



PATIENT PRESENTING CLINICAL SIGNS

Sushi Jiang
VOMITING ONCE A DAY FOR 3DAYS ANOREXIA
Abnormal PE/Chem/CBC/UA Results: BW-WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Ragdoll

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.

SEX

Neutered Male

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 3.5 cm. Ill-defined pelvic fat noted. Assessment for any evidence of UTI indicated. The right kidney measured 3.5 cm.

AGE

3 Years

Adrenal Glands

WEIGHT

11.7 Pounds

The regions of the **adrenal glands** were unremarkable.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Dr. Sharkaway

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.

HOSPITAL NAME

Kew Gardens AH

Gastrointestinal

REFERRING VET

Dr. Sharkaway

The **stomach** was dilated with fluid and echogenic debris. Reactive mesentery noted associated with a portion of hyperperistaltic small intestine. Some retention of chyme noted. A shadowing structure was noted in a portion of small intestine cranial to the urinary bladder, measuring approximately 1.0 cm with a hair type density. Other shadowing material noted in the jejunum, adjacent to the inflammation. This structure measured approximately 5.0 mm. However, separate material appears to be further distal.

INVOICE

39550

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.

DATE

7/15/22



PATIENT

Sushi Jiang

PRIMARY FINDINGS

- Intestinal foreign matter and reactive mesentery

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated. Intestinal biopsies recommended, as underlying disease appears to be present in addition to the foreign matter. Sonogram recommended just prior to surgery to ensure that the material has not transited into the colon upon medical management.

BREED

Ragdoll

Radiographs: Abnormal small intestinal gas pattern and granular material cranial to the urinary bladder.

SEX

Neutered Male



AGE

3 Years

WEIGHT

11.7 Pounds



INTERPRETED BY

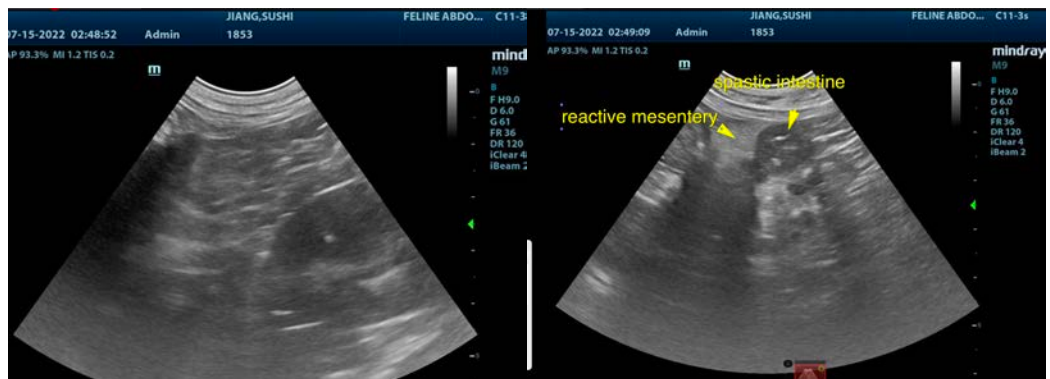
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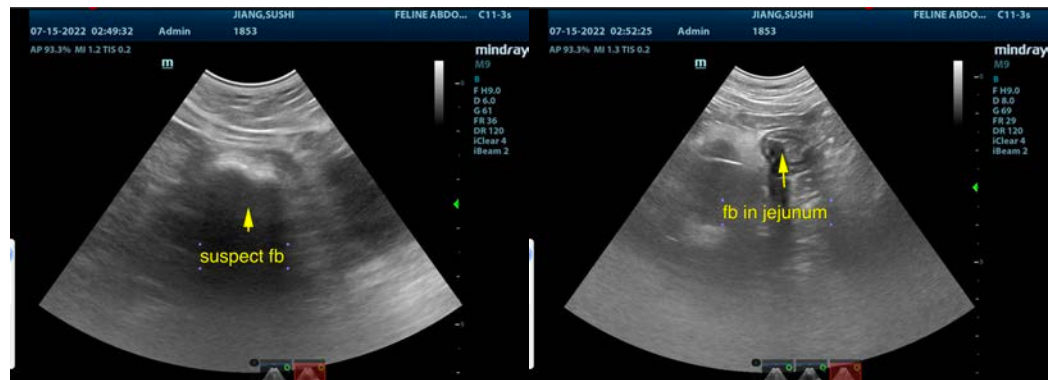
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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