



PATIENT

Beau Forrest

SPECIES

Feline

BREED

Maine Coon x

SEX

Neutered Male

AGE

10 Years

WEIGHT

7.12 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Save Emergency/ER

INVOICE

73379

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Acute vomiting with concern for possible gastrointestinal foreign body. Vomiting began Sunday with one episode containing fragments of a blue styrofoam-like toy and a plastic mushroom-shaped object. No vomiting observed the following day, but approximately eight episodes of vomiting occurred today, some bile-like. No diarrhea, coughing, or sneezing. Appetite uncertain due to gravity feeder but suspected to still be eating. Indoor/outdoor cat on acreage with possible unsupervised outdoor access.

Abnormal PE/Chem/CBC/UA Results: Physical Examination: BAR, vocal but bright. Mild dehydration noted. Abdominal palpation unremarkable. Vitals within normal limits. Abdominal radiographs: No evidence of gastrointestinal obstruction or radiopaque foreign body. Stomach empty. Liver, spleen, kidneys, bladder and intestinal tract appear within normal limits. CBC/Chemistry/Electrolytes: Mild hemoconcentration (↑HCT) consistent with dehydration. Mild neutrophilia Moderate ↑BUN with normal creatinine Mild ↓Na and ↓Cl (likely secondary to vomiting) Mild ↑globulins

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains a marked amount of aggregating suspended echogenic debris. Ureteral papillae are not seen.

The right kidney presents normal size (4.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.4 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The upper GI tract is fluid filled, including the stomach, duodenum, and upper jejunum. No obvious pyloric outflow tract obstruction is seen. Within the duodenum there is intraluminal material that is



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causing some hard shadowing. There is also a segment of jejunum where there appears to be intraluminal material that may be partially obstructing the upper GI tract. This material is causing hard shadowing as well. Duodenal walls cannot be precisely measured. However, it does appear that normal duodenal wall layering is at least moderately decreased. The duodenal mucosa appears to potentially be sloughing due to possibly an inflammatory process, potentially a foreign body that has moved through that area, or another inflammatory process such as inflammatory bowel disease, less likely infiltrative neoplasia such as lymphoma or mast cell. The lower small intestines are normal in appearance.

Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is mildly hypoechoic, with no surrounding hyperechoic fat.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

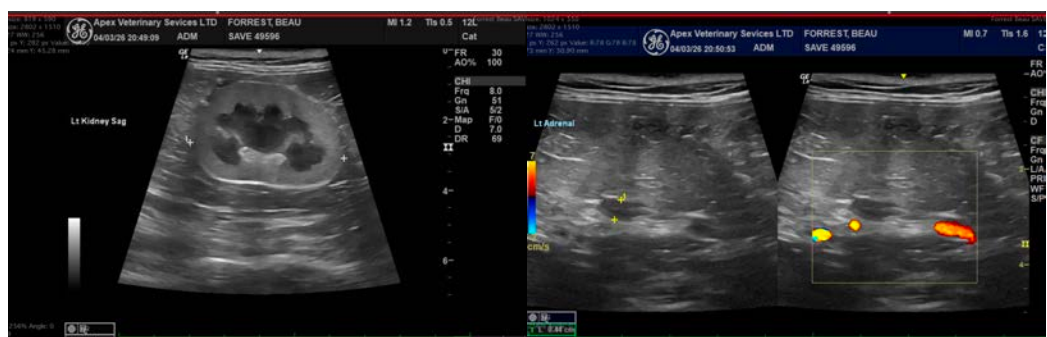
- Urinary bladder debris – The appearance of the urinary bladder would suggest either pyuria from a urinary tract infection or possibly hematuria. No cause for hematuria is seen.
- Strong suspicion for possible one or multiple foreign objects obstructing the upper GI tract.
- Pancreatic inflammation is suspected and is most likely secondary to patient's current GI disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend urinalysis. If active urine sediment, then urine culture is warranted.

The patient should be fully rehydrated. Recommend exploratory laparotomy for possible enterotomy to remove foreign material. I would recommend that GI biopsies be taken during this procedure to submit for histopathology. A GI biopsy should be obtained regardless of whether a foreign object is identified or not. This is due to the appearance of the jejunal mucosa.

Prognosis appears good. No significant abnormalities identified. No obvious evidence of neoplasia seen on this exam.





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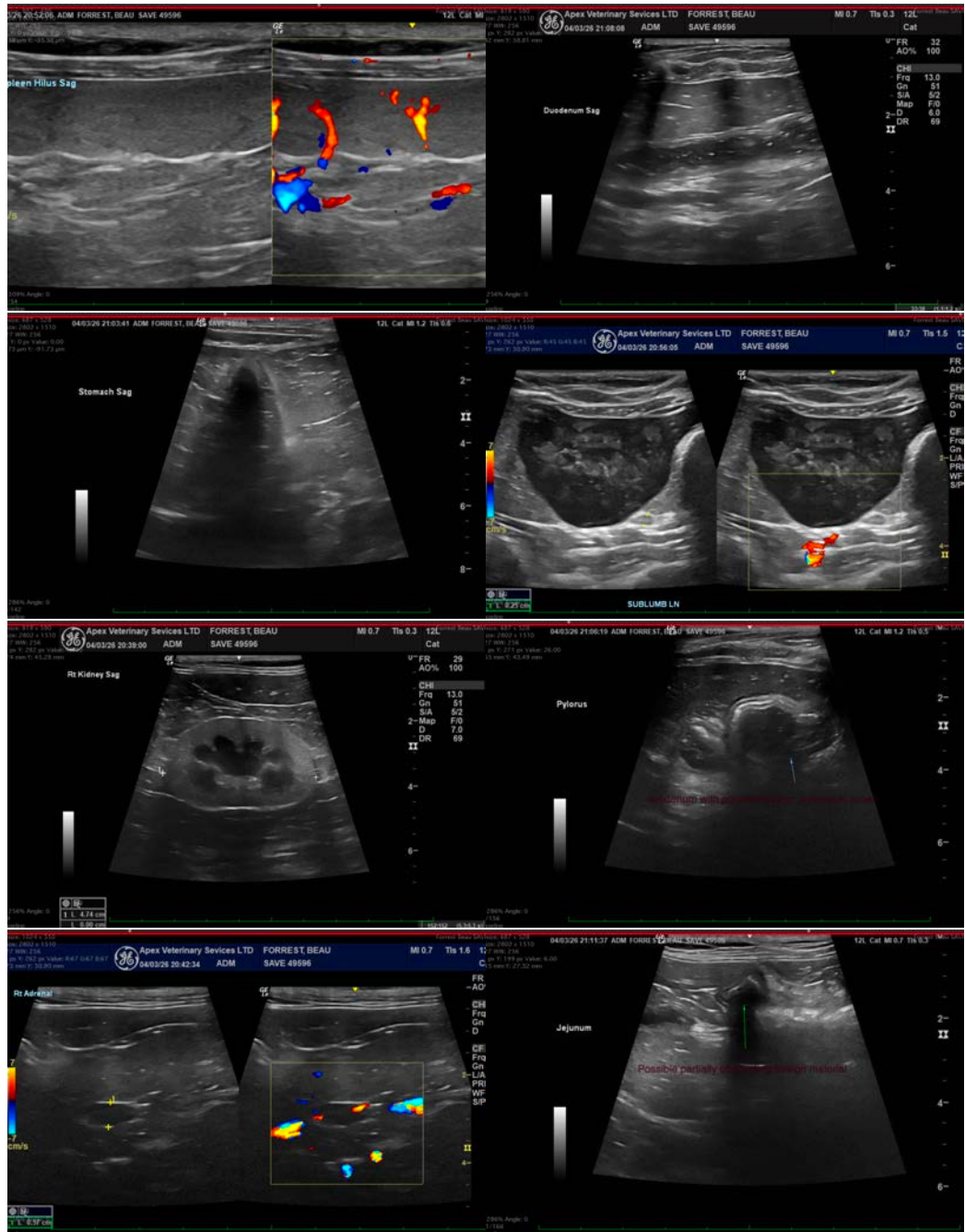
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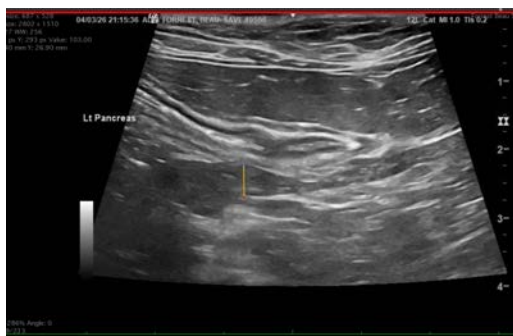
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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