



DATE PRESENTING CLINICAL SIGNS

04/03/26 Patient History: Seen at family veterinarian (Banfield) yesterday for vomiting and concern of ingesting part of string toy. Vomiting has been intermittent for extended period, increased in frequency this past week

PATIENT

Sammo Sauer Current Medications: None listed.
Labwork Results: Labwork attached, reported as: Blood work: WNL - Radiographs: No obvious linear foreign body visualized; material present in stomach despite vomiting - Electrolytes: WNL
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline Sedation: Ace.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

Neutered Male 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.

AGE

04/02/23 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 4.25 cm in length. The right kidney measured 4.58 cm in length.

WEIGHT

12.6 pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS 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 0.34 cm width. The right adrenal gland measured 0.34 cm width.

HOSPITAL NAME

Spleen

Animal Emergency Hospital 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.

REFERRING VET

Dr. Jones **Liver**

INVOICE

14844 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 mildly echogenic with slight free fluid. 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** in this patient revealed a slightly shadowing 1.3 cm structure consistent with hairball density in the pylorus and appears nonobstructive. No fluid filled lumen prior to the structure. The small intestine and colon were unremarkable.

Pancreas

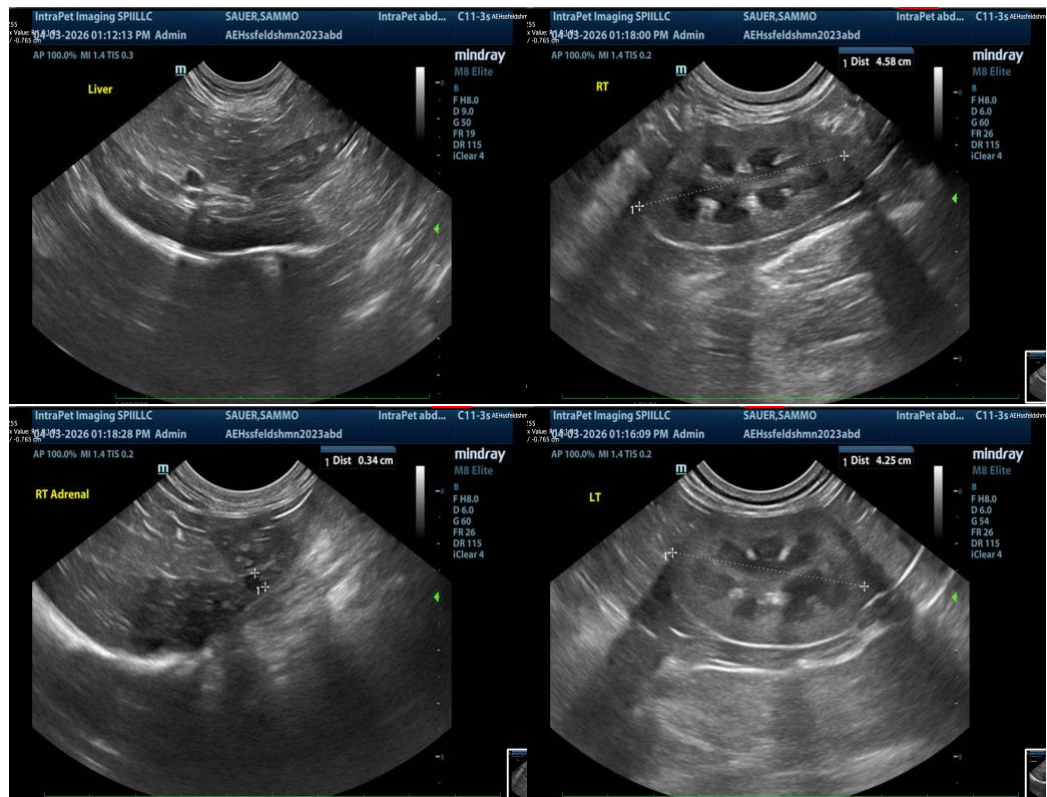
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

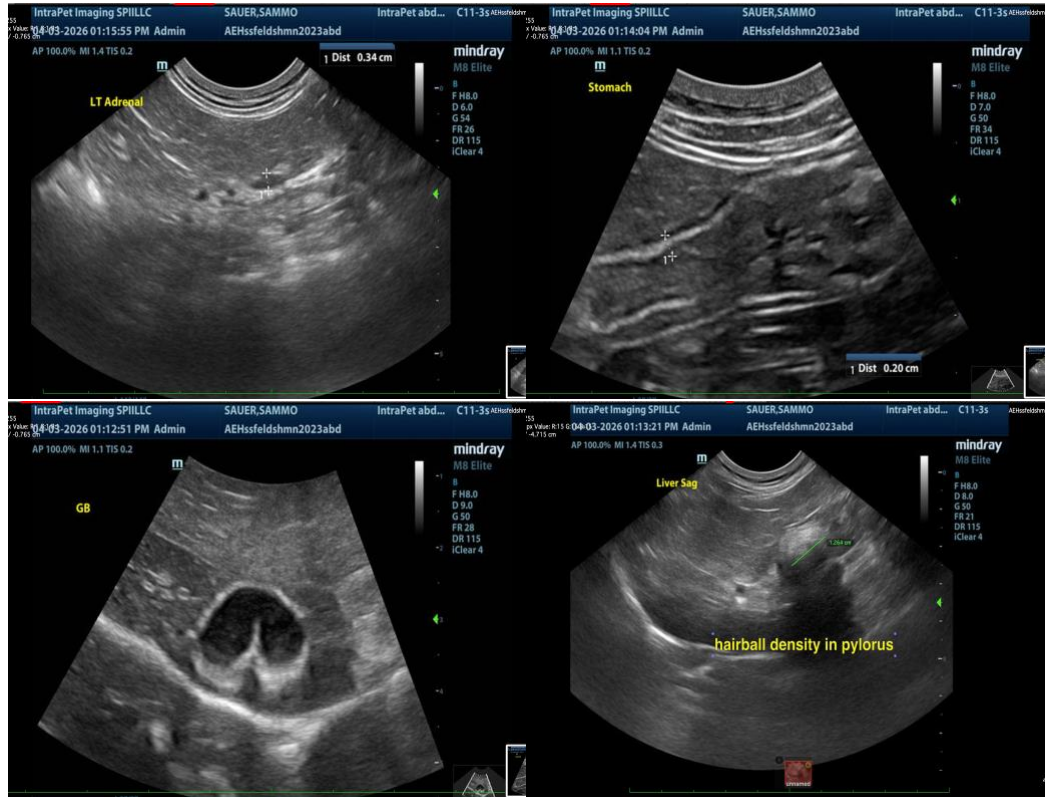
ULTRASONOGRAPHIC FINDINGS

- Hairball density in the pylorus.
- Echogenic gallbladder with slight free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for trichobezoar is indicated in this patient. Recheck sonogram if clinical signs persist, however, it is likely this patient is having issues with hairballs and resulting clinical signs. No evidence of structural disease otherwise.





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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