



PATIENT

Syl Williams

SPECIES

Feline

BREED

Turkish Angora

SEX

Spayed Female

AGE

2 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Evert, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Crystal Ebert, DVM

INVOICE

72155

DATE

11/27/25

PRESENTING CLINICAL SIGNS

P ate ribbon Saturday. P had enema at Corvallis clinic. P hadn't had bm for a couple days. P still has a lot of ingested material. P did receive radiograph. O interested in Ultrasound Had gotten Enema, cerenia, Vitamin B, and SQ fluids at Hello Pet 2 days ago. Gastric contents likely represent ingesta. Foreign material cannot be completely excluded. The relatively unchanged amount of material in the stomach between the two different time points may suggest delayed gastric emptying. There is no evidence of small intestinal mechanical obstruction or plication. The colonic diameter in the initial images is within normal limits and not suggestive of constipation. Abdominal sonography can be considered for further evaluation of the patient begins to exhibit vomiting or diarrhea.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 2.77 cm. Right kidney measured 3.1 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 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 empty other than a slight amount of shadowing luminal material that measured approximately 0.75 cm. A separate linear structure measuring approximately 1.0 cm appeared to be in the stomach, persistent in multiple views. The small intestine was unremarkable. The colon revealed



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normal stool content from the cecum to the proximal descending colon. No evidence of structural disease.

Pancreas

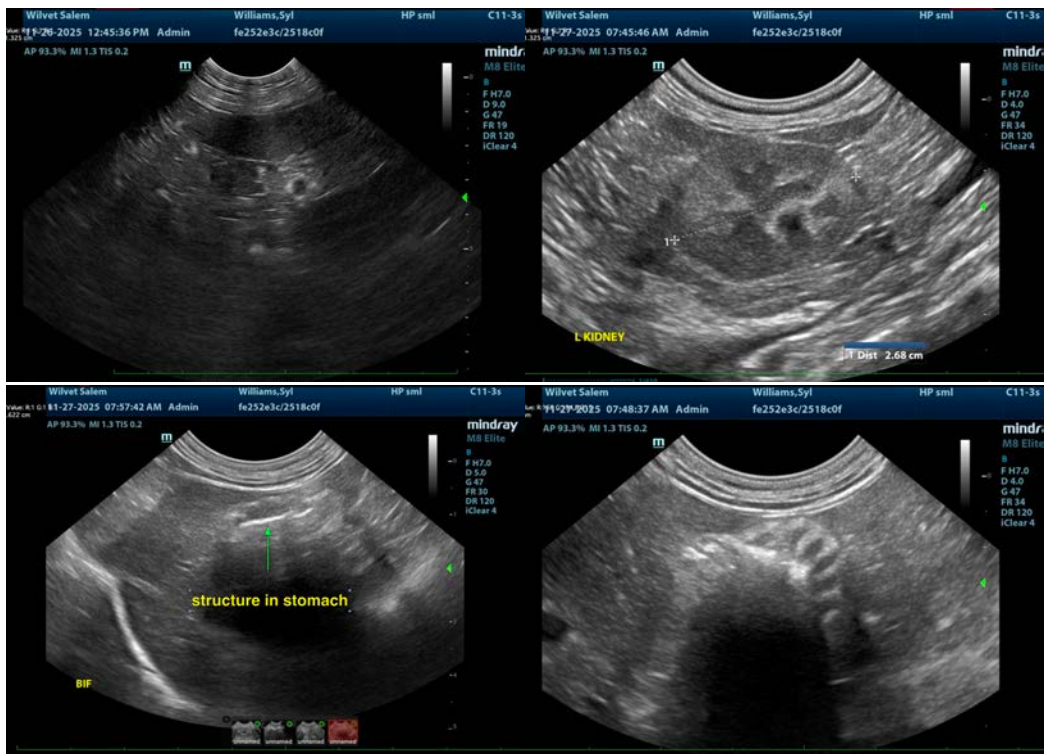
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Possible non-obstructive foreign material in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram of the stomach warranted in case small non-obstructive foreign matter is present. This may represent oral medications. If the patient is vomiting, endoscopy would be indicated.





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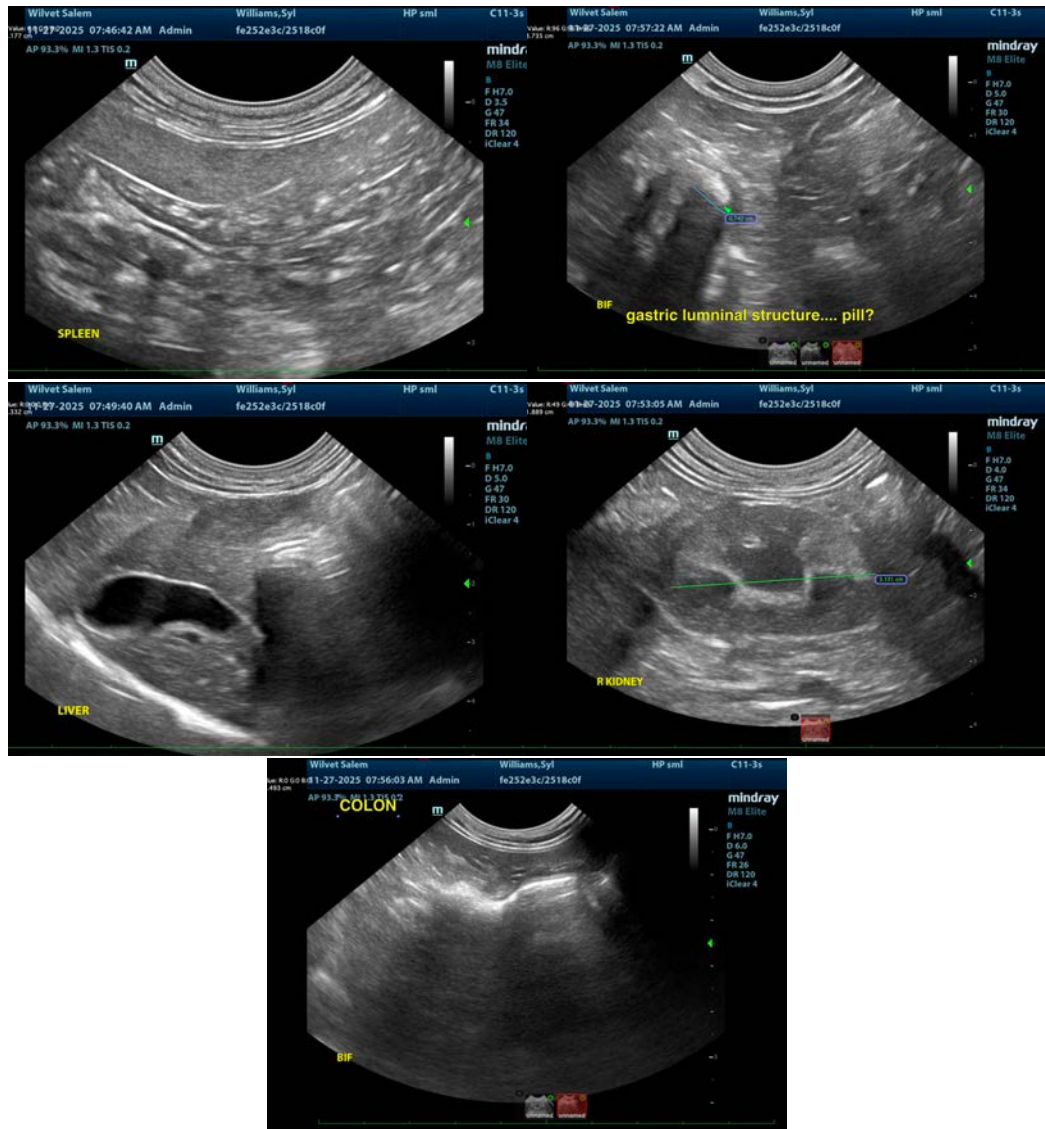
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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