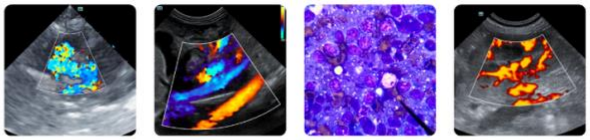

PATIENT

Dudley Colletta

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

2 Years 5 Months

WEIGHT

10.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sreenivasa Maddineni

HOSPITAL NAME

West Babylon Animal Hospital

REFERRING VET

Dr. Sreenivasa Maddineni

INVOICE

12622

DATE

12/06/25

PRESENTING CLINICAL SIGNS

HX of eating and chewing foreign material: ie; hair ties and carpeting and usually vomits it up and is fine, last vomited up carpeting 11/19, three days again he vomited but was still eating and drinking Last night he stopped eating, see records from VMCLI

Abnormal PE/Chem/CBC/UA Results: see records from VMCLI attached for bw results

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.6 cm in length. The right kidney measured 3.13 cm in length.

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 left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.32 cm width.

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** in this patient presented with progressively shadowing luminal material measuring 4.4 cm consistent with foreign matter or possible hairball accumulation. The echotexture would suggest potential hairball, however, soft foreign matter is also possible. The material occupies the entire gastric lumen. The gastrointestinal presentation revealed areas of "ropey" small intestinal wall with slight

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disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal mucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No significant lymphadenopathy was visible. Areas of reactive, hyperechoic, ill-defined mesentery were noted associated with the intestinal tract. This is indicative of regions of acute inflammation associated with the intestinal pathology. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy would be necessary to rule out this possibility with focus on regions of reactive mesentery for accurate biopsy reflecting the more dramatic pathology that will not be overtly evident to the surgical eye.

Pancreas

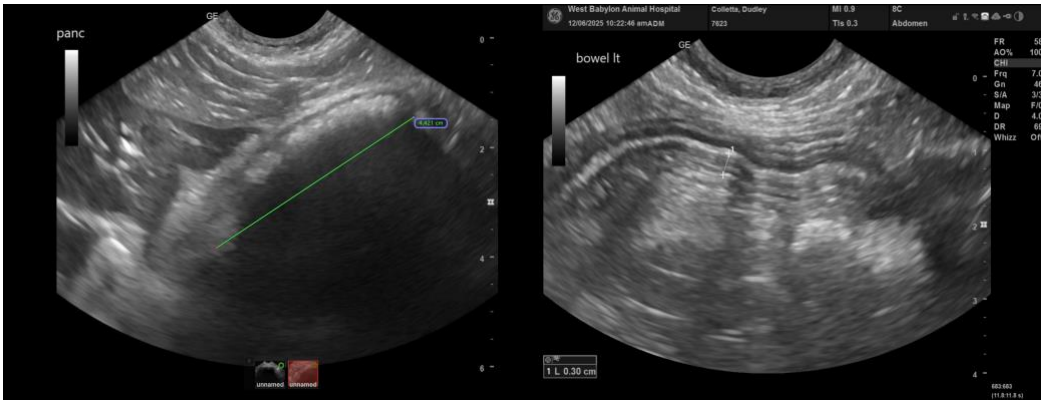
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

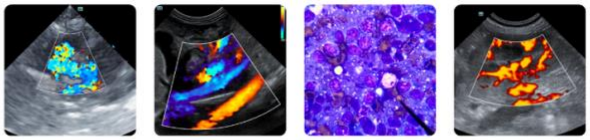
ULTRASONOGRAPHIC FINDINGS

- Progressively shadowing gastric luminal material- hairball type density with soft foreign matter also possible.
- IBD pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient has a history of hairball issues, then medical management may prove effective or direct exploratory surgery is indicated with gastrotomy and GI biopsies given the mild chronic changes.





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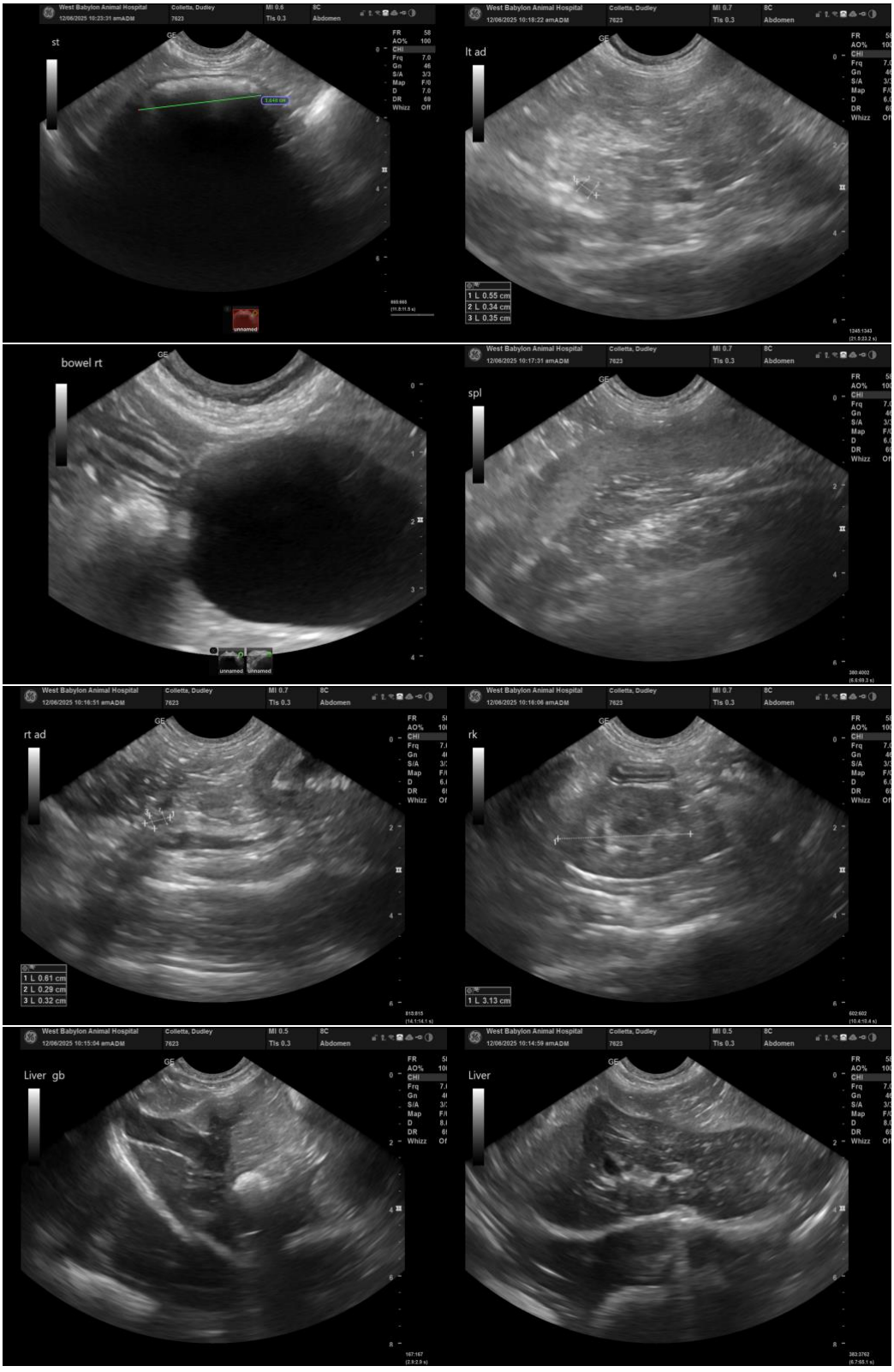

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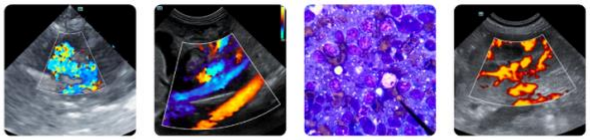

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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