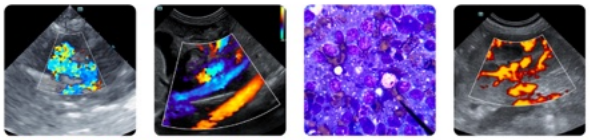

PATIENT

Monster Coming

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Skarie

INVOICE

73483

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Presented on 3/17 with vomiting, lethargy, and inappetence of a 3 day duration.
- In hospital findings include mild dehydration, mild hypothermia, and persistent hypotension. CBC/Chem/UA were largely unremarkable
- Did not respond overnight to supportive care including fluids and maropitant.
- Radiology review found persistent gastric distension along with a gas distended esophagus
- Mild dehydration Mild hypothermia Persistent hypotension. CBC/Chem/UA were largely unremarkable

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 was 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 3.56 cm. The right kidney measured 3.37 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 left adrenal gland measured 0.18 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 was 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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was over distended with fluid and traversed the pylorus and upper duodenum. A large amount of upper GI artifact was noted and obscured some visibility of the cranial abdomen. The visible upper duodenum appeared to be empty. Normal stool content was noted in the visible colon.

Pancreas

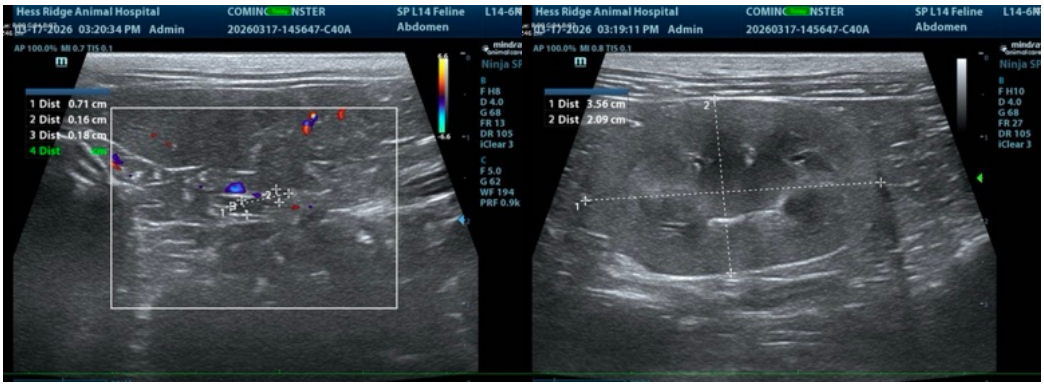
The right limb of the **pancreas** was hypoechoic and mildly swollen.

ULTRASONOGRAPHIC FINDINGS

Gastric distension without overt obstruction/ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot completely rule out potential foreign body given the artifactual interference in the cranial abdomen. However, I recommend medical management in this patient over the next 12-18 hours. 12-hour n.p.o. followed by a recheck sonogram after correcting hydration and hypothermia both of which can reduce gastric motility. Management for enterotoxins are recommended. Recheck sonogram would emphasize SDEP 11-14 sliding further to the intercostal position to follow the duodenum in its entirety.



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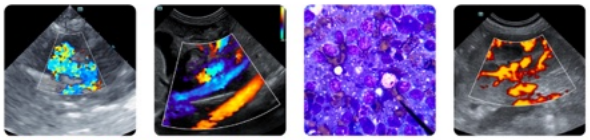

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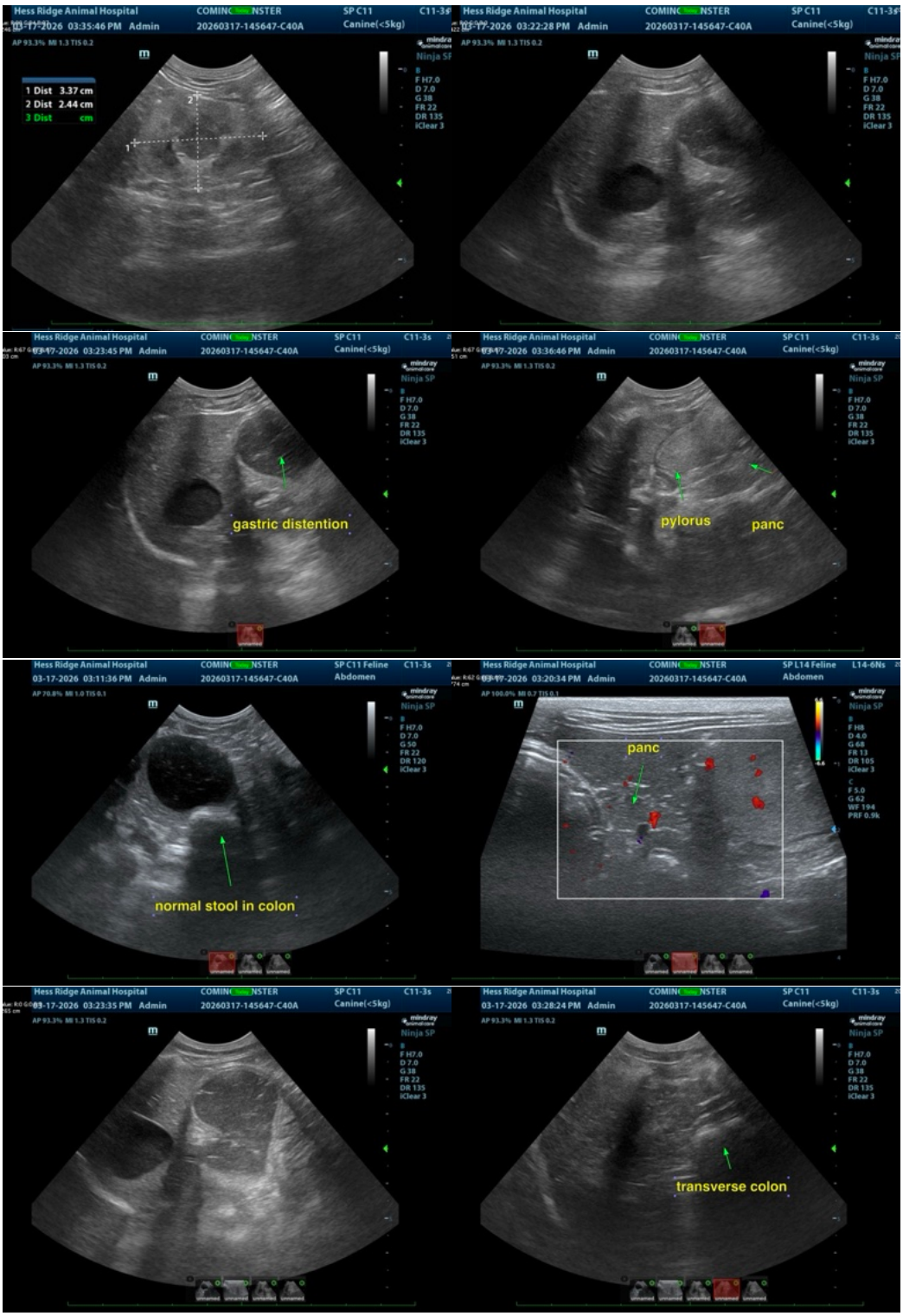

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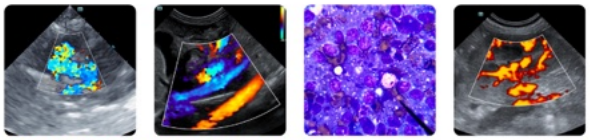

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com