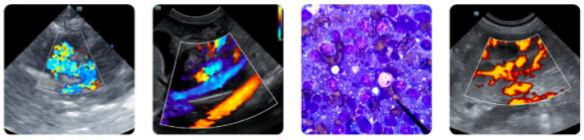

PATIENT

Cheddar Wall

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1

WEIGHT

5.35

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melissa Helstein

HOSPITAL NAME

Veterinary Emergency Group Peabody

REFERRING VET

Dr. Max Sitver

INVOICE

15351

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Cheddar presents for lethargy, vomiting, and anorexia of two days duration with a suspected foreign body ingestion. On Tuesday, Cheddar became lethargic. He has been vomiting water, but not food, and has not eaten in two days. The client found pieces of blue silicone from a can food cover in some of the vomitus. The lethargy is abnormal for him, as he is typically a sweet and gentle but not inactive cat. Prior to this visit, the client took Cheddar to his primary veterinarian at Seaport. There, he received radiographs, fluids, and an anti-nausea medication. The radiographs were also sent for a radiologist consultation. The findings were reported as "not a slam dunk," but noted a large amount of stool and a "spotty" appearance in the lower intestine. Seaport recommended transfer for overnight observation and IV fluid therapy. The client has not observed him defecating in approximately a day and a half and has seen him straining to use the litterbox. No blood work was performed at the previous veterinarian. He was recently started on a new diet. After returning home from Seaport, Cheddar immediately went to his bed and assumed a sphinxlike position, which the client interpreted as a sign of discomfort. He has a twin brother at home who is currently healthy.

Abnormal PE/Chem/CBC/UA Results: See attachments

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 3.78 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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

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

Gastrointestinal

Gastric over distention was present. Small intestinal dilation was also present with duodenal and jejunal over distention followed by empty small intestine creating an obstructive pattern. Some fluid-filled cecum was noted. Hyperperistalsis was present within the upper gastrointestinal tract. A 1.6 cm distinctly shadowing dense foreign body was visualized in the distal small intestine consistent with a nut or similar material.

Pancreas

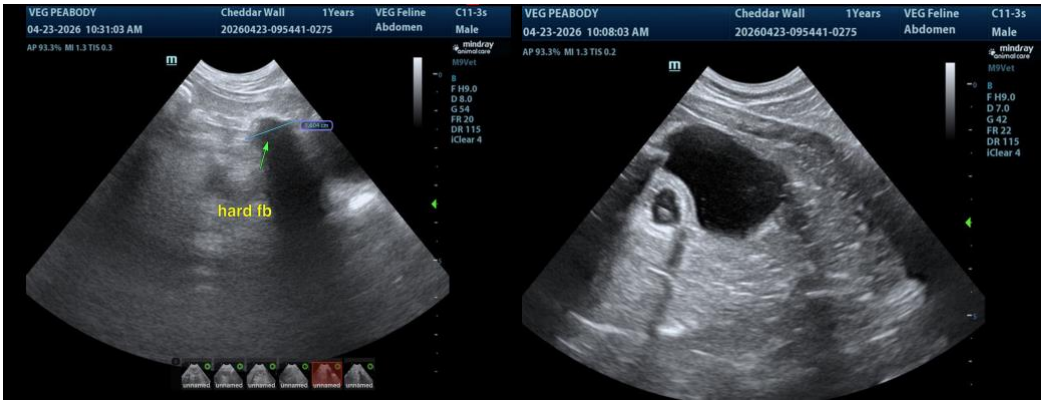
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Distal small intestinal obstructive pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ensuring that the obstructive pattern is persistent just prior to surgery. Immediate surgical intervention is recommended.



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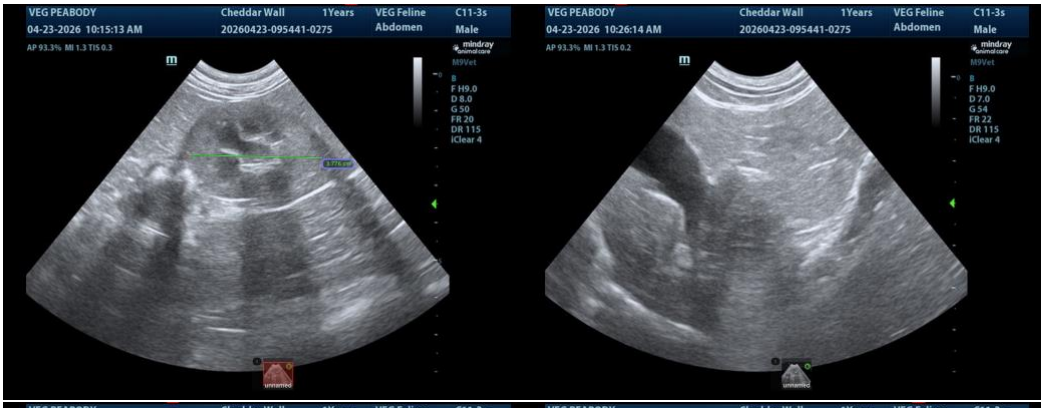

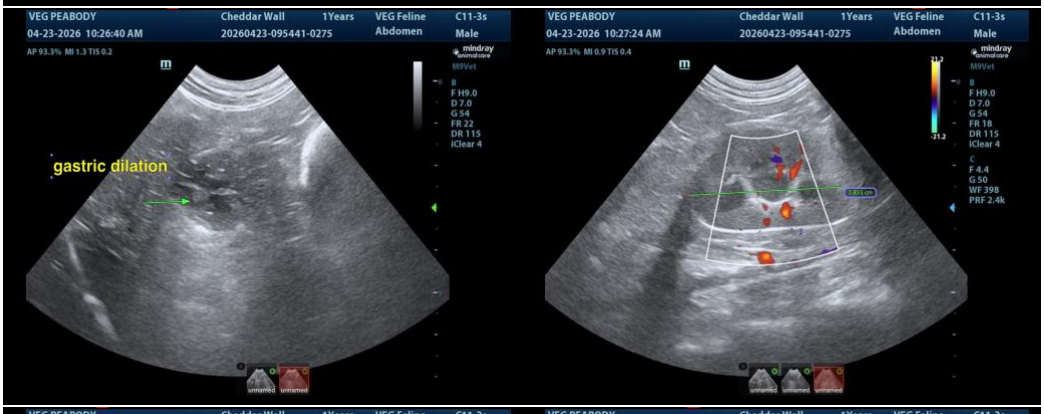

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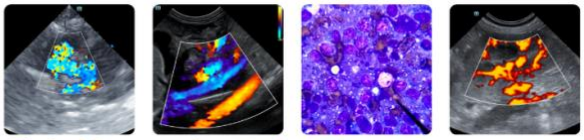

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SonoPath.com info@sonopath.com 1.800.838.4268

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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,

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