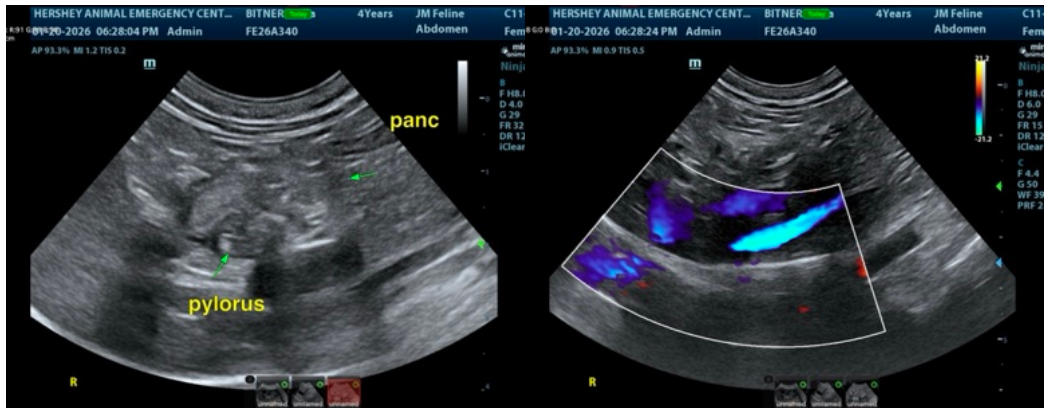
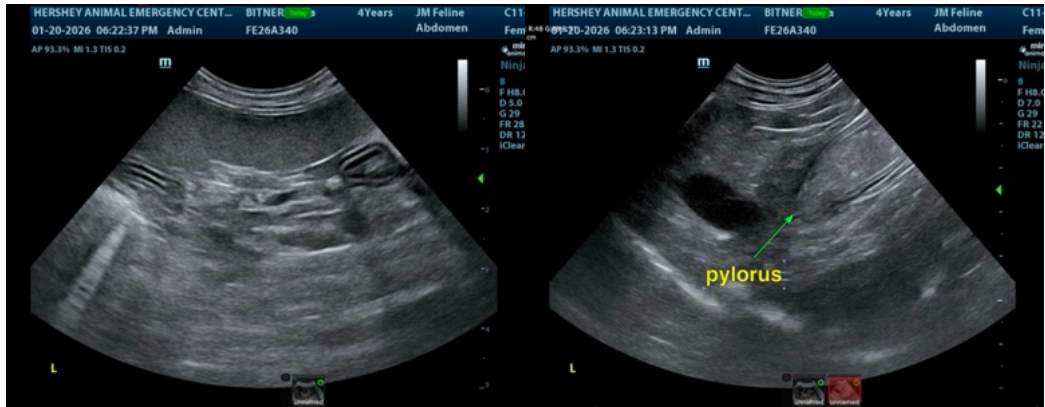
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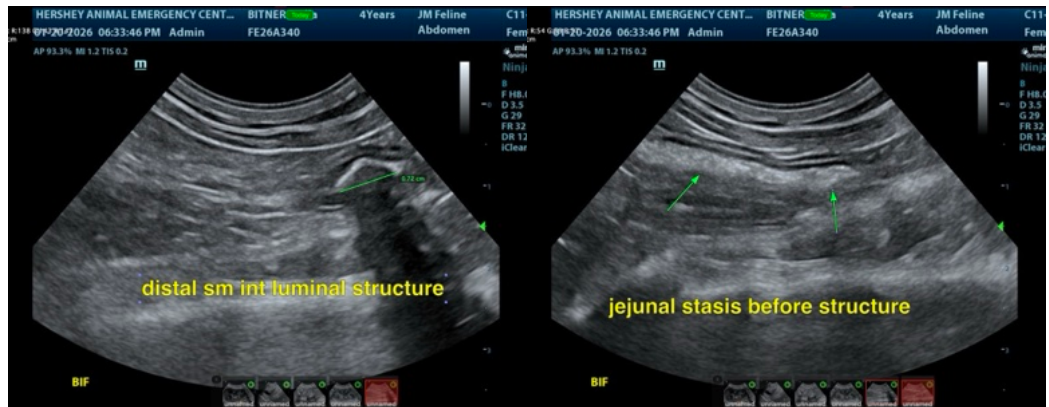
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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