



PATIENT

Markie Muscarella

PRESENTING CLINICAL SIGNS

Patient presents after ribbon ingestion and vomiting up large amount of ribbon. Concern for remaining ribbon/obstruction vs. other. Pet is reportedly not eating and lethargic.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

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 right kidney measured 4.12 cm. The left kidney measured 4.13 cm.

AGE

7 years

WEIGHT

15 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was slightly enlarged with 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 was noted. The spleen measured 1.03 cm.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Well Pet AH

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 was collapsed and essentially empty.

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Gastrointestinal

The **gastrointestinal tract** revealed hyperperistalsis. The stomach revealed a minor amount chyme and ingesta with hyperperistalsis and some linear material in the lumen. I recommend assessing the base of the tongue under sedation to assess for oral attachment. Areas of the small intestine were tortuous.

DATE

2/24/22



PATIENT

Intestinal wall thickness appeared unremarkable. A portion of jejunum revealed some static material with reactive mesentery. This may represent foreign matter.

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SPECIES

Pancreas

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Gastroenteritis with variable linear material. Possible oral attachment.

Neutered male

Reactive mesentery and trace free fluid.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

7 years

Typical linear foreign body pattern is not present; however, there are areas of stasis and free fluid as well as reactive mesentery. I recommend exploratory surgery in this patient and under sedation examination of the oral cavity. The hairpin turn pattern at one portion of intestine is a concern possibly owing to adhesions.

WEIGHT

15 lbs

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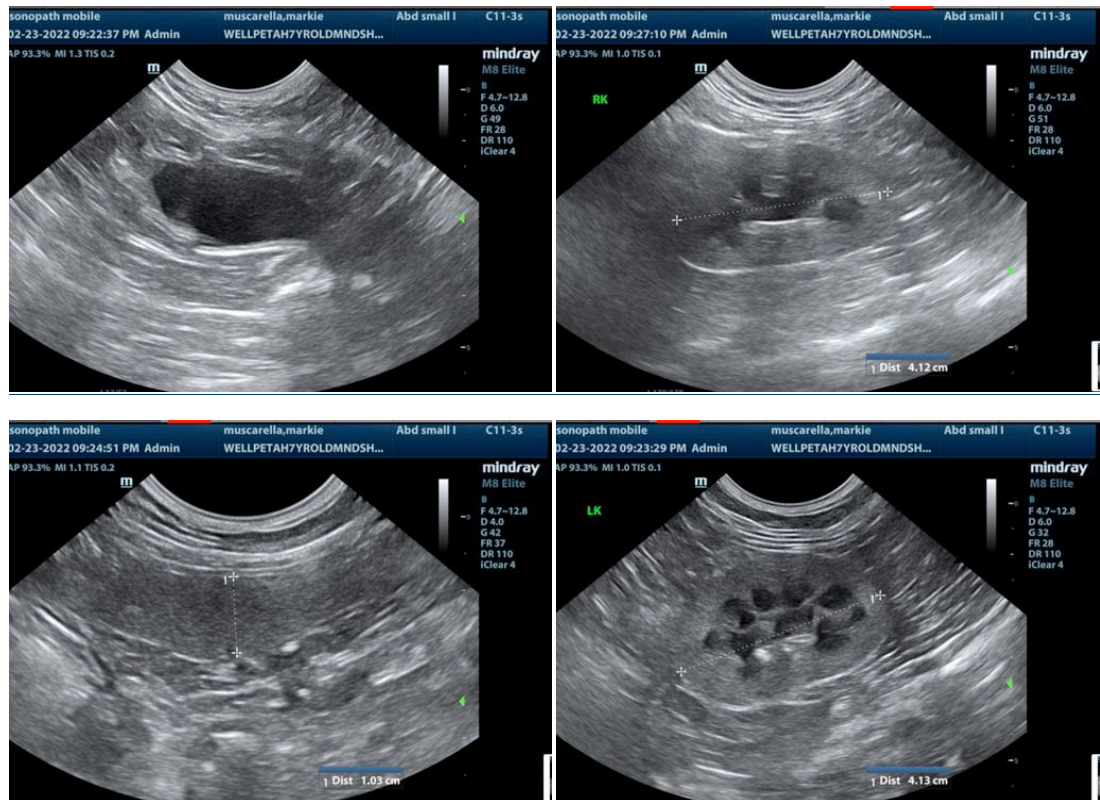
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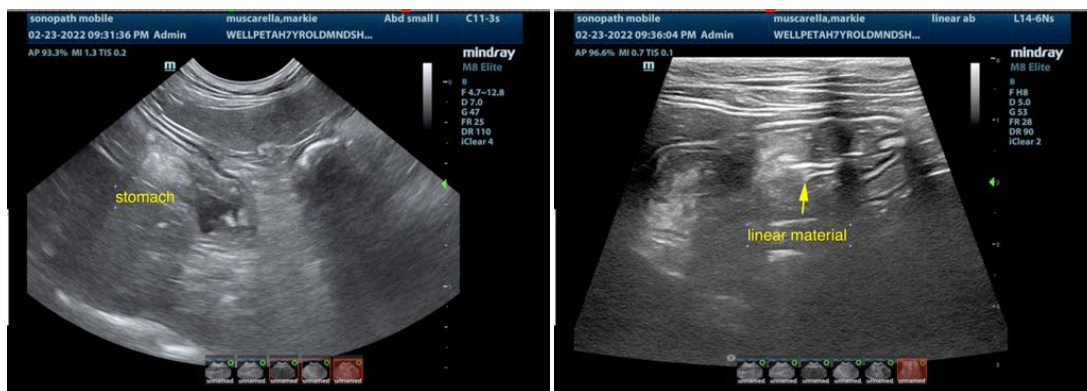
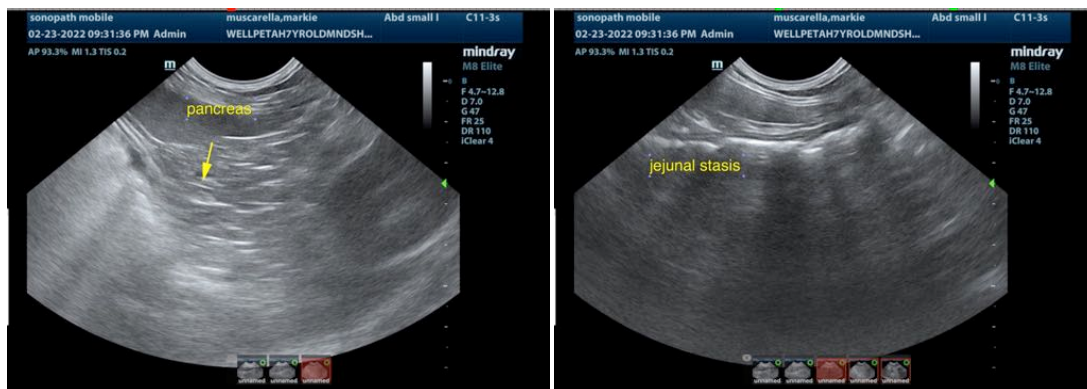
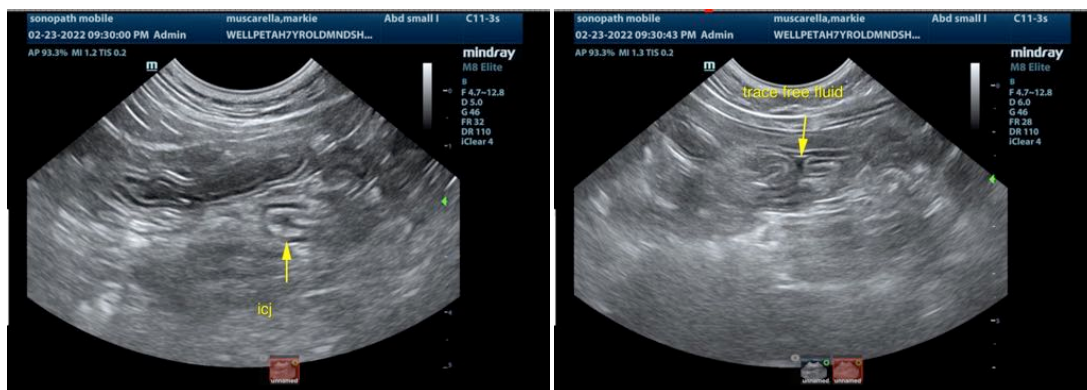
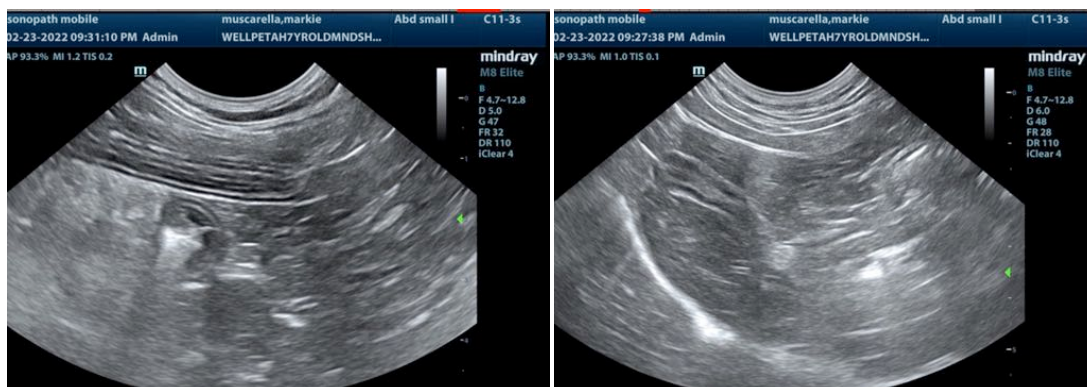
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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