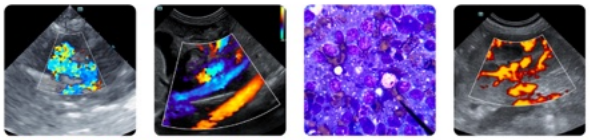

PATIENT

Roo Bongato

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

7.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highland Ranch

REFERRING VET

Dr. Wolsky

INVOICE

78202

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Has been being managed at other clinic for a week of lethargy and hyporexia. No v/d. She is defecating normally. O brought her in on Saturday because she seems uncomfortable on her back, seemed to respond well to gabapentin. She is eating, they are able to get food into her if hand fed. The amount is decreased did not have a fever at RDVM
Abnormal PE/Chem/CBC/UA Results: BW revealed mildly low ALB, normal glob. They rechecked albumin and a full UA and UPC on friday, results are pending. Back pain has improved on gabapentin

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 4.05 cm. The left kidney measured 3.65 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. The right adrenal gland measured 0.47 cm. The left adrenal gland measured 0.33 cm.

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

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

Gastrointestinal

The **stomach** in this patient revealed shadowing 2.6 cm structure with focal gastric wall thickening. The pylorus appeared to be patent. Shadowing structure appeared to be present in the gastric fundus. Wall thickening was noted and measured 0.6 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

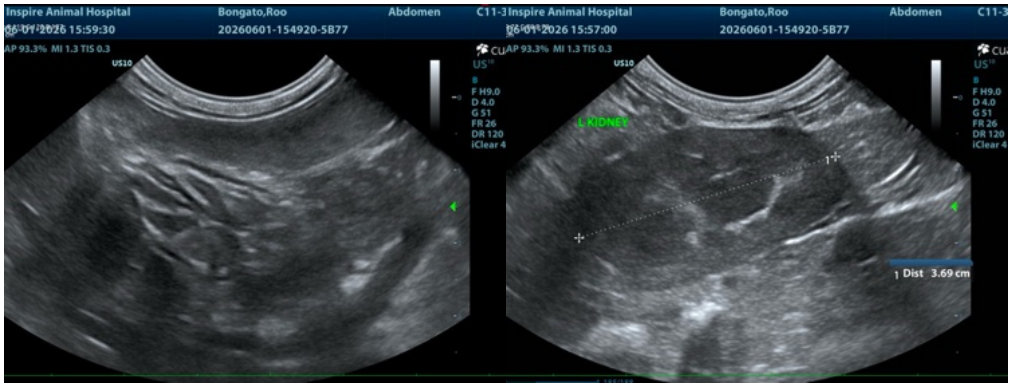
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastric foreign body with focal gastric thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated with gastric biopsies to rule out underlying disease.



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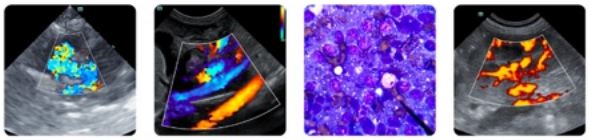

Clinical Sonography & Telecytology
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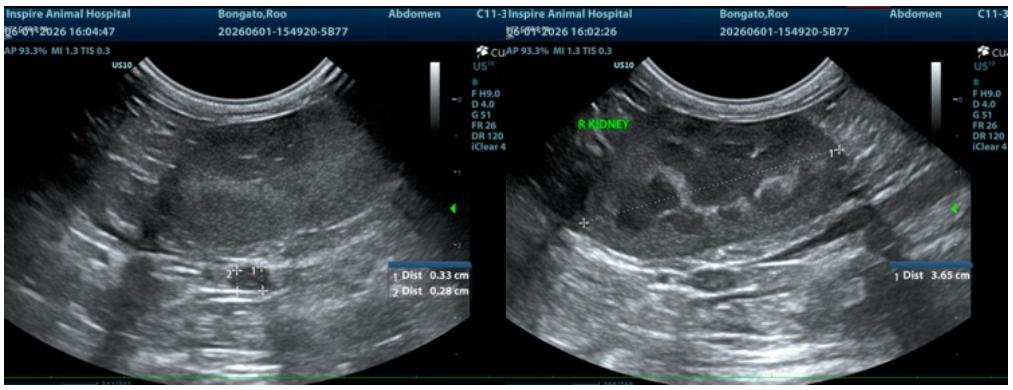

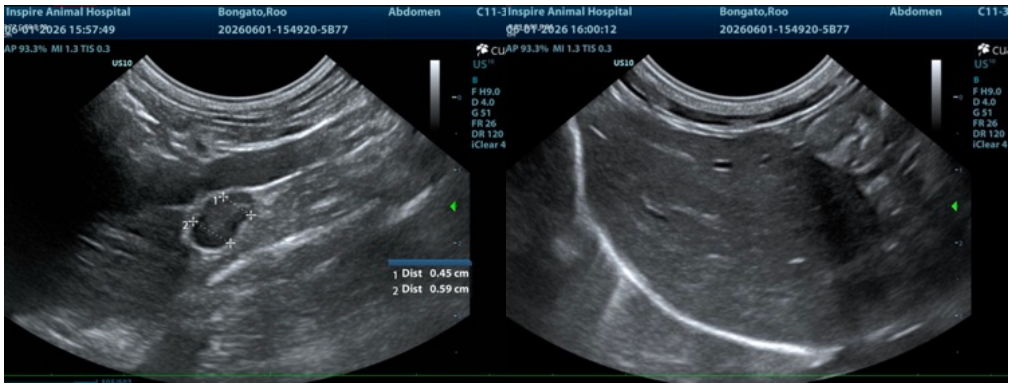

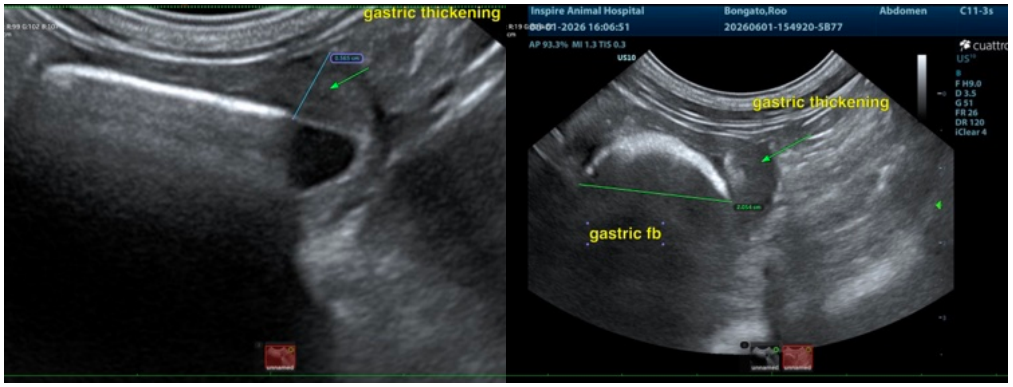

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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