



DATE PRESENTING CLINICAL SIGNS

1/16/2026 **Patient History:** Concern for linear FB.

PATIENT Current Medications: None listed.

Buttercup Beall **Labwork Results:** Labwork not submitted. Reported as dehydration.

SPECIES Date of Previous IntraPet Ultrasound: No previous.

Feline **Sedation:** Not required to complete full diagnostic ultrasound.

BREED Stat Report: Not requested.

DSH **Imaging Performed by:** Andi Parkinson, BS, RDMS.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female **Urinary System**

AGE The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

11 years

WEIGHT The left kidney has a normal shape and size (3.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

9.5 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (4.09 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Homeward Bound
Veterinary

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Dorn

The right adrenal gland is normal in size measuring 0.58 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INVOICE

11142

Spleen

The spleen is subjectively normal in size (0.96 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.28 cm in wall thickness) and the jejunum measured as normal (0.23 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

There is a rounded structure visualized medial to the spleen measuring 0.64 cm in diameter. This has a similar echotexture to the spleen and is most consistent with either ectopic splenic tissue, or a lymph node in the region.

ULTRASONOGRAPHIC FINDINGS

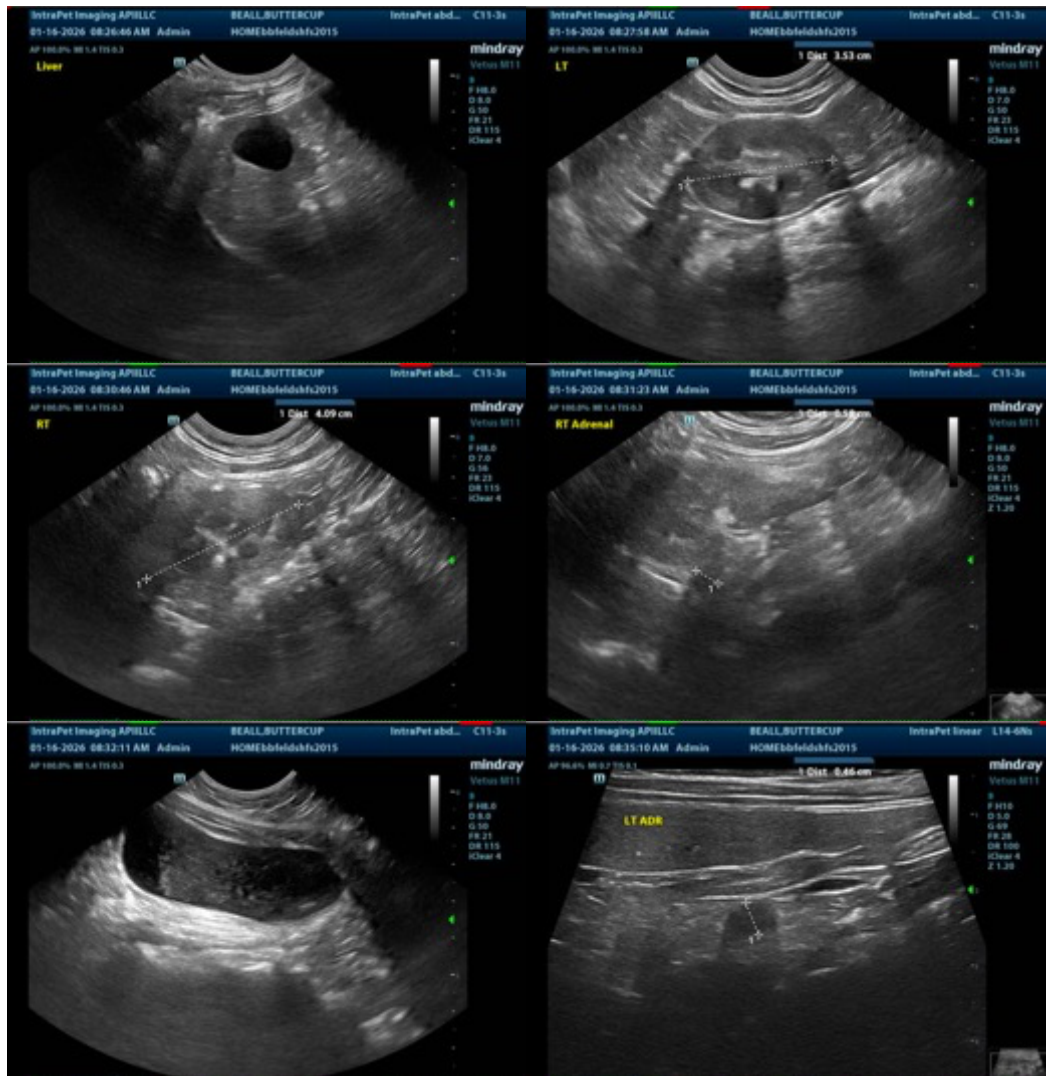
- Suspended echogenic debris in the urinary bladder. Suspended echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Suspect ectopic splenic tissue or a prominent mesenteric lymph node. Consider continued monitoring. A fine needle aspirate could be considered.

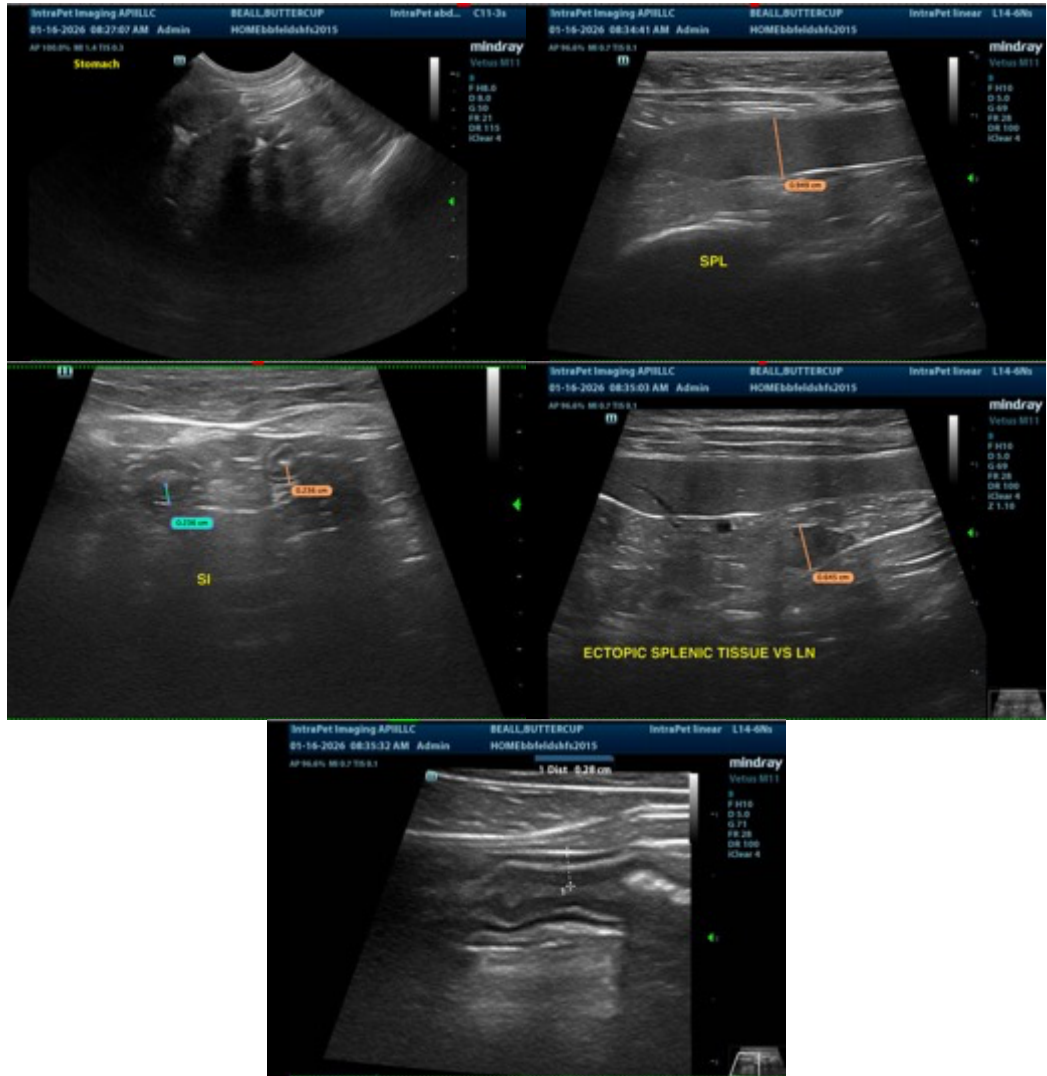
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes observed on today's scan are mild. No lesions are visualized on today's exam consistent with an obstruction or linear foreign body. If significant gastrointestinal symptoms are present further evaluation may be warranted.

There's mild suspended echogenic debris in the urinary bladder. Correlate with urinalysis +/- culture results.

There is a small isoechoic structure visualized medial to the spleen. Possibly consistent with ectopic splenic tissue or a lymph node. This has a generally benign appearance. Options moving forward could include continued monitoring with ultrasound or a fine needle aspirate.





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.

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