



PATIENT

Millie Akhtaer

SPECIES

Feline

BREED

American Wirehair

SEX

Spayed Female

AGE

1

WEIGHT

13

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Nader

INVOICE

12502

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Vomiting Anorexia Suspected of eating a rubber band

Abnormal PE/Chem/CBC/UA Results: BW- WNL Aggression

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 were 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm in length. The right kidney measured 3.6 cm in length with slight areas of mineralization.

Adrenal Glands

Both **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Gastrointestinal

The **stomach** was over distended with fluid. Dilated upper small intestine which appeared empty consistent with obstructive pattern. The colon was unremarkable.

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

- Upper gastrointestinal obstructive pattern.
- Right kidney mineralizations.
- Volume contracted spleen.



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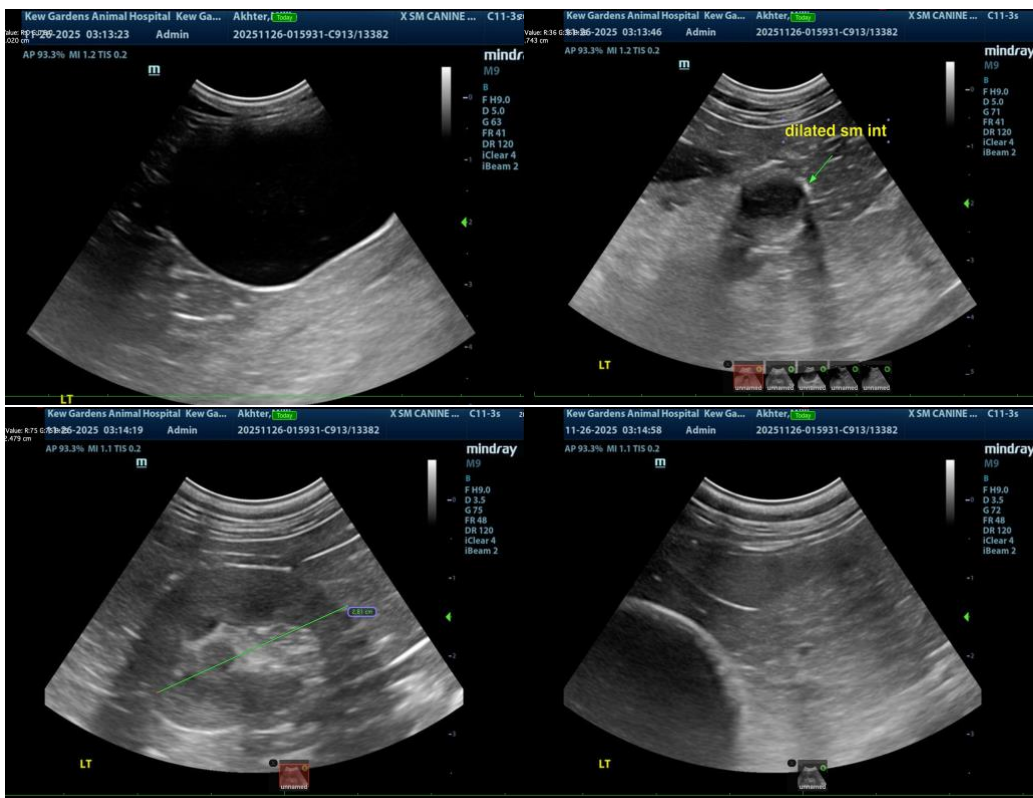
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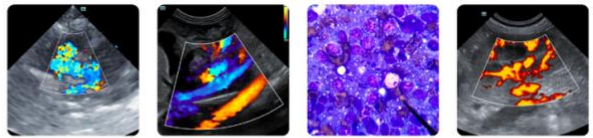
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact cause of the obstruction was unclear, however, an obstructive pattern was evident with a nonvisible foreign body suspected yet not overtly captured in the image set. Immediate exploratory surgery is indicated. Intestinal torsion, mural intestinal lesion, regional dysfunction are all possible yet, this is a surgical abdomen. Omental adhesions obstructing the intestine are also possible.





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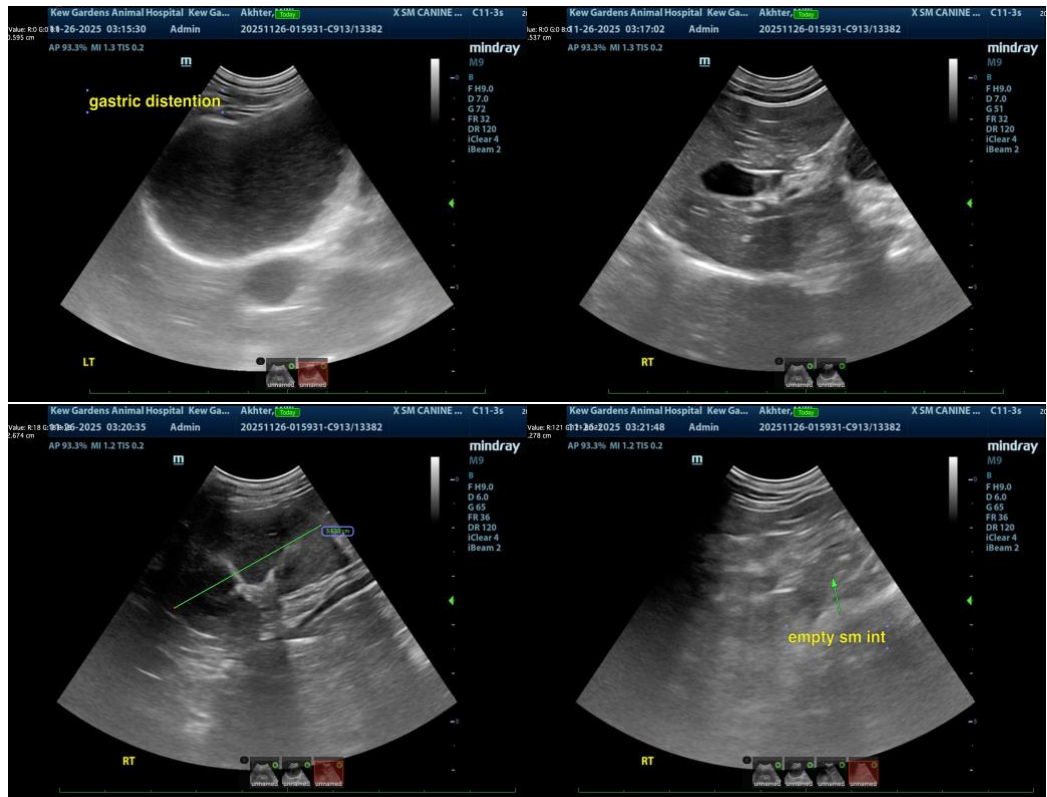
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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