



PATIENT

Willow Norton

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

4.5

WEIGHT

6.11 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Leah Richter

HOSPITAL NAME

Allied Veterinary
Emergency & Referral

REFERRING VET

Dr. Leah Richter

INVOICE

75695

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Willow presents for persistent clinical signs. She was seen here yesterday for a 24h history of vomiting/retching. Work-up yesterday consisted of CBC/Chem17/Lytes and AXR. It did not identify an obvious cause of clinical signs, and no evidence of obstruction was noted on radiographs. Willow was tx'd with SQF/Cerenia and sent home on a bland diet. Since then she remains lethargic, is uninterested in food - sniffs at it but turns away. She vomited once sometime overnight or during the day (clear liquid). Prev (6/2) Hx: "Presenting complaint: Vomiting and retching since yesterday (6/1/26). Not eating.

History: One large hairball vomited last evening. One small hairball vomited this morning. Frequent retching (q 20-30 minutes) this morning. Retching stopped, then restarted around 2 PM today. Last ate yesterday evening. Vomited several times in the exam room. No diarrhea noted. Current Medications: Prednisolone 2.5 mg (half of a 5 mg tablet) by mouth every other day for overgrooming. Other Medical Problems: History of overgrooming (licking abdomen and arm). History of dental disease (cracked teeth). Diet: New treat: freeze-dried shrimp offered on 6/31/26. 3 were eaten. Appetite: Not eating since yesterday evening. Lifestyle Risks: No known foreign body or plant ingestion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The left kidney presents normal size (4.2 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.6 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.



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Gastrointestinal

The stomach is moderately distended with hypoechoic fluid. Within the fluid there are two linear hyperechoic objects creating shadowing. The 1st measures 1.2 cm in length, the 2nd measures 0.87 cm in length. This appears to be gastric foreign material most likely causing a gastric obstruction. There are multiple segments of small bowel that are fluid distended. There is one segment of small bowel that has hyperechoic material within it that is causing shadowing. This may also be foreign material within the small intestine. 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

- Urinary bladder debris.
- Gastrointestinal foreign material with likely gastric obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory laparotomy to further evaluate the contents of the stomach and the abnormal segment of small bowel. Recommend obtaining gastric and small intestinal biopsies for histopathology at the same procedure to determine if patient has underlying GI disease that may have led to the ingestion of the suspected foreign material.

If not already performed, recommend urine culture.





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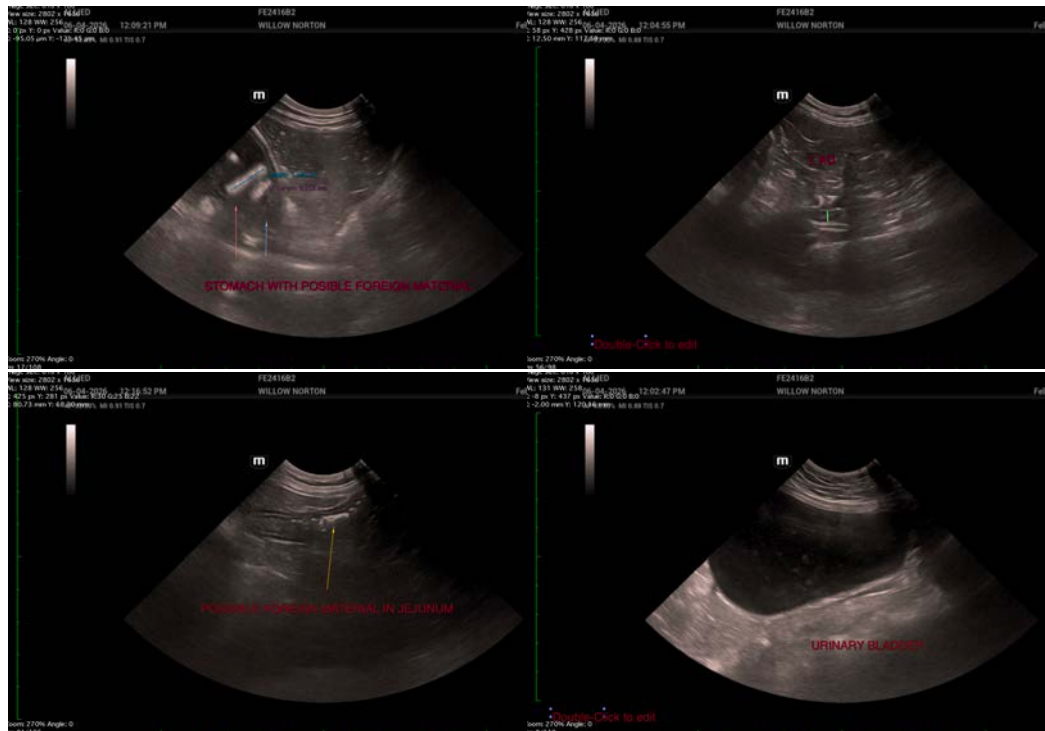
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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