

PATIENT

Mini Bartlett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Sakakeeny

HOSPITAL NAME

PetMedic Urgent Care-
Westborough

REFERRING VET

Dr. Katie Sakakeeny

INVOICE

12575

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Intermittent vomiting x 4 days. First vomit was fabric from a Halloween costume. No vomiting 2nd day but 3rd day vomited. Rads were NSF on day 2 (read out by radiologist) . Outpatient supportive care with anti-nausea and fluids has not resulted in an appetite and continue to vomit on an empty stomach. R/o pancreatitis vs sneaky GI FB.

Abnormal PE/Chem/CBC/UA Results: Labs pending

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. A minor amount of suspended debris was present. 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 mild 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 left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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. The spleen measured 0.77 cm width.

Liver

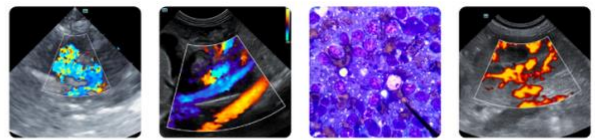
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion.

The gallbladder wall was slightly echogenic. The common bile duct was unremarkable.

Gastrointestinal

Some ill-defined mucosa was noted in the **stomach** suggestive of gastritis with a shadowing structure visible in multiple views measuring 1.6 cm. The echotexture would suggest a hairball density. The small intestine and colon were unremarkable.

Pancreas



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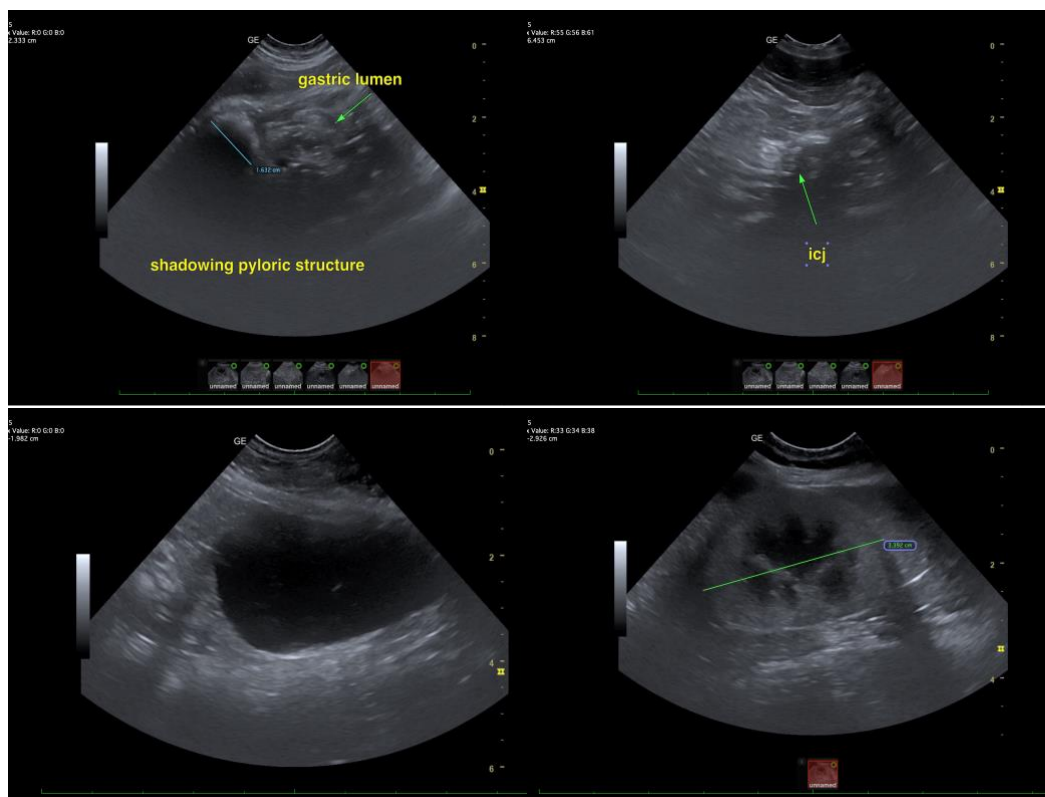
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

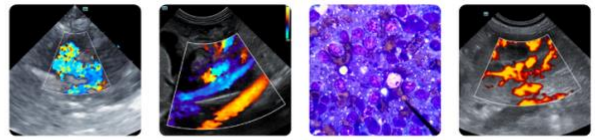
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Shadowing hairball density in the stomach with gastritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy could be considered. If the patient is stable, hairball dissolution protocol may prove effective. IV fluid support or direct surgical intervention with objectives of evacuating the pylorus and obtaining gastric biopsies could be considered, however, if this approach is taken then recheck sonogram just prior to surgery to ensure the structure is still persistently present. Given the fairly high probability that this is a hairball density, medical management may prove effective with GI lubricants/hairball medications and GI protectants. Unremarkable abdomen otherwise other than the age-related renal changes.





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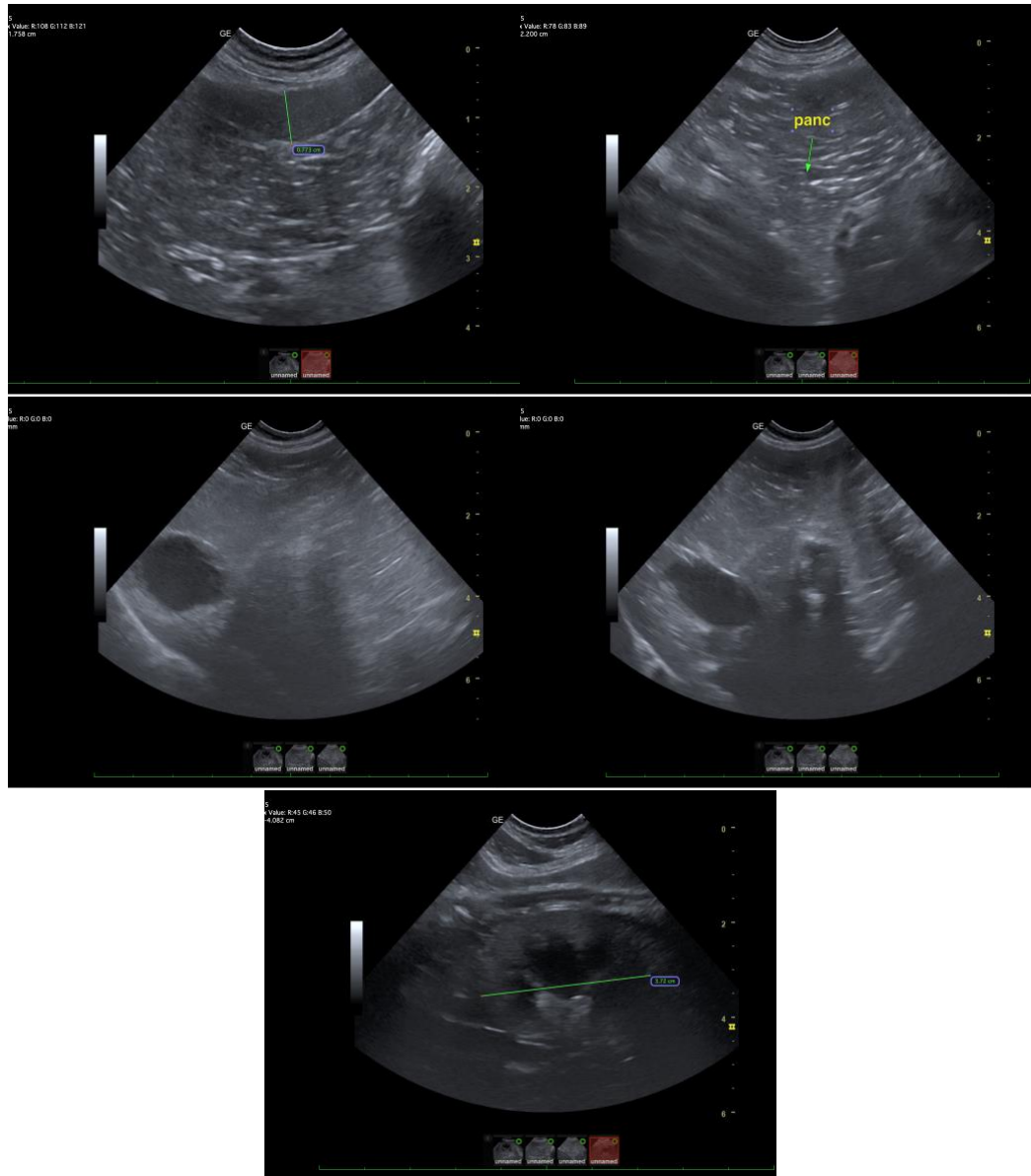
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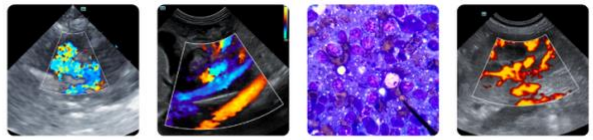
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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