



DATE PRESENTING CLINICAL SIGNS

04/13/26 Patient History: She presented on 4/12/26 for vomiting, difficulty swallowing, and possible foreign body obstruction. She ate a toy lizard and vomited parts of the head but the tail is still missing. Nervous cat
PATIENT She became painful in her caudal abdomen after being on IVF. She projectile vomited on ondansetron

Tater Keefer Current Medications: IVF, Ondansetron, maropitant, methadone

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

04/01/24

WEIGHT

4.9 kg

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Longbottom

INVOICE

15044

Labwork Results: Labwork attached, reported as: Radiographs- gas in stomach, fecal matter vs material in colon, no obvious obstructive pattern at this time. Repeat Radiographs - stomach is gas dilated with no sign on pyloric obstruction; odd gas opacity in right cranial abdomen. Chemistry- low potassium, low chloride, mild liver enzyme elevation (ALT), mild albumin elevation. PCV: 55%, TS: 8.8, FPLi - normal at 1.6.
Urinalysis: via cysto, +1 protein, pH 7.5, ketone neg, glucose neg, usg >> 1.050, Wbcs; 1-5 per HPF, Rbcs; NSF, Crystals: NSF, Epithelial cells: Squamous <1 per HPF, 1-2 Non- squamous per HPF, Casts: granular 1-2 per HPF
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Propofol.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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, corticomodullary 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 4.01 cm in length. The right kidney measured 3.66 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 0.36 cm width. The right adrenal gland measured 0.36 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 mid to distal **small intestine** revealed a 1.4 cm x 1.0 cm focal hypoechoic luminal structure in the jejunum. Some gas-filled gastric lumen was noted with a minor amount of fluid. Portions of small intestine were mildly dilated. The colon revealed normal stool consistency.

Pancreas

The **pancreas** presented prominent and slightly irregular.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 0.86 cm x 0.43 cm.

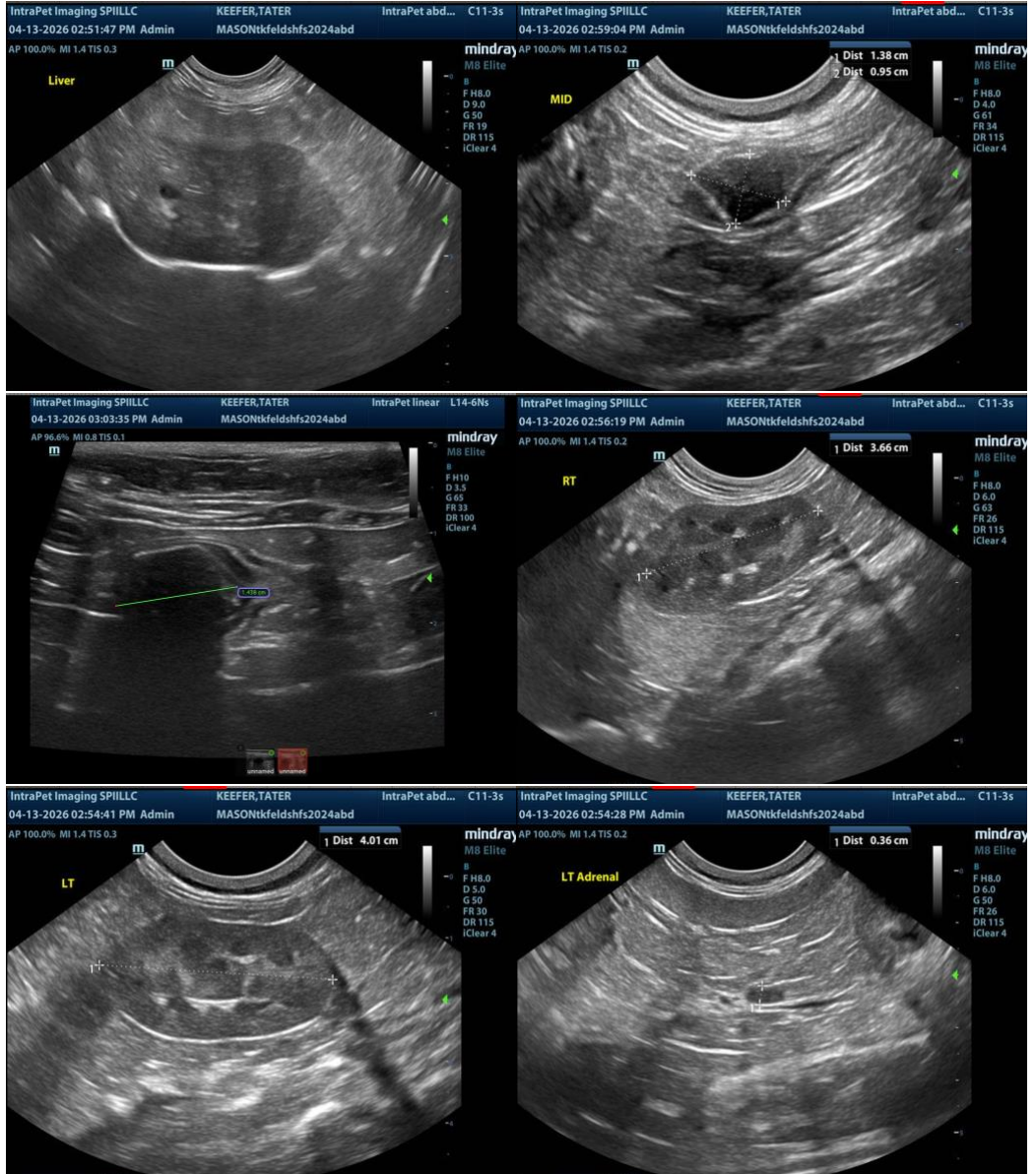
ULTRASONOGRAPHIC FINDINGS

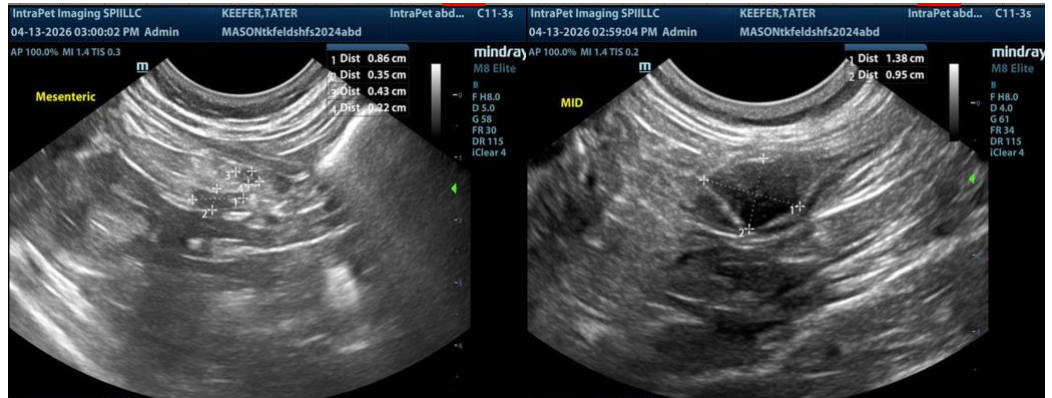
- Gastroenteritis pattern with luminal structure in the jejunum.
- Prominent pancreas.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Passing foreign matter is suspected in this patient such as rubber or plastic as the power doppler was negative and not likely to be tissue, however, should be monitored. If persistently present over the next 24-hours, then an enterotomy is indicated. Sonograph should be re-performed just prior to surgery to ensure the structure is not transited further, yet likely too large to pass the ileocecal junction.







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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