



## PATIENT

Nora Lange

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

1 year

## WEIGHT

10.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenni Tudini  
MRCVS, SDEP Cert

## HOSPITAL NAME

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Dr. Huckabone

## INVOICE

69779

## DATE

1/5/26

## PRESENTING CLINICAL SIGNS

History: Patient presents with a few days anorexia and failure to respond to medical management. Concern from radiographs were a FB but they were inconclusive and so an abdominal scan was advised. Abnormal PE/Chem/CBC/UA Results: - Patient QAR, discomfort noted in cranial abdomen but otherwise exam is unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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. Slight, hyperechoic medullary rim sign was noted in the kidney. The left kidney measured 3.27 cm. The right kidney measured 3.65 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.43 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 gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



## PATIENT

## Gastrointestinal

Nora Lange

A linear foreign body was noted traversing the **stomach** into the pylorus and small intestine. This may be attached to the base of the tongue. Examination of the base of the tongue is recommended. There was no evidence of perforation. Some accordion pleating and reactive mesentery was noted associated with the small intestine. Some portions of small intestine revealed muscularis hypertrophy.

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## Pancreas

Domestic Shorthair

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.

## SEX

Spayed female

## AGE

1 year

## ULTRASONOGRAPHIC FINDINGS

Obstructive linear foreign body stomach to small intestine.

## WEIGHT

10.3 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

Gastrointestinal biopsies are recommended to rule out underlying disease. Immediate surgical intervention is recommended.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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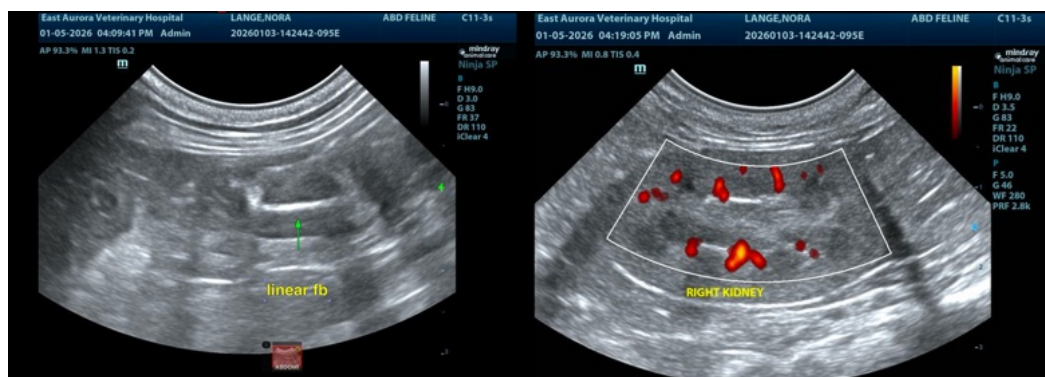
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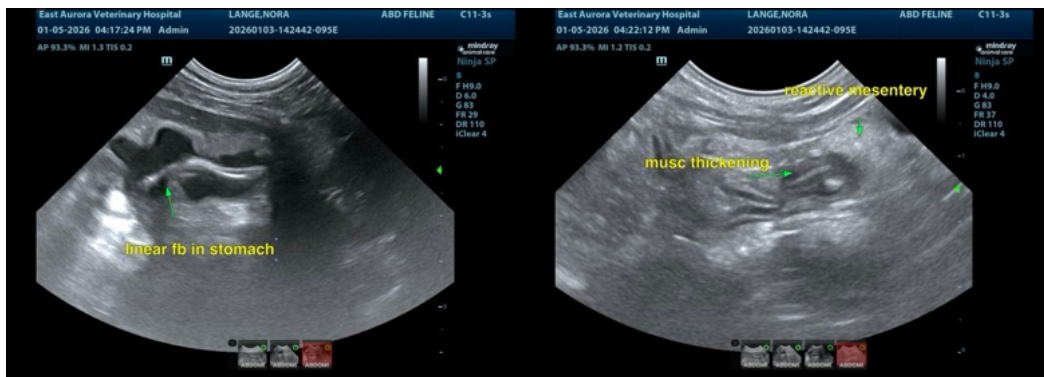
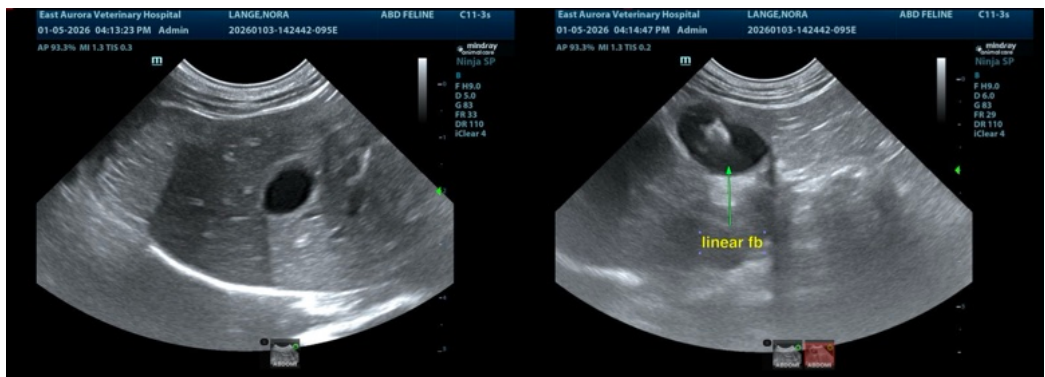
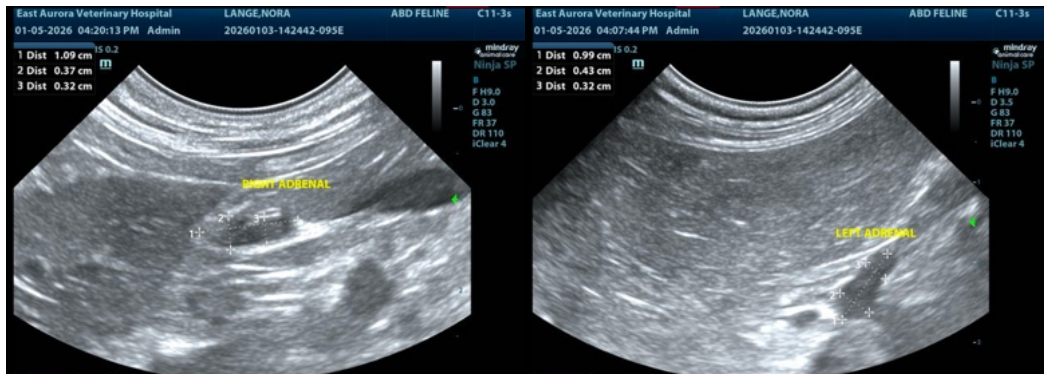
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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