



## PATIENT

Evie Ferina

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

2 years

## WEIGHT

5 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Maria Lara, DVM

## HOSPITAL NAME

Allure Veterinary  
Hospital and Urgent  
Care

## REFERRING VET

Dr. Guerra

## INVOICE

74828

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

**History:** Patient presented with about 12 inches red ribbon being expelled through external anal sphincter. Otherwise BAR, no vomiting and no diarrhea at time of exam.  
**Abnormal PE/Chem/CBC/UA Results:** 12 inches red ribbon being expelled through external anal sphincter.

## 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 3.58 cm. The right kidney measured 3.98 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.

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



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## Gastrointestinal

The **stomach** was over distended with progressively shadowing luminal material. This is most consistent with ingesta or hairball accumulation. However, foreign matter is also a potential. There was some transit of chyme into the small intestine. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## Pancreas

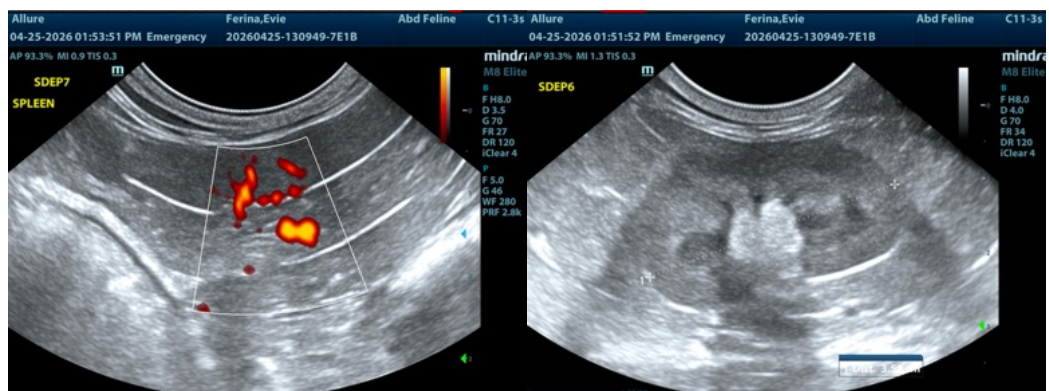
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Repleted stomach, suspect hairball accumulation. No overt obstruction and no overt ribbon foreign matter.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management is indicated. If clinical signs are persistent then exploratory surgery to evacuate the stomach is indicated; however, the echotexture of the material in the stomach is not typical foreign body and is most consistent with hairball accumulation and ingesta with delayed outflow pattern.





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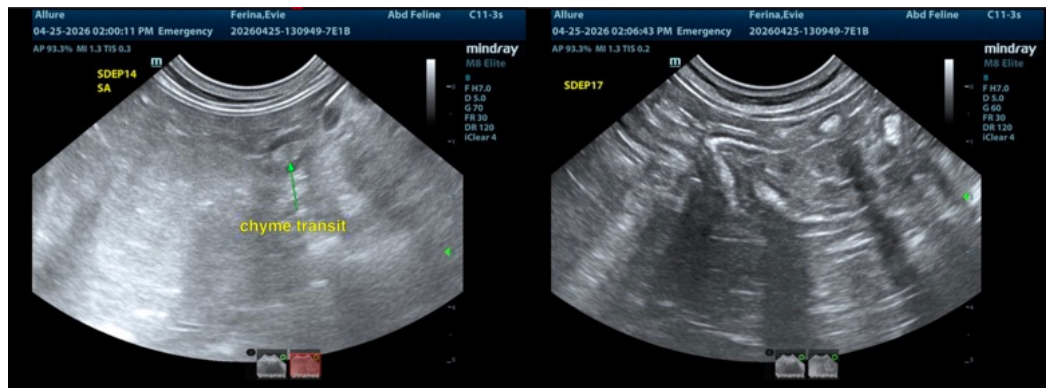
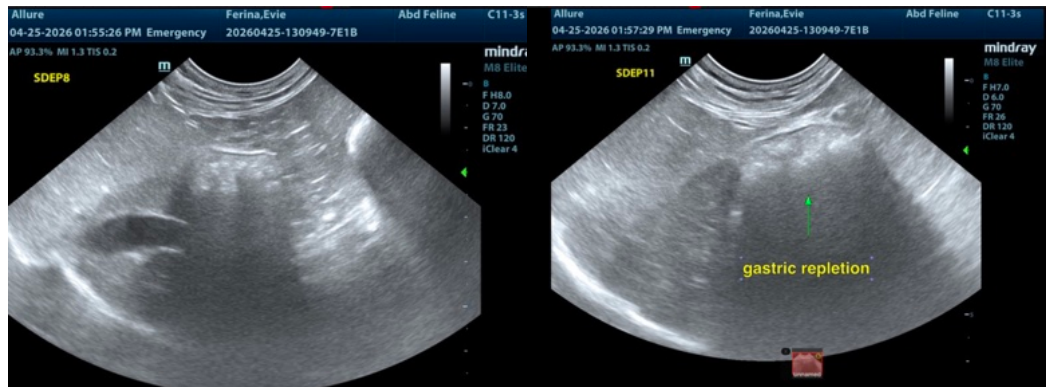
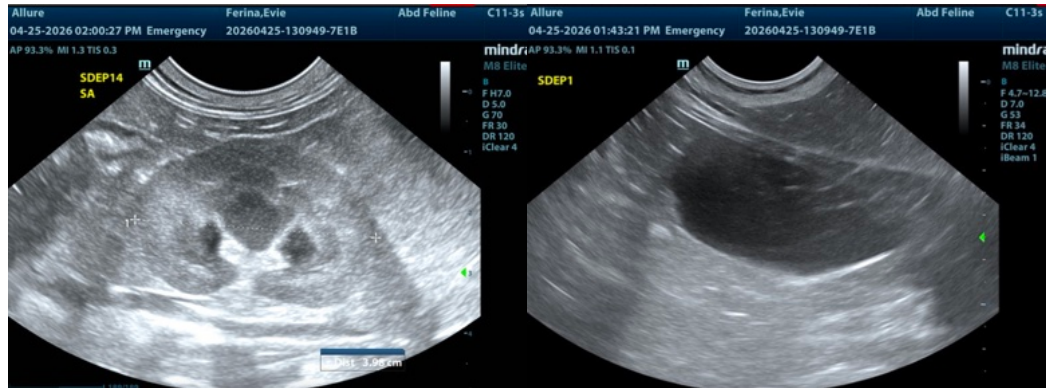
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)

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