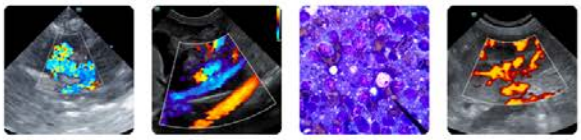


DATE

11/7/25

PATIENT

Teddy Andryszak

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5/15/18

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

71663

PRESENTING CLINICAL SIGNS

Patient History: Presented for vomiting intermittently over the last 3 days and now he is not eating. The vomit has been mostly liquid with no food and he last vomited 5X last night. He has not vomited today but he has been lethargic, he didn't come for food and he did not eat when food was offered. There is no known potential for a foreign body. He is running a slight fever of 103.1. He is a large cat so I was unable to palpate much in his abdomen except to say that he wasn't painful. In-house chemistry and electrolytes were normal. Radiographs were taken and I don't believe they show any evidence of obstruction but there is this one area in the ventral small intestine that is bordered by gas in the intestine and it just looks a little odd- not dilated and it is probably just normal SI but this is a long-haired cat so a thin hairball that might be starting to obstruct is on my list.

Current Medications: SQ fluids and Ondansetron given at 1:15 pm today.
Labwork Results: Radiographs small area in the intestinal tract that looks not quite right, possible hepatomegaly. Radiographs and radiologist report attached. Chemistry submitted and attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: DVM requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

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. Minor amount of suspended debris noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.2 cm. The left kidney measured 4.6 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 0.32 cm. The left adrenal gland measured 0.37 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was

noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Slight free fluid noted between the liver lobes.

Gastrointestinal

The **stomach** was unremarkable. The jejunum revealed a 2.6 cm shadowing luminal structure in the midst of regional intestinal thickening. Reactive mesentery noted. Some Slight areas of free fluid noted. A 2nd area of jejunal thickening was noted without obstructive pattern with luminal foreign matter.

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.

Free Abdomen

The mesenteric lymph nodes presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Lymph nodes measured up to 1.0 cm x 0.60 cm.

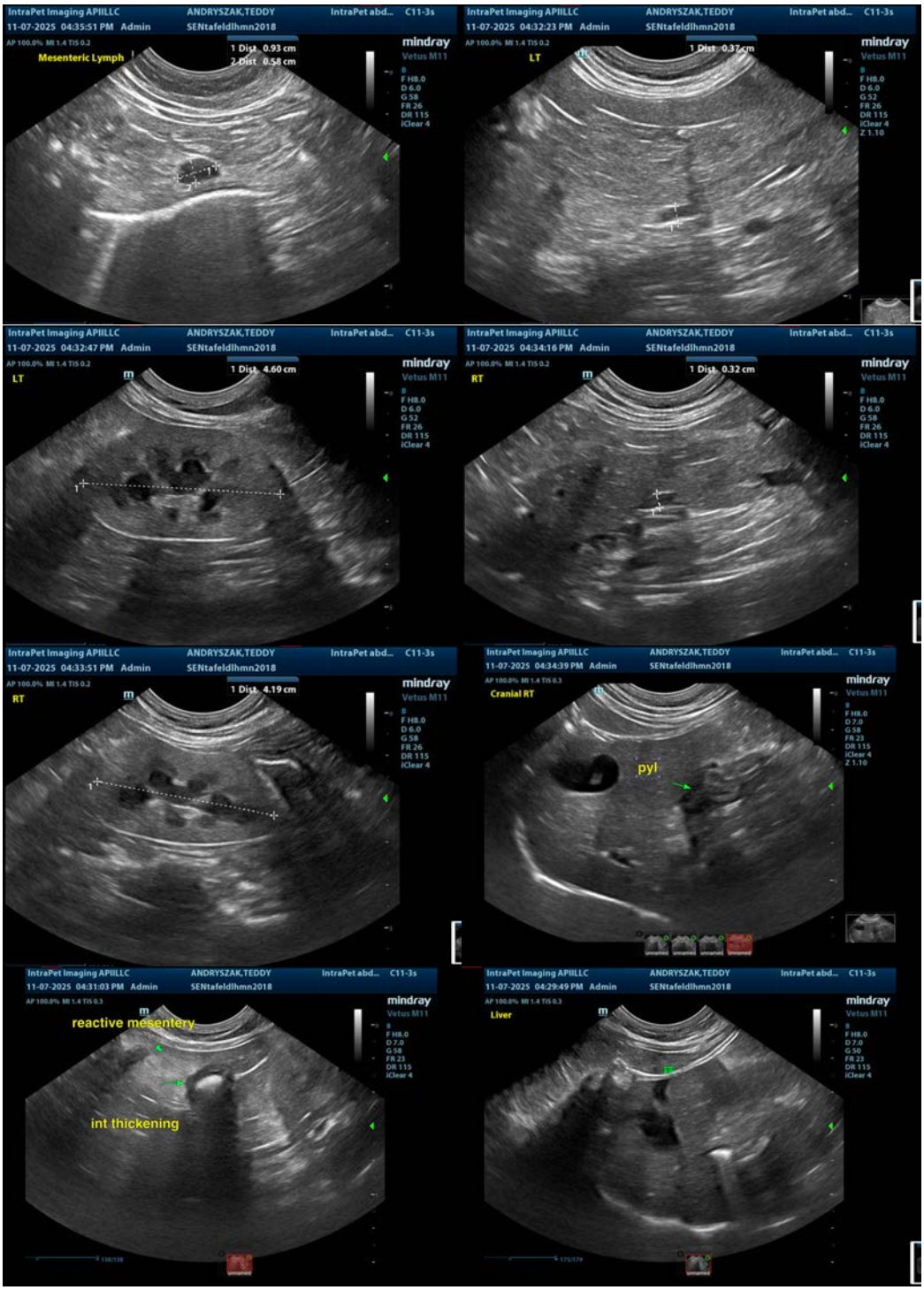
ULTRASONOGRAPHIC FINDINGS

- 2.6 cm shadowing foreign matter in the midst of unhealthy intestine.
- Reactive mesentery and mesenteric lymph nodes.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory with resection and anastomosis of the affected portions of intestine and removal of the foreign matter warranted. The foreign matter may represent transiting hairball. Two separate regions of anastomosis may be necessary in this patient. One is more dramatic than the other. The area with the embedded presumed hairball accumulation and regional mesenteric inflammation is of most concern. Resection of approximately 6.0 cm of intestine indicated. The region affected is just cranial to the urinary bladder.

Underlying inflammatory bowel with regional dysfunction and lack of hairball transit is most likely, with emerging round cell neoplasia, complicated inflammatory bowel, or FIP being less likely potentials. Prognosis is good to guarded. Histopathology is essential. Intraoperative ultrasound with RNA in two separate of jejunum would be ideal. I do not necessarily recommend medical management in this patient, as regional steatitis/peritonitis is emerging.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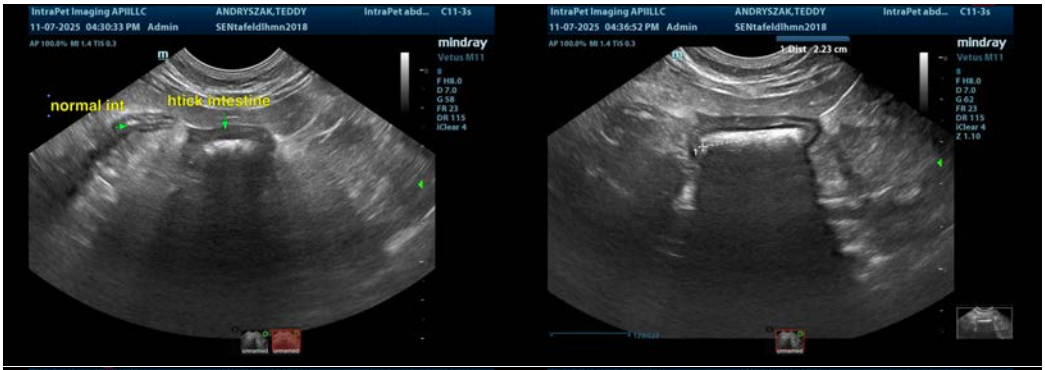
Liver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Vetus M11
area 1

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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info@SonoPath.com