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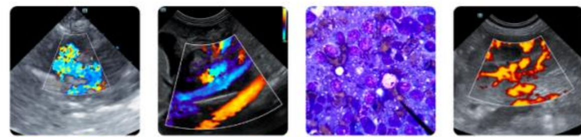


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Percy Buchanan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years 10 Months

WEIGHT

8.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Flanders Veterinary Clinic

REFERRING VET

Dr. Jesse Gasparro

INVOICE

13741

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- not eating for 2.5-3 days
- no response to SQ fluids, Cerenia, Pepcid
- Rads show enlarged/distended stomach. Hx of hairballs, concern for pyloric outflow obstruction

Abnormal PE/Chem/CBC/UA Results: ALT 313

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 3.84 cm in length. The right kidney measured 3.98 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 0.35 cm width. The right adrenal gland measured 0.49 cm width.

Spleen

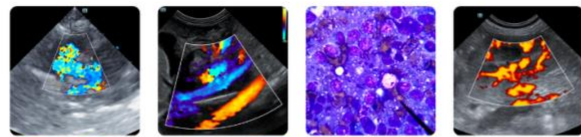
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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** was severely distended with anechoic fluid with lack of peristalsis. The majority of the small intestine was empty. Hard stool was noted in the colon. The pylorus was visible and did not



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appear to be overtly obstructed, yet there is some suspended material in the pyloric antrum. This may be accumulated mucus or possible soft foreign matter. The visible duodenum after the flexure was completely empty, however, the area of the pylorus to the beginning of the duodenal flexure cannot be imaged owing to gastric over distention.

Pancreas

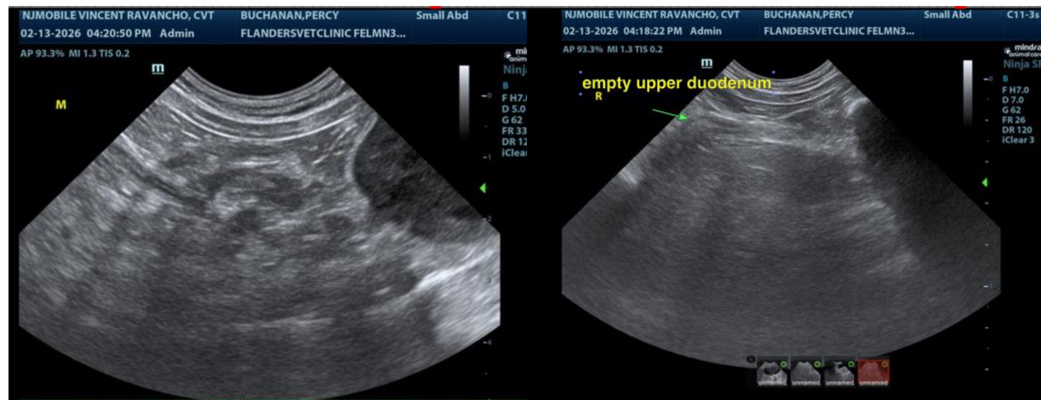
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

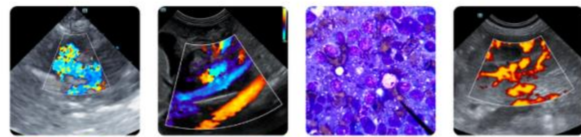
ULTRASONOGRAPHIC FINDINGS

- Severely distended stomach.
- Hard stool in colon.
- Suspended material in the pyloric antrum.
- Empty small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is not responding to medical management, I recommend exploratory surgery with a focus on the proximal 2.0 cm to 3.0 cm of the upper duodenum. Other causes of gastric stasis should be considered. Examination of the base of the tongue is warranted in this patient to assess for any attached foreign matter even though a definitive obstruction cannot be found given that medical management is not fruitful, exploratory surgery is likely the best option in this patient.





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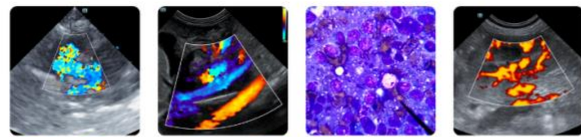

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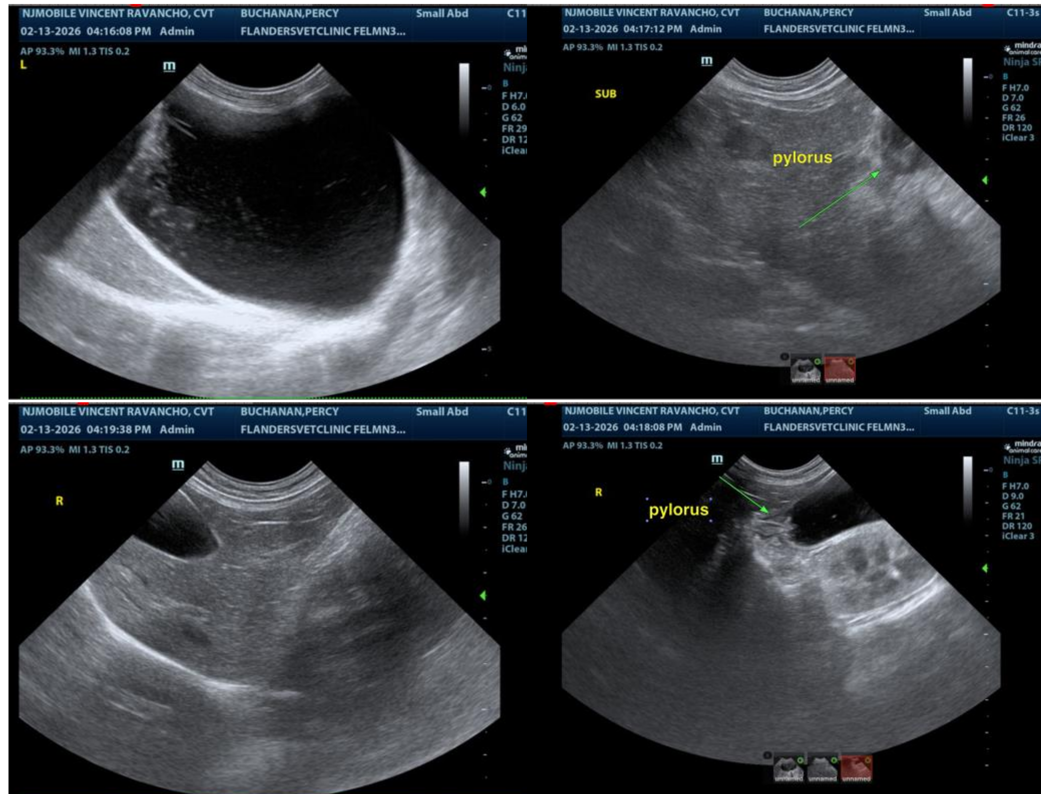

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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