



## PATIENT

Dash Velasquez

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

2 years

## WEIGHT

4.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Leah Richter

## HOSPITAL NAME

Allied Veerinary  
Emergency & Referral

## REFERRING VET

Dr. DeBleekere

## INVOICE

77898

## DATE

5/24/26

## PRESENTING CLINICAL SIGNS

History: Pt was at rDVM Thursday after vomiting 5+times in the morning. Rads showed "blockage in the small intestine". Sent home with instructions for fasting and came back in Friday for recheck rads "blockage moved to large intestines". Has been vomiting multiple times since rDVM visit yesterday. rDVM prescribed Cerenia tablet, given yesterday evening but then he threw it up 15min after he ate it. Owner has tried to give small amount of food but he's not interested. Urinated last at 15:55 yesterday. No stool. Has a history of eating hair ties. Repeat AXR again showed ill-defined, heterogenous structure within the small intestinal tract (ingesta vs foreign material).  
Abnormal PE/Chem/CBC/UA Results: Uncomfortable abdomen, dehydrated CPL - WNL I-stat - Na 144 (L), Cl 106 (L), Crea 0.7 (L), Glu 169 (H)

## 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 right kidney measured 4.3 cm. The left kidney measured 4.4 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



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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 **gastrointestinal tract** revealed upper gastrointestinal dilation with a 2.0+ cm jejunal foreign body obstruction followed by empty small intestine. The colon was unremarkable.

## *Pancreas*

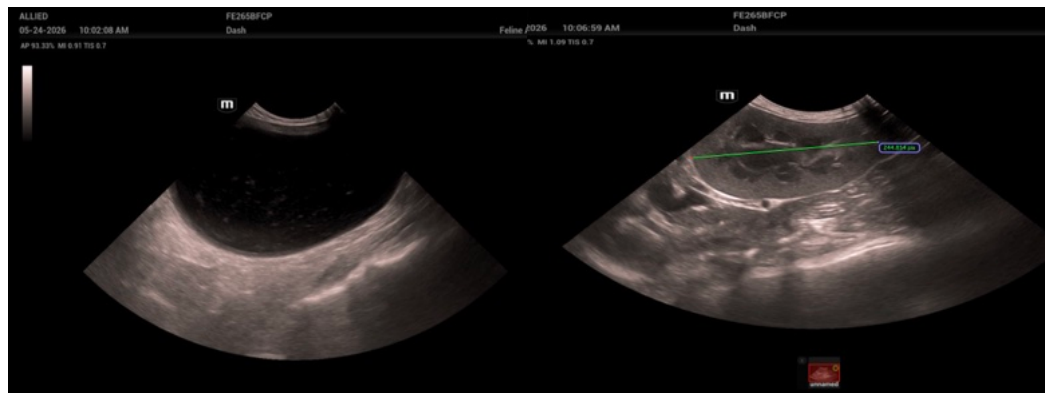
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Jejunal foreign body obstruction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical intervention with enterotomy and GI biopsies to rule out the underlying disease.





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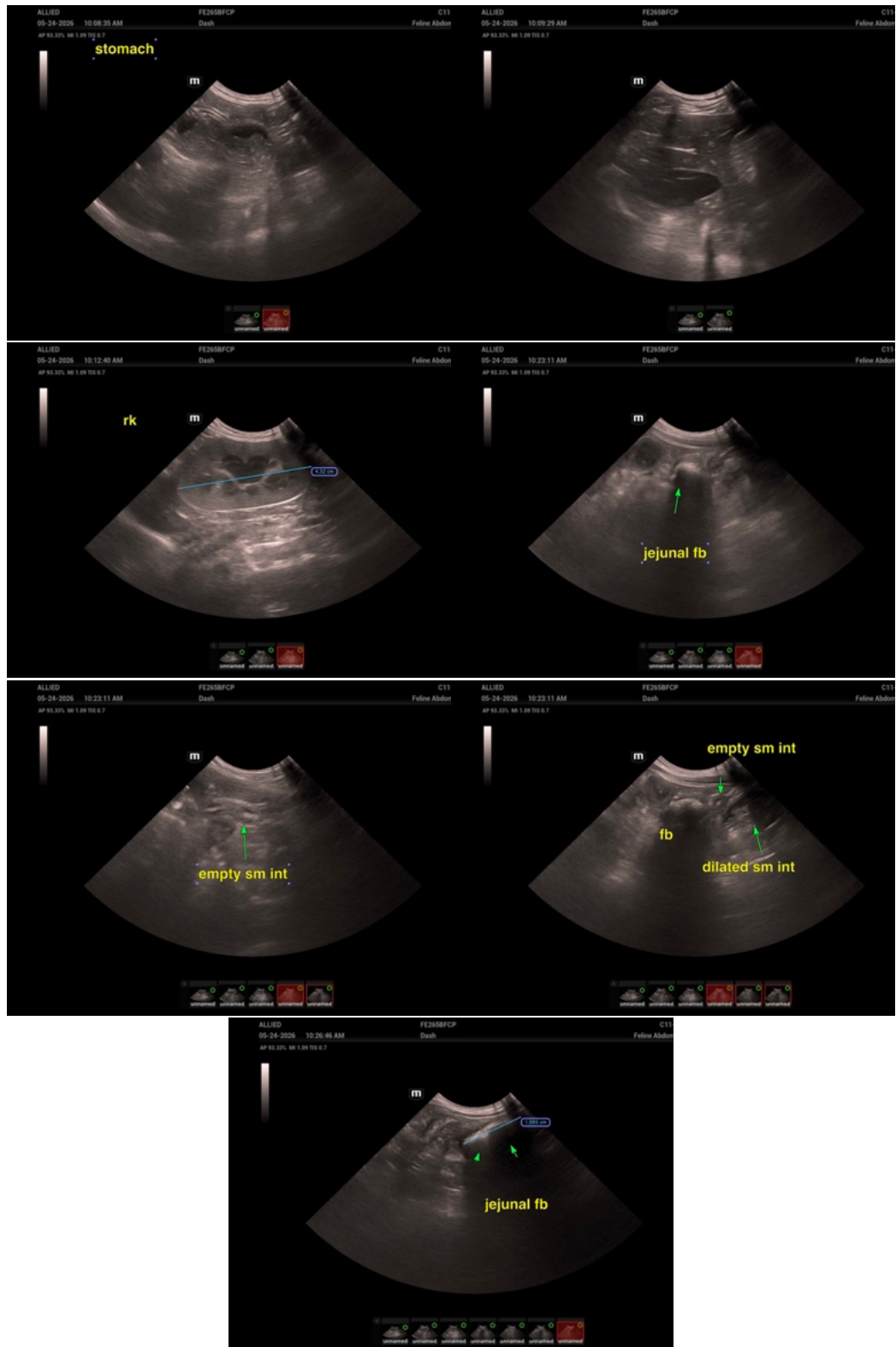
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)