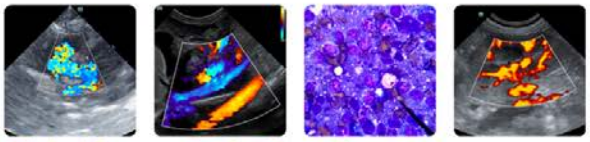



**PATIENT**

Daisy Wolfe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5

**WEIGHT**

4.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Louise Corbeil

**HOSPITAL NAME**

Cochrane Animal Clinic

**REFERRING VET**

Dr. Louise Corbeil

**INVOICE**

72184

**DATE**

11/27/25

## PRESENTING CLINICAL SIGNS

STAT Abd U/S in case ex lap- Daisy, a 5-year-old female spayed Domestic Shorthaired cat, presented on 11/26/2025 for a two-day history of anorexia and lethargy, with diagnostic findings highly suspicious for an intestinal foreign body obstruction. On 11/26/2025, the owner reported that Daisy had not been eating for two days, was drinking very little, and was acting quiet, with no vomiting or diarrhea observed. The physical examination revealed mild clinical dehydration, with a slightly prolonged skin tent, and a tense abdomen on palpation. Her temperature was 38.5°C, HR was 240 bpm, and weight was 4.4 kg. Diagnostic workup on 11/26/2025 included bloodwork and radiographs. The chemistry panel was notable for a low BUN (5.08 mmol/L). Abdominal radiographs revealed intestinal gas distension and plication, raising concern for a linear foreign body, as well as an abnormal appearance to ingesta concerning for a foreign object. The primary assessment included anorexia, lethargy, and radiographic findings suspicious for a foreign body. Options: transfer to a 24-hour facility for further diagnostics like an abdominal ultrasound or ex lap. The owner declined these options due to cost constraints and elected to attempt medical management. On 11/26/2025, Daisy was treated with SQ Maropitant (1 mg/kg) and Plasmalyte fluids (10 mL/kg). Ate small amnt last night. Recheck abd rads Nov 27 th - improved, no obstruction?

Abnormal PE/Chem/CBC/UA Results: Low BUN (5.08 mmol/L) otherwise bloodwork unremarkable

## 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 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** were unremarkable.

### *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 were 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

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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*

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Portions of luminal material within the stomach would suggest hairball accumulation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

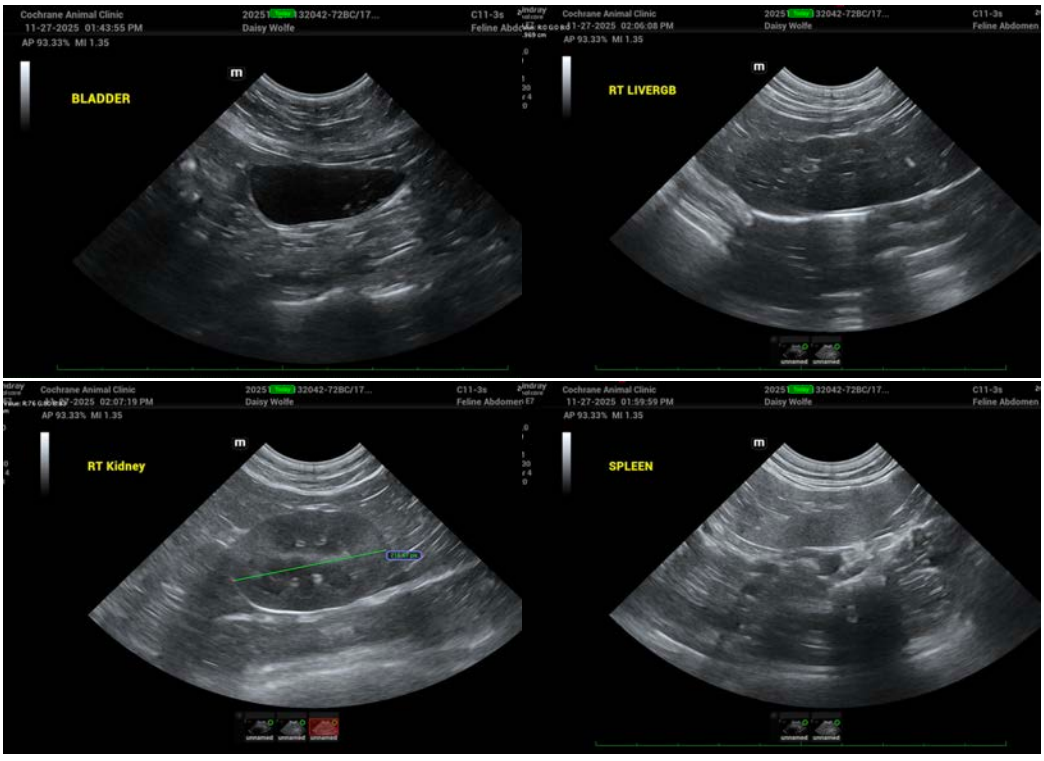
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with possible hair accumulation in the stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. The cause of anorexia and lethargy is not evident. Other causes such as orthopedic pain, thoracic or CNS disease should be considered.



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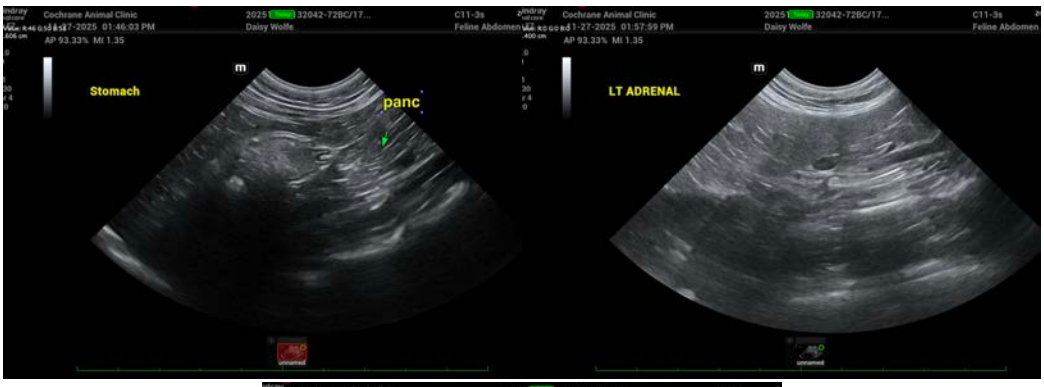


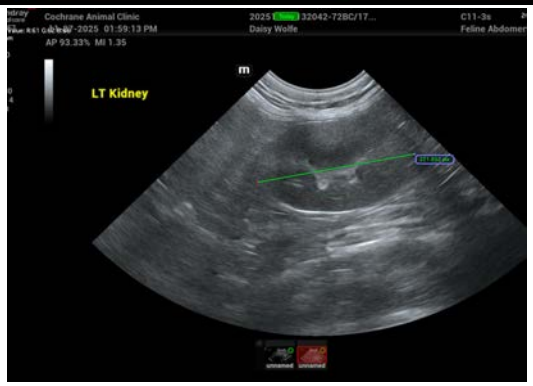


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Owner, Founder -- SonoPath.com
info@SonoPath.com