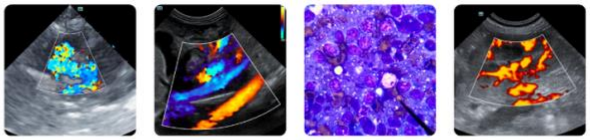

PATIENT

Rosie Flaherty

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Months

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Victorio Orlando

INVOICE

36301

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- P presented evening of 3/19 after 3 day history of vomiting. P is interested in eating/drinking but unable to keep anything down. P is NOT UTD (Rabies only).
- P presented to rDVM on 3/19 as well. Bloodwork and radiographs were completed but P was given no medications at that time; there was concern for possible FB.
- Small intestines feel bunched upon abdominal palpation
- Abnormal PE/Chem/CBC/UA Results: HAEC: CBC: RDW 28.4 (H), Neut 11.27 (H), Eos 0.14 (L), Baso 0.38 (H) EPOC: BE -6.2 (L), Lactate 4.50 (H), HCT 51 (H) Radiographs: Mild to moderate heterogenous material present within gastric lumen PCV/TS: 55%/8.8 Parvo: Negative 3/20: Rad report: FINDINGS: –The stomach is mostly empty and uniformly soft tissue opaque. – Similarly, the small intestines are uniform and normal in diameter. – Mildly decreased mid abdominal peritoneal serosal detail. , the spleen is mildly enlarged and clearly visible along the ventral abdomen. CONCLUSIONS: 1. No evidence of mechanical gastrointestinal obstruction. 2. Mildly decreased peritoneal serosal detail may represent scant reactive peritoneal effusion and/or steatitis. 3. Splenomegaly is likely benign.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 3.2 cm. The right kidney measured 3.1 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.3 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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

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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 empty and mildly hypertrophied, measuring up to 6.0 mm in wall thickness, with no loss of mural detail. The small intestine and colon were unremarkable with normal curvilinear patterns and content. No evidence of foreign bodies.

Pancreas

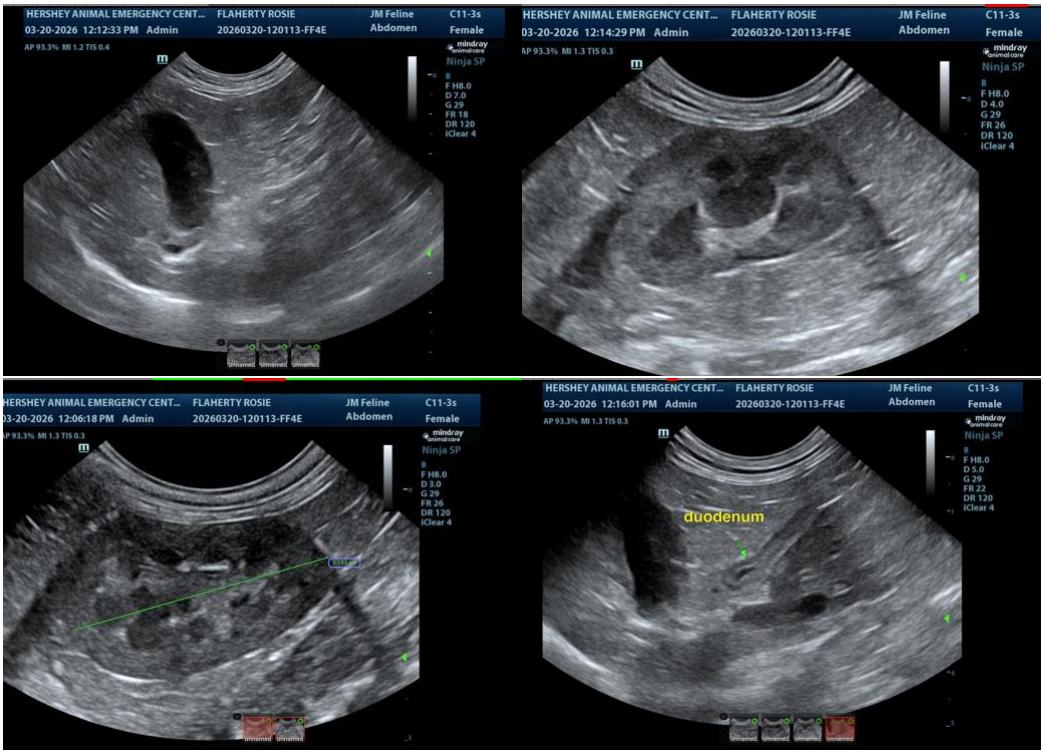
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastrointestinal insult with minor gastric hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural disease. Supportive care should prove effective.



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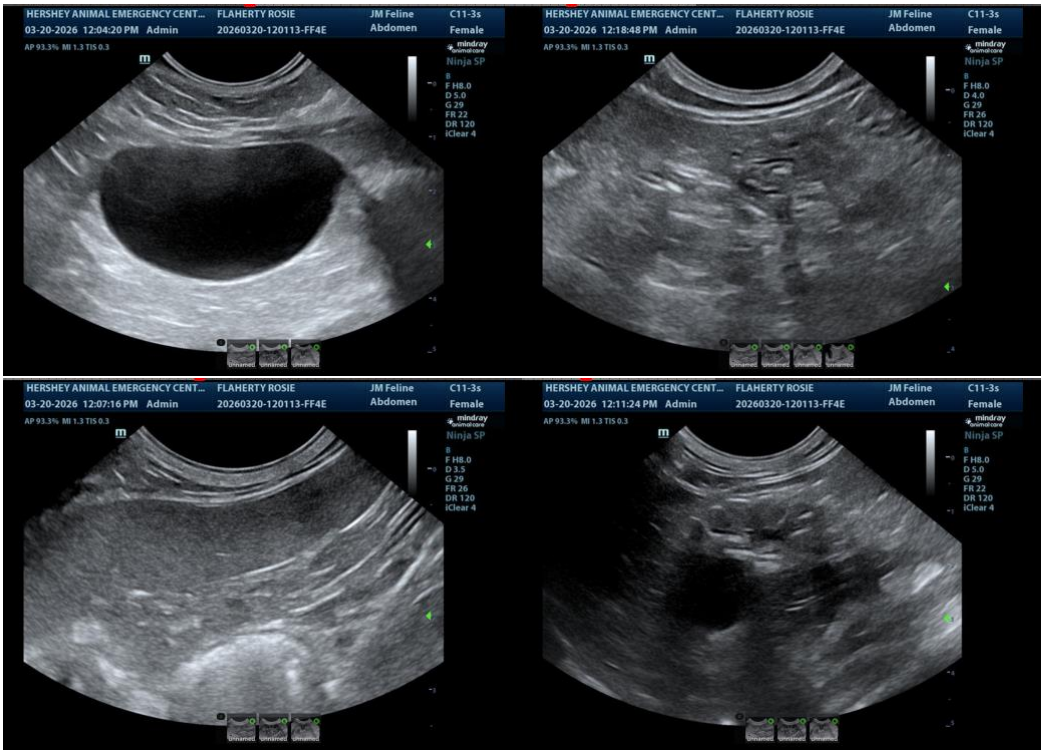

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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