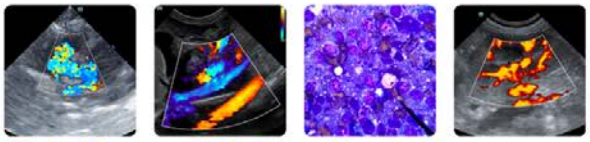

PATIENT

Ned Gourley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

9.38 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields Veterinary Hospital

REFERRING VET

Dr. Ryan Moreno

INVOICE

75989

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History of acute vomiting. Starting June 2nd with vomiting 10 times, lethargy and inappetence. Brief POCUS at ER said thickened intestines but no fluid. Started eating mix of fancy feast, a/d. Doing well. Then recently started vomiting the past couple days, brown liquid/mucus not containing undigested food. Last meal was around 7am and 1/2 of a 3.5oz can of wet food at 1pm. Ultrasound performed at 6:15pm.

Abnormal PE/Chem/CBC/UA Results: 6/2/26: -Radiographs and Bloodwork had no significant findings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.4 mm in width.

Spleen

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

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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

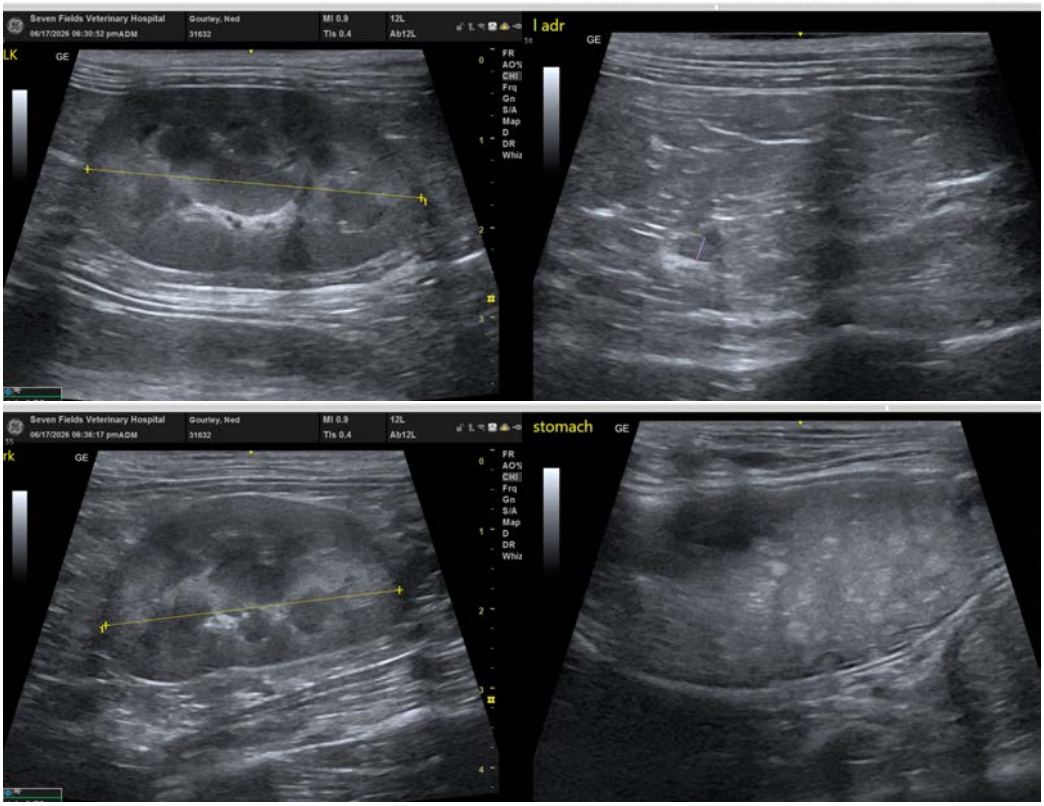
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Full stomach, unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious mechanical obstruction is seen within the gastric lumen, but given the appearance of the stomach, I suspect gastric foreign is present. Consider either exploratory laparotomy for possible gastrotomy or consider endoscopic examination of the stomach to evaluate for foreign material. If owners elect not to go to surgery at this time, recommend fully fasting the patient for 12-24 hours and rechecking the appearance of the stomach via ultrasound. If the stomach still contains a moderate to marked amount of digested food material, that would indicate that there is most likely a mechanical obstruction present that will require either surgical or endoscopic retrieval of the material.



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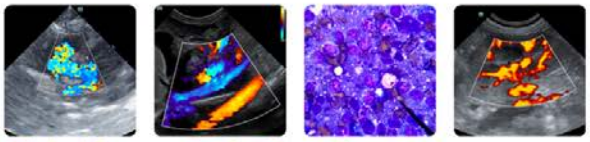

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com